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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
JEWISH FEDERATION OF SAN ANTONIO

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
12500 NW MILITARY HIGHWAY 200

City or town, state or country, and ZIP + 4
SAN ANTONIO, TX 782311871

D Employer identification number
74-1109662

E Telephone number
(210) 302-6960

G Gross receipts $ 17,384,204

F Name and address of principal officer
BRUCE EISEN
12500 NW MILITARY HIGHWAY 200
SAN ANTONIO, TX 78231

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website: ▶** JFSATX ORG

K Form of organization ☑ 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 COMMUNITY, 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 YISRAEL (THE RESPONSIBILITY OF 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 CULTURE AND SEEKS TO PERPETUATE THE VALUES, PRACTICES AND RELIGIOUS TRADITIONS THAT ENRICH JEWISH LIFE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	37
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	37
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	21
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	99,003
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,995,388	2,160,740
	9	Program service revenue (Part VIII, line 2g)	106,896	214,632
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,055,123	68,806
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	83,987	99,003
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,241,394	2,543,181
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	992,879	1,149,452
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	804,643	889,441
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶570,404		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	827,827	911,515
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,625,349	2,950,408
	19	Revenue less expenses Subtract line 18 from line 12	616,045	-407,227

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	19,247,316	19,246,387
	21	Total liabilities (Part X, line 26)	2,674,180	3,449,003
	22	Net assets or fund balances Subtract line 21 from line 20	16,573,136	15,797,384

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

****** | 2013-05-14
Signature of officer | Date

BRUCE EISEN CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	JOSIE BEHREND	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00715390
Firm's name (or yours if self-employed), address, and ZIP + 4	PADGETT STRATEMANN & CO LLP 100 NE LOOP 410 SUITE 1100 SAN ANTONIO, TX 78216			EIN ▶ 74-1650885 Phone no ▶ (210) 828-6281

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . ☑

1 Briefly describe the organization's mission

THE JEWISH FEDERATION OF SAN ANTONIO IS THE COORDINATING AND CONVENING BODY DEDICATED TO BUILDING JEWISH COMMUNITY, 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 YISRAEL (THE RESPONSIBILITY OF 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 CULTURE AND SEEKS TO PERPETUATE THE VALUES, PRACTICES AND RELIGIOUS TRADITIONS THAT ENRICH JEWISH LIFE

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 ☑ 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 ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses 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) (Expenses $ 1,149,452 including grants of $ 1,149,452) (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 ASSISTANCE TO SPECIFIC ENROLLED STUDENTS BASED ON THEIR ACADEMIC PERFORMANCE AND FINANCIAL NEED

4b (Code) (Expenses $ 154,598 including grants of $) (Revenue $ 37,587)

HOLOCAUST PROGRAM EDUCATES AND PROMOTES A GREATER UNDERSTANDING OF THE EXTERMINATION OF JEWS AND OTHER ETHNICITIES LEADING UP TO WORLD WAR II ITS MAIN TOOL TO MEET ITS MISSION IS "THE HOLOCASUT 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 DEDICTED TO CREATING A MORE JUST SOCIETY THAT RECOGNIZES THE INHERENT VALUE OF EVERY INDIVIDUAL AND CELEBRATES THE COMMON HUMANITY OF ALL PEOPLES

4c (Code) (Expenses $ 120,695 including grants of $) (Revenue $ 4,467)

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 PROFESSIONALLY WITH PROBLEMS INVOLVING OVERT OR POTENTIAL ANTI-SEMITISM AFFECTING THE SAN ANTONIO JEWISH COMMUNITY

(Code) (Expenses $ 404,863 including grants of $) (Revenue $ 172,578)

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 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 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

4d Other program services (Describe in Schedule O)

(Expenses $ 404,863 including grants of $) (Revenue $ 172,578)

4e **Total program service expenses**▶$ 1,829,608

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, 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	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
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		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a		No
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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	15			
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		
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	21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
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 or securities account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for 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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax 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		No
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		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds 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		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a 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 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				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the aggregate amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 37			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 37			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

BRUCE EISEN 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**

Check if Schedule O contains a response to any question in this Part VII . . . .

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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
See Additional Data Table										

		(D)	(E)	(F)
1b	**Sub-Total** ►			
c	**Total from continuation sheets to Part VII, Section A** ►			
d	**Total (add lines 1b and 1c)** ►	323,625	0	22,719

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ►1

			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**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) 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 of compensation from the organization ►0

Part VIII Statement of Revenue

Section	Line	Description		(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	1,702,210				
	b	Membership dues 1b	4,190				
	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	454,340				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . ▶		2,160,740			
Program Service Revenue			Business Code				
	2a	PROGRAM REVENUE	611600	155,778	155,778		
	b	HOLOCAUST MUSEUM	611600	37,587	37,587		
	c	SAAJE INCOME	611600	16,600	16,600		
	d	COMMUNITY RELATIONS CO	611600	4,667	4,667		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		214,632			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		390,548			390,548
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶					

Line	Description	(i) Real	(ii) Personal
6a	Gross rents		
b	Less rental expenses		
c	Rental income or (loss)		
d	Net rental income or (loss) . . . . ▶		

Line	Description	(i) Securities	(ii) Other
7a	Gross amount from sales of assets other than inventory	14,519,281	
b	Less cost or other basis and sales expenses	14,841,023	
c	Gain or (loss)	-321,742	

Line	Description		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
6d	Net rental income or (loss) . . . . ▶					
7d	Net gain or (loss) . . . . ▶		-321,742			-321,742
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	ADVERTISING INCOME	541800	99,003		99,003	
b						
c						
d	All other revenue					
e	**Total.** Add lines 11a–11d . . . . . . ▶		99,003			
12	**Total revenue.** See Instructions . . . ▶		2,543,181	214,632	99,003	68,806

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)
Check if Schedule O contains a response to any question in this Part IX . . . .

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 United States See Part IV, line 21	1,149,452	1,149,452		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	416,839	166,736	95,873	154,230
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	341,885	139,778	77,291	124,816
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,748	2,133	2,524	1,091
9 Other employee benefits	59,595	21,454	30,907	7,234
10 Payroll taxes	65,374	24,258	28,695	12,421
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	43,198	15,553	19,439	8,206
d Lobbying				
e Professional fundraising *See Part IV, line 17* . .				
f Investment management fees	123,564	119,298	4,266	
g Other	20,442	2,450	17,992	
12 Advertising and promotion				
13 Office expenses	87,812	48,825	29,993	8,994
14 Information technology	18,782	7,753	7,718	3,311
15 Royalties . .				
16 Occupancy	102,516	35,881	51,258	15,377
17 Travel	2,865	494	348	2,023
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,963	6,730	3,933	300
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,203		7,203	
23 Insurance	4,510		4,510	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a OTHER PROGRAM EXPENSE	247,307	56,953	164,405	25,949
b BAD DEBT	206,267			206,267
c JOURNAL COMMISSIONS	20,483	20,483		
d DUES & SUBSCRIPTIONS	8,630	5,570	3,060	
e				
f All other expenses	6,973	5,807	981	185
25 **Total functional expenses.** Add lines 1 through 24f	2,950,408	1,829,608	550,396	570,404
26 **Joint costs.** Check here ▶ if following SOP 98-2 (ASC 958-720) 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

Section	Line	Description			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			383,431	1	298,255
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,039,247	3	667,905
	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			11,355	9	11,451
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a	61,228			
	b	Less accumulated depreciation	10b	27,633	39,459	10c	33,595
	11	Investments—publicly traded securities			10,943,246	11	11,402,268
	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			6,830,578	15	6,832,913
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			19,247,316	16	19,246,387
Liabilities	17	Accounts payable and accrued expenses			96,777	17	29,204
	18	Grants payable			889,416	18	924,633
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			278,612	21	262,864
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			1,409,375	25	2,232,302
	26	**Total liabilities.** Add lines 17 through 25			2,674,180	26	3,449,003
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			1,386,087	27	2,421,207
	28	Temporarily restricted net assets			4,579,512	28	3,921,557
	29	Permanently restricted net assets			10,607,537	29	9,454,620
		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 or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			16,573,136	33	15,797,384
	34	Total liabilities and net assets/fund balances			19,247,316	34	19,246,387

Part XI **Reconcilliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	2,543,181
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,950,408
3	Revenue less expenses Subtract line 2 from line 1	3	-407,227
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	16,573,136
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-368,525
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	15,797,384

Part XII **Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII . . . . ☑

			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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

SCHEDULE A
(Form 990 or 990EZ)

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

2011

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF SAN ANTONIO

Employer identification number
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 **section 170(b)(1)(A)(i).**

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - 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 it is a Type I, Type II or Type III supporting organization, check this box ☐

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

		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 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 organization(s)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | 14 |

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2010.** If the organization did not check the 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—2011.** 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—2010.** 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 IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,952,388	2,499,769	2,198,506	1,995,388	2,160,740	11,806,791
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	90,725	52,435	122,132	106,896	214,632	586,820
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	3,043,113	2,552,204	2,320,638	2,102,284	2,375,372	12,393,611
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1,734,082	1,033,802	1,168,985	927,139	502,517	5,366,525
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	1,734,082	1,033,802	1,168,985	927,139	502,517	5,366,525
8 **Public Support** (Subtract line 7c from line 6)						7,027,086

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	3,043,113	2,552,204	2,320,638	2,102,284	2,375,372	12,393,611
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	996,578	577,953	300,921	348,097	390,548	2,614,097
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	996,578	577,953	300,921	348,097	390,548	2,614,097
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	28,065	3,482				31,547
13 **Total support** (Add lines 9, 10c, 11 and 12)	4,067,756	3,133,639	2,621,559	2,450,381	2,765,920	15,039,255

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	46 720 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	50 430 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	17 380 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	22 570 %

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

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	37	
2	Aggregate contributions to (during year)	331,197	
3	Aggregate grants from (during year)	232,143	
4	Aggregate value at end of year	1,811,127	

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? ☑ 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 ☑ 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 importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 taxable 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 easements 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 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

Part V Endowment Funds. Complete if the 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	15,933,376	14,103,059	12,915,015	15,687,002	
b	Contributions	369,946	660,665	337,421	684,207	
c	Investment earnings or losses	-296,720	2,034,625	1,563,366	-2,470,480	
d	Grants or scholarships	192,572		236,020	303,069	
e	Other expenditures for facilities and programs	313,870	864,973	371,255	545,180	
f	Administrative expenses	112,218		105,468	137,465	
g	End of year balance	15,387,942	15,933,376	14,103,059	12,915,015	

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

a Board designated or quasi-endowment ► 15 000 %

b Permanent endowment ► 85 000 %

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)	Yes	
	(ii) related organizations	3a(ii)		No
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

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

Description of property	(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		23,904	7,465	16,439
d Equipment		37,324	20,168	17,156
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ►				33,595

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should 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
(1) CASH SURRENDER LIFE INSURANCE	223,312
(2) INTEREST IN PERPETUAL TRUST	6,609,601
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	6,832,913

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
TRUST ANNUITY AGREEMENT BENEFITS PAYABLE	1,183,834
UNDER AGENCY RELATIONSHIPS	1,048,468
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	2,232,302

2. Fin 48 (ASC 740) 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 (ASC740)

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)	1	2,543,181
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,950,408
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-407,227
4	Net unrealized gains (losses) on investments	4	-248,259
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-120,266
9	Total adjustments (net) Add lines 4 - 8	9	-368,525
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-775,752

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	2,174,656
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-248,259		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-120,266		
e	Add lines **2a** through **2d**			2e	-368,525
3	Subtract line **2e** from line **1**			3	2,543,181
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	2,543,181

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

1	Total expenses and losses per audited financial statements			1	2,950,408
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	0
3	Subtract line **2e** from line **1**			3	2,950,408
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	2,950,408

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, 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

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	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 XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -120,266
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -120,266
		THE FEDERATIONS ENDOWMENT FUNDS REFLECT INDIVIDUAL FUNDS WHACH ARE DONOR DESIGNATED FOR SPECIFIC PURPOSES AS WELL AS INDIVIDUAL FUNDS WHICH ARE AVAILABLE FOR GENERAL USE BY THE FEDERATION THE ENDOWMENT 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, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

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? . . . . ☑ Yes ☐ No

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. 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 . . . . ▶ ☐

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 14

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

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 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

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

Identifier	Return Reference	Explanation
		THE FEDERATION UTILIZES AN ALLOCATION PROCESS WHEREBY LOCAL ORGANIZATIONS MUST APPLY FOR GRANT FUNDING AS PART OF THE PROCESS EACH AGENCY IS REQUIRED TO PROVIDE A COPY OF THEIR AUDITED FINANCIAL STATMENTS 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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 74-1109662
Name: JEWISH FEDERATION OF SAN ANTONIO

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
JEWISH FAMILY SERVICES12500 NW MILITARY HWY SAN ANTONIO,TX 78231	74-1759254	501 (C)(3)	144,565				GENERAL AND PROGRAM OPERATIONS
BARSHOP JEWISH COMMUNITY CENTER12500 NW MILITARY HWY SAN ANTONIO,TX 78231	74-1152783	501 (C)(3)	156,646				GENERAL AND PROGRAM OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
NATIONAL HILLEL 800 ST NW WASHINGTON,DC 20001	52-1844823	501 (C)(3)	28,200				GENERAL AND PROGRAM OPERATIONS
BIRTHRIGHT ISRAEL FOUNDATION33 E 33RD ST 7TH FL NEW YORK,NY 10016	13-4092050	501 (C)(3)	11,408				GENERAL AND PROGRAM OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
ELEANOR KOLTZ ACADEMY12500 NW MILITARY HWY SAN ANTONIO,TX 78231	74-1723622	501 (C) (3)	225,000				GENERAL AND PROGRAM OPERATIONS
CONGREGATION AGUDAS ACHIM 16550 HUEBNER SAN ANTONIO,TX 78248	74-1356588	501 (C) (3)	14,384				GENERAL AND PROGRAM OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
SAN ANTONIO ACADEMY117 E FRENCH PL SAN ANTONIO, TX 78212	74-0878670	501 (C)(3)	5,000				GENERAL AND PROGRAM OPERATIONS
TEACH FOR AMERICA315 W 36TH ST NEW YORK, NY 10018	13-3541913	501 (C)(3)	5,000				GENERAL AND PROGRAM OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
TEMPLE BETH EL 211 BELKNAP PLACE SAN ANTONIO, TX 78212	74-1246242	501 (C) (3)	20,590				GENERAL AND PROGRAM OPERATIONS
UNITED WAY OF SAN ANTONIOPO BOX 898 SAN ANTONIO, TX 78293	13-1635294	501 (C) (3)	10,000				GENERAL AND PROGRAM OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
UNIVERSITY OF TEXAS AT AUSTIN PO BOX 7458 AUSTIN,TX 78712	74-6000203	501 (C) (1)	5,000				GENERAL AND PROGRAM OPERATIONS
JEWISH FEDERATION OF NORTH AMERICA 25 BROADWAY SUITE 1700 NEW YORK, NY 10004	13-1624240	501 (C) (3)	385,211				GENERAL AND PROGRAM OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CENTRAL CONFERENCE OF AMERICAN RABBIS 355 LEXINGTON AVE NEW YORK, NY 10017	13-1769747	501 (C) (3)	5,000				GENERAL AND PROGRAM OPERATIONS
JUVENILE DIABETES RESEARCH8700 CROWNHILL SAN ANTONIO, TX 78209	23-1907729	501 (C) (3)	22,155				GENERAL AND PROGRAM OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
MCNAY ART MUSEUM6000 N NEW BRAUNFELS SAN ANTONIO,TX 78209	74-1195277	501 (C) (3)	6,900				GENERAL AND PROGRAM OPERATIONS

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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, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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
1a	Check the appropiate 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 ☐ First-class or charter travel ☑ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
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**	Yes	
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 ☐ Independent compensation consultant ☐ Form 990 of other organizations ☑ Written employment contract ☐ Compensation survey or study ☑ 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HOWARD FEINBERG	(i)	174,206	0	0	0	9,660	183,866	0
	(ii)	0	0	0	0	0	0	0

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	PAYMENTS/COMPENSATION ARE OUTLINED WITHIN A CONTRACTUAL DOCUMENT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134052463

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF SAN ANTONIO

Employer identification number
74-1109662

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	SERGIO VIROSLAV MD AND ALICE VIROSLAV ARE MARRIED AND CURRENTLY SERVE ON THE ORGANIZATIONS BOARD
	FORM 990, PART VI, SECTION B, LINE 11	THE REVIEW OF THE 990 WILL BE PERFORMED BY THE CFO ONCE APPROVED THE 990 WILL BE DISTRIBUTED TO THE ENTIRE BOARD
	FORM 990, PART VI, SECTION B, LINE 12C	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
	FORM 990, PART VI, SECTION B, LINE 15A	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, SECTION C, LINE 19	GOVERNING DOCUMENTS, POLICIES 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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -248,259 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -120,266 TOTAL TO FORM 990, PART XI, LINE 5 -368,525
	FORM 990, PART XII, LINE 2C, OVERSIGHT OF AUDIT	THE BUDGET AND FINANCE COMMITTEE OVERSEE THE AUDIT OF THE ORGANIZATIONS FINANCIAL STATEMENTS

Additional Data

Software ID:
Software Version:
EIN: 74-1109662
Name: JEWISH FEDERATION OF SAN ANTONIO

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 404,863 including grants of $) (Revenue $ 172,578)

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 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 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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMY BENEDIKT MD VICE CHAIR	6 00	X		X				0	0	0
LEONARDO BITRAN DIRECTOR	1 00	X						0	0	0
CHAIM BLOCK DIRECTOR	1 00	X						0	0	0
EDDIE BLOCK JR DIRECTOR	1 00	X						0	0	0
STEVEN BUTLER DIRECTOR	1 00	X						0	0	0
LAURA EHRENBERG-CHESLER DIRECTOR	1 00	X						0	0	0
GREG DAVIS DIRECTOR	1 00	X						0	0	0
NISSIM ELBAZ PHD DIRECTOR	1 00	X						0	0	0
ISRAEL FOGIEL DIRECTOR	1 00	X						0	0	0
LALA GOSSEN DIRECTOR	1 00	X						0	0	0
MINDI ALTERMAN DIRECTOR	1 00	X						0	0	0
CATHY SIEGEL DIRECTOR	1 00	X						0	0	0
PAT KALMANS DIRECTOR	1 00	X						0	0	0
SHIRLEY KATZMAN DIRECTOR	1 00	X						0	0	0
JASON KBOUDI DDS SECRETARY	6 00	X		X				0	0	0
MIKE KELNE DIRECTOR	1 00	X						0	0	0
PHIL KOLOVSON DIRECTOR	1 00	X						0	0	0
DAVID KOMET DIRECTOR	1 00	X						0	0	0
ILENE KRAMER DIRECTOR	1 00	X						0	0	0
MITCHELL MICHELSON DIRECTOR	1 00	X						0	0	0
DAVID PALANS DIRECTOR	1 00	X						0	0	0
RICHARD PLANTO TREASURER	6 00	X		X				0	0	0
SHARI PULMAN DIRECTOR	1 00	X						0	0	0
ARYEH SCHEINBERG DIRECTOR	1 00	X						0	0	0
MARC SCHNALL VICE CHAIR	6 00	X		X				0	0	0

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

(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
CLYDE SELIG DIRECTOR	1 00	X						0	0	0
JEFFREY SHAPIRO VICE CHAIR	6 00	X		X				0	0	0
LAUREN STANLEY DIRECTOR	1 00	X						0	0	0
SERGIO VIROSLAV MD DIRECTOR	1 00	X						0	0	0
ALICE VIROSLAV MD CHAIR	10 00	X		X				0	0	0
SANDRA WEINGART DIRECTOR	1 00	X						0	0	0
JODI STARR DIRECTOR	1 00	X						0	0	0
ANDY FAGEN DIRECTOR	1 00	X						0	0	0
BRIAN FELD DIRECTOR	1 00	X						0	0	0
VICKI ADELSTEIN DIRECTOR	1 00	X						0	0	0
KELLY KREMER DIRECTOR	1 00	X						0	0	0
DARRYL CRYSTAL DIRECTOR	1 00	X						0	0	0
HOWARD FEINBERG PRESIDENT/CEO	40 00			X				174,206	0	9,660
DAN LEPOW DIRECTOR, FRD	40 00			X				40,202	0	2,226
BRUCE EISEN CFO	40 00			X				40,105	0	2,289
JUDY LACKRITZ COMMUNITY RELATIONS DIRECTOR	40 00			X				69,112	0	8,544