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Check if applicable

Address change

Name change

Initial

Termin-

Amended

SCANNED JUN 24 2011

Department of the Treasury Internal Revenue Service

A For the 2012 calendar year, or tax year beginning

C Name of organization

Doing Business As

Return of Organization Exempt From Income Tax

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

2012

JUL 1.

JEWISH FEDERATION OF SAN ANTONIO

Number and street (or P 0 box if mail is not delivered to street address)

12500 NW MILITARY HIGHWAY

City, town, or post office, state, and ZIP code

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

and ending JUN 30, 2013

Room/suite

200

			OMB No 1545-0047					
ncome Ta			2012					
(except black lui	ıβ		ZUIZ					
eporting requireme	ents		Open to Public Inspection					
UN 30, 20	13							
D Employer idea	ntifi	cati	on number					
7.1	_ 1	1 0	9662					
E Telephone nur	3002							
210-302-6960								
G Gross receipts \$			7,006,076.					
H(a) Is this a grou	Jp re	eturr						
for affiliates?			Yes X No					
			d? Yes No					
			(see instructions)					
H(c) Group exem	ptio	n nu	ımber ▶					
f formation 192	7 n	1 Sta	ite of legal domicile TX					
LE O	_							
								
than 25% of its ne	et as	sets						
	3		38					
į	4		38					
	5		27					
Į	6		100					
ļ	7a		198,655.					
	7b		0.					
Prior Year	_		Current Year					
2,160,74		-	1,601,153. 236,384.					
68,80		ļ	355,111.					
99,00		_	83,536.					
2,543,18			2,276,184.					
1,149,45			1,268,850.					
	0.		0.					
889,44	1.		616,588.					
	0.		0.					
			· · · · · · · · · · · · · · · · · · ·					
911,51	5.	<u> </u>	637,868.					
2,950,40	8.		2,523,306.					

SAN ANTONIO, TX Applica-78231-1871 H(a) Is this a group re pendina F Name and address of principal officer: RONIT SHERWIN for affiliates? SAME AS C ABOVE H(b) Are all affiliates incl Tax-exempt status: X 501(c)(3) 501(c) ()◀ (insert no) l 4947(a)(1) or 527 If "No," attach a J Website: ▶ JFSATX.ORG H(c) Group exemption K Form of organization X Corporation Trust Association Other > L Year of formation 1927 M Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Check this box I if the organization discontinued its operations or disposed of more than 25% of its net as Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 Prior Year 2,160,740 Contributions and grants (Part VIII, line 1h) 214,632. Program service revenue (Part VIII, line 2g) 68,806. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 99,003. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,543,181 Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,149,452. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, coton (A), III es 5-10) 889,441. Ö 16a Professional fundraising fees (Part IX, column (A), line 11e) 967 b Total fundraising expenses (Part IX, column (D), line 25) 911,515 Other expenses (Part IX, column (A), lines 11a-11d, 11(24e) Total expenses. Add lines 13-17 (must equal Part IX, column:(A)-line-25) 2,950,408. -407,227-247,122. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 19,644,368. 19,246,387. 20 Total assets (Part X, line 16) 449,003. 3,106,471 21 Total liabilities (Part X, line 26) E SE 797,384. 16,537,897 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature_Block Under penalties of pergry, I peclare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Deglatation Appendix (other than officer) is based on all information of which preparer has any knowledge nature of officer Sign RONIT SHERWIN, CEO Here Type or print name and title PTIN Preparer e signature Print/Type preparer's name P00963779 Paid RANDY L. WALKER, CPA Firm's name RANDY WALKER & 20-3992693 Preparer co. Firm's EIN Firm's address 7800 IH 10 WEST, SUITE Use Only SAN ANTONIO, TX 78230 Phone no (210) 366-9430 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (20 232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

4e Total program service expenses 232002
12-10-12

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

135,669 - including grants of \$

Form **990** (2012)

212,998.

1,676,834.

Page 3

Pa	TW 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, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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	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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_	X	L
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments • other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d_	_X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_X_	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	<u> X</u>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			,.
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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, Parts II and IV	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, Parts III and IV	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,"	ٔ ا		v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X

Form **990** (2012)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u>X</u>	
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		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			_
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 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		
	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			1,
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	<u>X</u>
Ь	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			v
	Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			X
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26_		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		X
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? 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		<u>X</u>
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		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1 .	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	, , , , , , , , , , , , , , , , , , , ,			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Х	
	Note. All Form 990 filers are required to complete Schedule O			(2012)
		. 51111	200	(-UIE)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V			للل
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		1
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,			l
	filed for the calendar year ending with or within the year covered by this return 2	┪		ĺ
b	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 (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	_3b	Х	
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 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_	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	Х
С	•	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			١
	any contributions that were not tax deductible as charitable contributions?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		1	
	were not tax deductible?	6b_	ļ	
7	Organizations that may receive deductible contributions under section 170(c).		.,	
а	•		X	177
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	ļ	X
	If "Yes," indicate the number of Forms 8282 filed during the year	4		v
е	Did the organization 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	ļ	 ^
9		7g	-	
h	·	7h	ļ	
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	ļ	
9	Sponsoring organizations maintaining donor advised funds.		1	
а	Did the organization make any taxable distributions under section 4966?	9a	ļ	├
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	٠. ا		1
	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	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		╄	┼
а	· · · · · · · · · · · · · · · · · · ·	13a	 	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	\dashv		
C			 	X
14a		14a 14b	+	+~
<u>_</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		n 990	(2012)

Form 990 (2012)

JEWISH FEDERATION OF SAN ANTUNIO

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

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.												
	Check if Schedule O contains a response to any question in this Part VI			X									
<u>Sec</u>	tion A. Governing Body and Management												
			Yes	No									
1a	Enter the number of voting members of the governing body at the end of the tax year 38												
	If there are material differences in voting rights among members of the governing body, or if the governing												
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O												
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 38												
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other												
	officer, director, trustee, or key employee?	2	Х										
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision												
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		X									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X X X									
6													
7a													
	more members of the governing body?	7a		X									
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or												
_	persons other than the governing body?	7ь		X									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following												
а	The governing body?	8a	Х										
b	Each committee with authority to act on behalf of the governing body?	8b	X										
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		X									
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)												
060	tion B. Foncies (This Section B requests information about policies not required by the internal nevertice code.)		Yes	No									
102	Did the organization have local chapters, branches, or affiliates?	10a	100	X									
	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?	10ь											
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X										
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.												
		12a	Х										
	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X										
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe												
G	in Schedule O how this was done	12c	Х										
13		13	X										
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X										
15		···•											
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
•		15a	X										
a	The organization's CEO, Executive Director, or top management official	15b		X									
U	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
16a													
.04		16a		х									
.	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation												
b	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's												
		16b											
500	exempt status with respect to such arrangements?	100											
	List the states with which a copy of this Form 990 is required to be filed NONE												
17 12	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is	availah	le										
18	• • • •	. t cui a D	.5										
	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website Upon request Other (explain in Schedule O)												
10	·	d finan	cial										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	u man	i Cia										
00	statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	•										
20	LAURIE VAN LIEW - 210-302-6960												
	12500 NW MILITARY HIGHWAY, NO. 200, SAN ANTONIO, TX 78231-1871												
23200	6	Form	990	(2012)									
12-10	12	. 01111		,,,									

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

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

(A) Name and Title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
1) VICKI ADELSTEIN	1.00									
DIRECTOR	1 00	X		<u> </u>		├	<u> </u>	0.	0.	0
2) MINDI ALTERMAN	1.00	١.,								•
DIRECTOR	1 00	X	-	-		-	<u> </u>	0.	0.	0
3) BRAD BELDON	1.00	X						0.	0.	0
DIRECTOR	6.00	<u> </u>				┢	-	0.	0.	
4) AMY BENEDIKT, MD VICE CHAIR	0.00	X		X			ŀ	0.	0.	0
5) CHAIM BLOCK	1.00	^	<u> </u>	Λ	_	┢	┢	0.		
DIRECTOR	1.00	x				Ì		0.	0.	_ 0
6) STEVEN BUTLER	1.00	 		-	\vdash		 			
DIRECTOR		X						0.	0.	0
7) DARRYL CRYSTAL	1.00	 	\vdash		-	T	_	<u> </u>		
DIRECTOR		X	1					0.	0.	0
8) LAURA EHRENBERG-CHESLER	1.00									
DIRECTOR		X	İ				<u> </u>	0.	0.	0
9) ANDY FAGEN	1.00					Ī				
DIRECTOR		X					<u> </u>	0.	0.	0
10) BRIAN FELD	1.00					l				
DIRECTOR		X				<u> </u>	L.	0.	0.	0
11) DANIELLA FISHER, MD	1.00	ļ.,				ļ	1	1		
DIRECTOR		X			_	<u> </u>	L_	0.	0.	0
12) ISRAEL FOGIEL	1.00	١.,								•
DIRECTOR	1 00	X		_		 —	├-	0.	0.	0
13) ILENE FRANCO	1.00	J				1		0.	0.	•
DIRECTOR	1 00	X		-	├—	┢				0
14) JONATHAN GURWITZ	1.00	x	ĺ	1		ľ		0.	0.	0
DIRECTOR	1.00		\vdash	\vdash		1—	⊢			
15) PAT KALMANS DIRECTOR	1.00	X]]]]	0.	0.	0
16) JASON KBOUDI, DDS	6.00	 			\vdash	\vdash	├-	 	-	
SECRETARY	3.00	x		Х				0.	0.	0
17) MIKE KELNE	1.00	+==		 	\vdash	t^-				
					1	1		1	0.	0

Form 990 (2012)

232008 12-10-12

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)			((C)			(D)	(E)		(F)		
Name and title	Average	l		Pos	ition			Reportable	Reportable	Est	imated		
	hours per		not c					compensation	compensation	1	ount of		
	week	⊢.	cer an	d a d	recto	or/trus	tee)	from	from related	(other		
	(list any	or director						the	organizations	1 .	pensation		
	hours for related	8	R			B	l	organization	(W-2/1099-MISC)	1	om the		
	organizations	PE SE	Tage 1		 R	Dens		(W-2/1099-MISC)		_	inization		
	below	<u> </u>	Poral	ŀ		15 g	١.			1	i related nizations		
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Orga	inzations		
(18) PHIL KOLOVSON	1.00	_	Ē	_	_		┞			†			
DIRECTOR		X		ļ				0.	0.	,	0.		
(19) DAVID KOMET	1.00												
DIRECTOR		X		<u>.</u>				0.	0.	<u> </u>	0.		
(20) ILENE KRAMER	1.00				İ				_				
DIRECTOR	1 00	X			<u> </u>		_	0.	0.	ļ	0.		
(21) KELLY KREMER	1.00			Ì		i	l		0	}	^		
DIRECTOR	1 00	X		_		-	 	0.	0.		0.		
(22) MITCHELL MICHELSON	1.00	х						0.	0.		0.		
DIRECTOR (23) HOWARD NESTEL	1.00	^	-	 	 	-	 		<u> </u>	'	<u> </u>		
DIRECTOR	1.00	Х						5,143.	0.		0.		
(24) DAVID PALANS	1.00	^		_			┢	3/113.		1			
DIRECTOR	1.00	Х						0.	0.		0.		
(25) JUDY PALANS	1.00			-			T						
DIRECTOR		Х						0.	0.	,	0.		
(26) RICHARD PLANTO	6.00												
TREASURER		X		X				0.	0.		0.		
1b Sub-total								5,143.	0.		0.		
c Total from continuation sheets to Part VI	l, Section A							147,613.	0.		715.		
d Total (add lines 1b and 1c)						<u> </u>		152,756.	0.	.] 20	20,715.		
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	200	e) wh	no re	eceived more than \$100	,000 of reportable		^		
compensation from the organization											Yes No		
2 Delahar and the balance for the second										<u></u>	165 110		
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s.	•	ISLE	6, KE	уеі	пріс	уее	, Or	mignest compensated e	Inployee on	3	x		
4 For any individual listed on line 1a, is the su		ام ما		ene.	ation	and	4 41	her compensation from	the organization	· · · ·	······		
and related organizations greater than \$150									the organization	4	x		
5 Did any person listed on line 1a receive or a									dual for services				
rendered to the organization? If "Yes," com										5	X		
Section B. Independent Contractors								··					
Complete this table for your five highest co.	mpensated inc	dep	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of compen	sation fr	om		
the organization. Report compensation for	the calendar y	ear	endi	ng v	vrth	or w	ithir	the organization's tax	year.	<u> </u>			
(A)	1-1		~~~	_				(B)		O)			
Name and business	address	N	INC	<u> </u>				Description of s	services	Comper	isation		
							\dashv						
							-						
	-												
							-						
							\dashv						
2 Total number of independent contractors (i	ncluding but a	ot li	mite	d to	tho	se li	L	l above) who received m	ore than				
\$100,000 of compensation from the organic		J. 11		<u> </u>	0	0 "							
SEE PART VII, SECTION		rI	NUZ	AT:	[0]	N S	SH	EETS		Form 9	90 (2012)		

Form 990 JEWISH FEDERATION OF SAN ANTONIO 74-1109662											
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated	
	hours	(cl	(check all that apply)					compensation	compensation	amount of	
	per	ł						from	from related	other	
	week (list any	≱		Į .		e Sold		the organization	organizations (W-2/1099-MISC)	compensation from the	
	hours for	or director		İ		E G		(W-2/1099-MISC)	(** 2 1000 111100)	organization	
	related		ustbe	İ		ensat	1			and related	
	organizations		la d		86	d de				organizations	
	below line)	Indiwdual trustee	Institutional fruste	E G	Key employee	Highest compensated employee	Former				
(27) ERIC PULLEN	1.00	<u> </u>	=	٦	<u> </u>	<u> </u>	-				
DIRECTOR		X		ŀ				0.	0.	0	
(28) SHARI PULMAN	1.00										
DIRECTOR		X					L	0.	0.	_ 0	
(29) ARYEH SCHEINBERG	1.00										
DIRECTOR		X					<u>_</u>	0.	0.	0	
(30) MARC SCHNALL	6.00	1							_	_	
VICE CHAIR		X		X		<u> </u>	ļ	0.	0.	0	
(31) CLYDE SELIG	1.00	١.,								•	
DIRECTOR	6.00	X		ļ .	-		<u> </u>	0.	0.	0	
(32) JEFFREY SHAPIRO	8.00	X		х				0.	0.	0	
VICE CHAIR (33) CATHY SIEGEL	1.00	^		^	_	_		0.			
DIRECTOR	1.00	X						o.	0.	0	
(34) HOWARD SIEGEL	1.00	-									
DIRECTOR		X						0.	0.	0	
(35) LAUREN STANLEY	1.00				-						
DIRECTOR		X						0.	0.	0	
(36) JODI STARR	1.00										
DIRECTOR		X						0.	0.	0	
(37) ALICE VIROSLAV, MD	10.00						i		•	•	
CHAIR	1 00	X	<u> </u>	X	_	_		0.	0.	0_	
(38) SANDRA WEINGART	1.00	J							0	0	
DIRECTOR	26 50	X			<u> </u>	-		0.	0.	0	
(39) DANIEL Z. LEPOW INTERIM CEO	36.50	}		X	ļ			91,429.	0.	15,580	
(40) LAURIE VAN LIEW	40.00	├─	-	Λ.				71,423.		13,300	
CHIEF FINANCIAL OFFICER	10.00	1		X				56,184.	0.	5,135	
<u> </u>			-	_							
		_									
] .					
		<u>L</u>	_	<u>L</u> .			<u> </u>				
		ļ									
		┢	_		-	 —	<u> </u>				
		1									
		\vdash		\vdash	 	\vdash					
		1									
		\vdash									
		<u>L</u>	L	L		<u>L</u> .	L				
										00 715	
Total to Part VII, Section A, line 1c								147,613.		20,715	

			(2012) JEWI	SH FED	ER	ATION OF	SAN ANTONI	0	74-1109	662 Page 9
Pa	rt i	/		-						
			Check if Schedule O con	tains a resp	onse	to any question		<u> </u>	(0)	
		,			1711		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns	18	<u>. </u>	1,214,861.				
S a		þ	Membership dues	11	<u> </u>	1,471.				
A,		C	Fundraising events	10	<u>; </u>					
ig je	1	d	Related organizations	10	1					
š.ř.		е	Government grants (contribu	tions) 1e	<u>. </u>					
a fi		f	All other contributions, gifts, gran	nts, and						
듗			similar amounts not included abo	ove <u>1f</u>		384,821.				
a at		9	Noncash contributions included in lines	s 1a-1f \$						
<u>0</u> <u>8</u>		h	Total. Add lines 1a-1f				1,601,153.			
						Business Code				
ice.	2	а	PROGRAM REVENUE			611600	207,625.	207,625.		
ue V		b				611600	13,624.	13,624.		
m S		C	COMMUNITY RELATIONS CO)		611600	9,762.	9,762.		
Program Service Revenue		d	SAAJE INCOME			611600	5,373.	5,373.		
Ď		e			_			ļ		
_		t	All other program service reve	enue						
		Я					236,384.		·····	
	3		Investment income (including	i dividends, i	nter		222 222			
	4		other similar amounts)				239,992.			239,992
	5		Income from investment of ta Royalties	x-exempt bo	ma	proceeds				
	3		noyallies	(i) Real		(i) Damanal				
	6	_	Gross rents	(I) Nea		(ii) Personal				
	_	-	Less: rental expenses			 				
						 				
			Net rental income or (loss)	<u> </u>						
			Gross amount from sales of	(i) Securit	ies	(II) Other				
	•	_	assets other than inventory	4,845,						
		b	Less: cost or other basis			` 				
			and sales expenses	4,729,	892	.				
		c	Gain or (loss)	115,		+				
		d	Net gain or (loss)			•	115,119.		115,119,	
a			Gross income from fundraisin	-	ot					
ě			including \$							
æ			contributions reported on line	1c). See						`
Other Revenue		_	Part IV, line 18		a					
გ			Less: direct expenses	drainin n ai ini	b -4-	'L				
			Net income or (loss) from fund Gross income from gaming ad	_		,			·····	
	•	a	Part IV, line 19	Juvilles. 566]				
		L	Less: direct expenses	•	a b					
Į			Net income or (loss) from gan	una activitie	_	'				
i			Gross sales of inventory, less	_	3					
		_	and allowances	Totallis	а					
		ь	Less: cost of goods sold		ь					
			Net income or (loss) from sale	Is of invento	_			•		
- 1	-	_	Miscellaneous Revenu		· -	Business Code				
)	11	 a	ADVERTISING INCOME	<u>-</u>		541800	83,536.	j	83,536.	
		b			_					
		c			_					
		d	All other revenue .		_					· · · · · ·
ļ		e	Total. Add lines 11a-11d	4		>	83,536.			
	12	_	Total revenue. See instructions			▶	2,276,184.	236,384.	198,655.	239,992.
23200	9			_						Form 000 (2012)

Part IX Statement of Functional Expenses

Check if Schedule O contains a respon	se 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	1 260 050	1 260 050		
organizations in the United States See Part IV, line 21	1,268,850.	1,268,850.		
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				
		· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	194-11111-1
•				<u></u>
5 Compensation of current officers, directors, trustees, and key employees	175,365.	54,192.	60,734.	60,439
6 Compensation not included above, to disqualified	17370031	01/1320	337.323	
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	347,462.	107,371.	120,338.	119,753
8 Pension plan accruals and contributions (include	311,75001			
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	45,127.	13,945.	15,629.	15,553
Payroll taxes	48,634.	15,028.	16,844.	16,762
1 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	42,750.	11,115.	23,514.	8,121
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	29,535.		29,535.	
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch O)	48,133.	43,528.	3,255.	1,350 8,520
2 Advertising and promotion	8,520.			
3 Office expenses	153,684.	7,989.	135,851.	9,844
14 Information technology	5,865.	1,524.	3,226.	1,115
15 Royalties			50.461	15 222
16 Occupancy	102,516.	27,678.	59,461.	15,377
17 Travel .	2,806.	368.	24.	2,414
Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0 001	2 020	2 222	3,779
19 Conferences, conventions, and meetings	9,921.	2,920.	3,222.	3,113
20 Interest				
21 Payments to affiliates	4 042	567.	4,276.	
Depreciation, depletion, and amortization	4,843.	367.	6,201.	
23 Insurance	6,201.		0,201.	,
Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				ŕ
a OTHER PROGRAM EXPENSE	137,165.	47,177.	7,959.	82,029
PRINTING & STATIONARY	55,326.	46,415.		8,911
c JOURNAL COMMISSIONS	21,549.	21,549.		
d DUES AND SUBSCRIPTIONS	9,054.	6,618.	2,436.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,523,306.	1,676,834.	492,505.	353,967
26 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation				
Check here If following SOP 98-2 (ASC 958-720)				Form 990 (2012

232010 12-10-12

Part X	Balance Sheet			
	Check if Schedule O contains a response to any question in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash · non·interest-bearing	298,255.	1	250,290.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	667,905.	3	722,246
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
ļ	trustees, key employees, and highest compensated employees. Complete			
ļ	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
- 1	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7 8 8	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	11,451.	9	4,018
10a	Land, buildings, and equipment: cost or other	, , , , , , , , , , , , , , , , , , ,		
i	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 61,227. 10b 32,476.			
b	Less: accumulated depreciation 10b 32,476.	33,595. 11,402,268.	10c	28,751. 11,471,540.
11	Investments - publicly traded securities	11,402,268.	11	11,471,540.
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	6,832,913.	15	7,167,523.
16	Total assets. Add lines 1 through 15 (must equal line 34)	19,246,387.	16	7,167,523. 19,644,368.
17	Accounts payable and accrued expenses	29,204.	17	<u> </u>
18	Grants payable .	924,633.	18	877,826.
19	Deferred revenue	0.	19	<u>2,000</u> .
20	Tax-exempt bond liabilities		20	
g 21	Escrow or custodial account liability. Complete Part IV of Schedule D	262,864.	21	825,336.
22	Loans and other payables to current and former officers, directors, trustees,			
21 22	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	0.	24	200,000.
25	Other liabilities (including federal income tax, payables to related third			
- 1	parties, and other liabilities not included on lines 17-24). Complete Part X of	0 000 000		1 100 051
	Schedule D	2,232,302.	25	1,180,051.
26	Total liabilities. Add lines 17 through 25	3,449,003.	26	3,106,471.
- 1	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
§	complete lines 27 through 29, and lines 33 and 34.	2 276 222		0 506 005
27	Unrestricted net assets	2,376,829.	27	2,786,987.
28	Temporarily restricted net assets	3,921,557.	_28	3,882,581.
29	Permanently restricted net assets	9,498,998.	29	9,868,329.
:	Organizations that do not follow SFAS 117 (ASC 958), 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	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	15 303 304	_32	16 500 005
33	Total net assets or fund balances	15,797,384.	_33	16,537,897.
34	Total liabilities and net assets/fund balances	19,246,387.	34	19,644,368.

Form **990** (2012)

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

3ь

Form **990** (2012)

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
2012

Open to Public Inspection

Name of the organization

Employer identification number

Mr. A.			FEDERATION O							4-11096	102
Part I	Heason	tor Public Char	ity Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.			
The organ	ization is not a	a private foundation l	because it is: (For lines 1	through 1	11, check d	only one b	ox.)				
1 🖳	A church, co	nvention of churches	s, or association of churc	ches desc	nbed in se	ction 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 X											
	section 170(b)(1)(A)(vi). (Comple	te Part II.)								
8 🗀	A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete	Part II.)						
9 🗀	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fi	rom contri	butions, m	nembershij	o fees, a	nd gross rece	epts from
	activities rela	ted to its exempt fur	nctions - subject to certa	un exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross in	vestment
			axable income (less sect								
		509(a)(2). (Complete									
10 🗀	An organizati	on organized and op	perated exclusively to tes	st for publi	c safety. S	See sectio	n 509(a)(4	l).			
11 🗔	An organizati	on organized and op	perated exclusively for th	ne benefit d	of, to perfo	rm the fur	ctions of,	or to carry	out the	purposes of	one or
			ations described in section								
	describes the	type of supporting	organization and comple	ete lines 1	1e through	11h.					
	a Type I			ype III - Fui			d	I 🔙 Тур	e III - No	n-functionally	ıntegrated
e 🗀	By checking	this box, I certify tha	t the organization is not	controlled	directly of	r indirectly	by one or	more disc	qualified	persons othe	r than
			han one or more publicly								
f			ten determination from t								
		rganization, check th			•	, , , ,					
g		-	organization accepted an	y gift or co	ontribution	from any	of the follo	owing pers	sons?	_	
	-		irectly controls, either al							,	Yes No
			upported organization?							11g(i)	
			n described in (i) above?							11g(ii)	
	(iii) A 35%	controlled entity of a	person described in (i) o	or (II) above	∍?					11g(iii)	
h		•	about the supported or								
		·	••	-							
(I) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) is the c	rganization	(v) Did voi	notify the	(vi) Is	the	(vii) Amount o	of monetary
	anization	(11) E114	(described on lines 1-9	in col (i) lis	•	, , ,	•	organizátic (i) organiz	on in col ed in the	supp	
0.9			above or IRC section	governing	document?	(i) of your	support?	``` [*] ÜS	.2		
			(see instructions))	Yes	No	Yes	No	Yes	No		
		[ĺ	[[[
									1		
		J	J]]			
											
				ļ					ļ		
								1			
Total				1							
				<u> </u>							

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						-
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,499,769.	2,198,506.	1,995,388.	2,160,740.	1,601,153.	10,455,556.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	j					
	the organization without charge						
4	Total. Add lines 1 through 3	2,499,769.	2,198,506.	1,995,388.	2,160,740.	1,601,153.	10,455,556.
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)		·				
	Public support. Subtract line 5 from line 4		<u></u>			<u></u>	10,455,556.
	ction B. Total Support	 -					
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	2,499,769.	2,198,506.	1,995,388.	2,160,740.	1,601,153.	10,455,556.
8	Gross income from interest,			1			
	dividends, payments received on						
	securities loans, rents, royalties	F 77 0 5 0	200 001	240 007	200 540	220 000	
	and income from similar sources	577,953.	300,921.	348,097.	390,548.	239,992.	1,857,511.
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	2 402		ļ			2 402
	assets (Explain in Part IV.)	3,482.			· · · ·		3,482.
	Total support. Add lines 7 through 10		i			12	$\frac{12,316,549}{732,479}$
	Gross receipts from related activities,	,	•	d farreth an fifth ha			132,413.
13	First five years. If the Form 990 is for	-	first, second, thir	u, iourin, or illin ta	ix year as a section	n 301(c)(3)	▶□
Sec	organization, check this box and storection C. Computation of Publ	ic Support Per	rcentage			- .	
	Public support percentage for 2012 (I			olumn (fl)		14	84.89 %
	Public support percentage from 2011		•	Oldifiif (i))		15	46.72 %
	33 1/3% support test - 2012. If the c	•	•	n line 13, and line 1	، 14 is 33 1/3% or m		
	stop here. The organization qualifies	-			, , , , , , , , , , , , , , , , , , , ,	, 0	►X
ь	33 1/3% support test - 2011. If the c		-		line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual	=					▶□
17a	10% -facts-and-circumstances tes	· · · · · · · · · · · · · · · · · · ·			13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			=	•		ightharpoons
b	10% -facts-and-circumstances tes	•			•	7a, and line 15 is	10% or
	more, and if the organization meets the	•				•	
	organization meets the *facts-and-circ				•		▶ □
18	Private foundation. If the organizatio						s ▶ □
						dule A (Form 990	

232022 12-04-12

Schedule A (Form 990 or 990 EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
Include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-			İ			
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose	_					
3 Gross receipts from activities that	<u> </u>					
are not an unrelated trade or bus-			1			
Iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to			İ			
the organization without charge				_		
6 Total. Add lines 1 through 5	<u> </u>					
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						1
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			İ			
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support	<u></u>			<u> </u>		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
10a Gross income from interest,						
dividends, payments received on						İ
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975					İ	
c Add lines 10a and 10b						
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	I					
assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization	's first, second, thu	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here					(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. ▶□
Section C. Computation of Publi	ic Support Po	ercentage				·-
15 Public support percentage for 2012 (I			column (f))		15	9
16 Public support percentage from 2011		•		•	16	9
Section D. Computation of Inves						
17 Investment income percentage for 20					17	
18 Investment income percentage from 2			(-),		18	
19a 33 1/3% support tests - 2012. If the			on line 14, and lin	e 15 is more than		
more than 33 1/3%, check this box a						▶
b 33 1/3% support tests - 2011. If the						and
line 18 is not more than 33 1/3%, che	-					. —
20 Private foundation. If the organization						•
20 Private loundation. If the organizatio	GIG HOL CHECK	<u></u>	Car Or 150, OHOUR L		hedule A (Form 99	0 or 990-EZ) 201

Part 1	e A	(Form	990 (or 990-EZ	2012	JEWIS.	H FE.	DERAT	ION OF	SAN	ANTONIC) <u> </u>	/4-1109	7662	Page 4
Tarti			pien Part II	n entai I, line 12.	Also co	nation. Complete the	omplete s part fo	this part r any addi	to provide the itional informa	explana tion. (See	tions require e instructions	d by Part II, line	10; Part II, line	17a or 1	17b;
SCHE	DU				-							INCOME:			
<u>OTHE</u>	R	INC	OME	:											
<u>2</u> 008	Α	MOU	NT:	\$	3,4	82.			<u>_</u>		. <u></u> .		<u>—</u>		
<u>2009</u>	A	MOU	NT:	\$	0.										
2010	A	MOU	NT:	\$	0.									<u> </u>	
<u>2011</u>	A	MOU	NT:	\$	0.										
<u>2</u> 012	A	MOU	NT:	\$	0.										
															
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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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

2012
Open to Public Inspection

Name of the organization

JEWISH FEDERATION OF SAN ANTONIO

Employer identification number 74-1109662

	JEWISH FEDERATION		/4-1109662
Pa	rt	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	37	
2	Aggregate contributions to (during year)	47,413.	
3	Aggregate grants from (during year)	202,788.	
4	Aggregate value at end of year	1,762,826.	
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		X Yes No
6	Did the organization inform all grantees, donors, and donor a	· · · · · · · · · · · · · · · · · · ·	
•	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?	delication, or for any other purpose del	X Yes No
Pa	t II Conservation Easements. Complete if the org	ranization answered "Ves" to Form 990. Part	
1			14, 1110 7.
•	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	· -	ically important land area
	Protection of natural habitat	Preservation of a certified	d nistone structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		F
			Held at the End of the Tax Year
а	Total number of conservation easements	•	2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the or	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements r	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	ng the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	(,,	Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense sta	atement, and balance sheet, and
-	include, if applicable, the text of the footnote to the organization		
	conservation easements.		organization o accounting to
Pa	rt III Organizations Maintaining Collections o	f Art. Historical Treasures, or Other	er Similar Assets.
L====	Complete if the organization answered "Yes" to Form		
	If the organization elected, as permitted under SFAS 116 (AS		at and halance sheet works of art
	historical treasures, or other similar assets held for public ext	•	
			or public service, provide, in rait Air,
L	the text of the footnote to its financial statements that descri		ad balance about waits of oil biotomaal
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in turtherance of public	service, provide the following amounts
	relating to these items:		. .
	(i) Revenues included in Form 990, Part VIII, line 1		. 5 \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre		ain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	_
а	Revenues included in Form 990, Part VIII, line 1		. • \$
b	Assets included in Form 990, Part X		> \$

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Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See (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				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Closely-held equity interests		· 		
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				<u></u>
(H)		· -		
_()				
otal. (Col (b) must equal Form 990, Part X, col (B) line 12)		<u> </u>		
Part VIII Investments - Program Related. See	e Form 990, Part X, lin	e 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation	: Cost or end-c	or-year market value
(1)	·	- 		
(2)				
(4)				
(5)	- 			
(6)				
(7)				·
(8)				
(9)				
(10)		 		
	escription			(b) Book value
(1) CASH SURRENDER LIFE INSURA				227,126
(2) INTEREST IN PERPETUAL TRUS	ST			6,932,007
(3) OTHER RECEIVABLES		·		8,390
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	45)			7,167,523
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, III				7,107,323
(a) Description of liability	16 23.	(b) Book value		
(1) Federal income taxes		(2) Book value		
(2) TRUST ANNUITY AGREEMENT BE	NEFITS			
(3) PAYABLE		904,596.		
(4) UNDER AGENCY RELATIONSHIPS	3	275,455.		
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
otal. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	1,180,051.		
FIN 48 (ASC 740) Footnote. In Part XIII, provide the text			ents that repor	ts the organization's
the first term of the first te				

Sche	edule D (Form 990) 2012 JEWISH FEDERATION OF SAN A	NTON	IO	74-	1109662 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Revenue per F		
1	Total revenue, gains, and other support per audited financial statements			1	3,263,819.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	801,878.	,	
b	Donated services and use of facilities	2b		1	
C	Recovenes of prior year grants	2c]	
· d	Other (Describe in Part XIII.)	2d	185,757.	.]	
e	Add lines 2a through 2d			2e	987,635.
3	Subtract line 2e from line 1			3	2,276,184.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b]	
c	Add lines 4a and 4b			4c	0.
5		_	<u> </u>	5	2,276,184.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses per	Retu	
1	Total expenses and losses per audited financial statements			1	2,523,306.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			"	
а		_ 2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d]	
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,523,306.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]	
b	Other (Describe in Part XIII.)	4b		1 1	
C	Add lines 4a and 4b			4c	0 <u>.</u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,523,306.
Pa	rt XIII Supplemental Information				
X, lın	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II ie 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to RT IV, LINE 2B: THESE LIABILITY ACCOUNTS RI	provide	any additional informat	tion.	
OF	OTHER NOT FOR PROFIT 501(C)(3) ORGANIZATION	ons.	THESE ASSET	'S R	EFLECT
AMO	OUNTS RECEIVED FROM DONORS WHO SPECIFIED OF	THER	NOT FOR PRO	FIT	
ORG	GANIZATIONS AS THE DIRECT BENEFICIARIES OF	THE	EARNINGS FR	OM	THE
IN	VESTMENT OF THE ASSETS. ALSO THESE LIABILITY	TY A	CCOUNTS REFI	ECT	ASSETS
REC	CEIVED FROM OTHER NOT FOR PROFIT 501(C)(3)	ORG	ANIZATIONS F	OR	······································
PRO	OFESSIONAL INVESTMENT MANAGEMENT.				

Schedule D (Form 990) 2012

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

Open to Public 2012

OMB No 1545-0047

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

► Attach to Form 990.

Employer identification number Inspection

% ⊠ 74-1109662 IEBREW LANGUAGE PROGRAM (h) Purpose of grant SAFETY-NET PROGRAMS GENERAL AND PROGRAM BENERAL AND PROGRAM GENERAL AND PROGRAM CAMPUS SUPPORT AND or assistance Yes P2G PARTNERSHIP 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 OPERATIONS OPERATIONS OPERATIONS 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ö 。 。 ö Ö Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 212,943. 11,000 140,960. 308,970 11,000 115,000 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ANTONIO (c) IRC section if applicable SAN 13-4092050 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) QF. JEWISH FEDERATION 13-1624240 74-1759254 35-0888017 74-1152783 46-1694937 Part 1 General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? - NEW JEWISH PEDERATION OF INDIANAPOLIS 1 (a) Name and address of organization 12500 NW MILITARY HWY #150 - SAN BEN YEHUDA ACADEMY D/B/A ELEANOR ROLITZ HEBREW LANGUAGE ACADEMY -BARSHOP JEWISH COMMUNITY CENTER BIRTHRIGHT ISRAEL FOUNDATION AMERICA - 25 BROADWAY #1700 JEWISH PEDERATIONS OF NORTH 12500 NW MILITARY HWY #250 or government INDIANAPOLIS, IN 46260 JEWISH PAMILY SERVICE 12500 NW MILITARY HWY SAN ANTONIO, TX 78231 SAN ANTONIO, TX 78231 NEW YORK, NY 10016 Name of the organization ANTONIO, TX 78231 6705 HOOVER ROAD YORK, NY 10004 33 E 33RD ST. Part #

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

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Schedule I (Form 990) (2012)

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Page 1

0.	Organizations in the United States (Schedule I (Form 990), Part II.)
ANTONI	ınd Organıza
SAN	ments a
OF	overn
JEWISH FEDERATION OF SAN ANTONIO	ther Assistance to Governments and Orga
JEWISH	of Grants and Other Assista
e I (Form 990)	Continuation
Schedul	Part II

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (FOrm 990), Part II)	Assistance to G	vernments and Organ	izations in the Ur	nted States (Sche	dule i (rom 990), Par	[]	
(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
TORAH ACADEMY OF SAN ANTONIO 3003 SHOLOM DR. #200 SAN ANTONIO, TX 78230	45-5106012	501(C)(3)	45,000.	0.			GENERAL AND PROGRAM OPERATIONS
AMERICAN FRIENDS OF JAFFA INSTITUTE - 171-06 76TH AVE FLUSHING, NY 11366	11-2697261	501(C)(3)	5,000.	0,			DONATION
TEMPLE BETH-EL 211 BELKNAP PL. SAN ANTONIO, TX 78212	74-1246242	501(C)(3)	9,820.	.0			DONATIONS
CENTER FOR REFUGEE SERVICES 8710 DATAPOINT DR. #5503 SAN ANTONIO, TX 78229	27-2787747	501(¢)(3)	10,000.	0.			GENERAL AND PROGRAM OPERATIONS
CENTRAL CONFERENCE OF AMERICAN RABBIS - 355 LEXINGTON AVE, - NEW YORK, NY 10017	13-1769747	501(C)(3)	10,200.	0			ANNUAL SUPPORT AND FRIBUTES
GREENE FAMILY CAMP 1192 SMITH LANE BRUCEVILLE, TX 76630	13-1663143	501(C)(3)	10,000.	.0			BUILDING CAMPAIGN
ELEANOR KOLITZ ACADEMY 12500 NW MILIFARY HWY #150 SAN ANTONIO, TX 78231	74-1723622	501(C)(3)	275,000.	0.			GENERAL AND PROGRAM OPERATIONS
							Schedule I (Form 990)

Page 2

74-1109662

Schedule I (Form 990) (2012)

JEWISH FEDERATION OF SAN ANTONIO

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.

Part III can be duplicated if additional space is needed.

(f) Description of non-cash assistance

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012 Open to Public Inspection

Name of the organization

JEWISH FEDERATION OF SAN ANTONIO

Employer identification number 74-1109662

Schedule O (Form 990 or 990-EZ) (2012)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE JEWISH FEDERATION OF SAN ANTONIO IS THE COORDINATING AND CONVENING
BODY DEDICATED TO BUILDING JEWISH COMMUNITY, NURTURING THE QUALITY OF
JEWISH LIFE, AND SECURING A FAVORABLE JEWISH FUTURE IN SAN ANTONIO,
ISRAEL AND WORLDWIDE INSPIRED BY JEWISH RELIGIOUS TEACHINGS. THE JEWISH
FEDERATION OF SAN ANTONIO 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.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
JEWISH FEDERATION OF SAN ANTONIO 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.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
JEWISH JOURNAL IS A LOCAL PUBLICATION OF INTERNATIONAL, NATIONAL AND
LOCAL NEWS RELATED TO EVENTS IMPACTING JUDAISM AND THE JEWISH

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

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization **Employer identification number** JEWISH FEDERATION OF SAN ANTONIO 74-1109662 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. EXPENSES \$ 135,669. INCLUDING GRANTS OF \$ 0. REVENUE \$ 212,998. FORM 990, PART VI, SECTION A, LINE 2: BOARD DIRECTORS, DAVID PALANS AND JUDY PALANS HAVE A FAMILY RELATION. 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.

Name of the organization **Employer identification number** JEWISH FEDERATION OF SAN ANTONIO 74-1109662 FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO DISCLOSE ALL CONFLICTS OF INTEREST IN WRITTEN FORM. FURTHER, ALL BOARD MEMBERS ARE REQUIRED TO SIGN AN ACKNOWLEDGEMENT, ANNUALLY, STATING THAT THEY HAVE READ, UNDERSTOOD 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 WRITIEN 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 SUBMITIED TO THE BOARD'S EXECUTIVE COMMITIEE FOR FURTHER CONSIDERATION AND DETERMINATION FOR ISSUANCE TO THE REQUESTING PARTY. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 185,757. FORM 990, PART XII, LINE 2C THE BUDGET AND FINANCE COMMITTEE OVERSEES THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS.