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DLN: 93493193008003

Department of the Treasury

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)

OMB No 1545-0047

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2011 calendar year, or tax year beginning 09-01-2011 and ending 08-31-2012 D Employer identification number **B** Check if applicable MINNEAPOLIS JEWISH FEDERATION Address change 41-0693866 Doing Business As E Telephone number Name change (952) 593-2600 Initial return Number and street (or P O box if mail is not delivered to street address) G Gross receipts \$ 30,423,846 13100 WAYZATA BLVD NO 200 Terminated Amended return City or town, state or country, and ZIP + 4 MINNETONKA, MN 55305 Application pending Name and address of principal officer **H(a)** Is this a group return for STEPHEN R SILBERFARB ┌Yes ┌No affiliates? 13100 WAYZATA BLVD NO 200 MINNETONKA, MN 55305 H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 H(c)Website: ► WWW JEWISHMINNEAPOLIS ORG K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► M State of legal domicile L Year of formation 1930 Part I Summary Briefly describe the organization's mission or most significant activities
WE BUILD COMMUNITY, CARE FOR THE WELFARE OF JEWS EVERYWHERE, & MAXIMIZE PARTICIPATION IN JEWISH LIFE Activities & Governance 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) . . . 32 Number of independent voting members of the governing body (Part VI, line 1b) . 4 32 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 5 37 744 Total number of volunteers (estimate if necessary) 6 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 0 **7**b **Prior Year Current Year** 16,303,438 8 Contributions and grants (Part VIII, line 1h) . 15,283,778 9 Program service revenue (Part VIII, line 2g) . 67,512 0 2,332,508 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 5,330,323 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 255,056 225,660 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 20,936,669 18,861,606 13 11,115,053 14,236,305 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 2,448,190 2,309,730 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 1,390,729$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,111,539 1,097,927 14,674,782 17,643,962 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 $\,$. 6,261,887 1,217,644 Net Assets or Fund Balances **Beginning of Current End of Year** Year 78,578,656 82,964,228 20 Total assets (Part X. line 16) . . . 25,998,770 21 Total liabilities (Part X, line 26) 24,532,486 56,965,458 22 Net assets or fund balances Subtract line 21 from line 20 54,046,170 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. ***** 2013-07-10 Signature of officer Sign Here PAUL STEPHENSON CHIEF FINANCIAL OFFICER Type or print name and title Date Check if Preparer's taxpayer identification number Preparer's signature

CLIFTONLARSONALLEN LLP

MINNEAPOLIS, MN 55402 May the IRS discuss this return with the preparer shown above? (see instructions)

220 SOUTH SIXTH STREET SUITE 300

XIAOYAN LUO

Firm's name (or yours

if self-employed), address, and ZIP + 4

Paid

Preparer's

Use Only

(see instructions)

EIN • 41-0746749

Phone no (612) 376-4500

P01305207

self-

employed 🕨 🔽

▼Yes 「No

FUIIII	990 (2011)				Page ∠
Par		ent of Program Service A Schedule O contains a response			୮
1		the organization's mission	to any question in this rate III	· · · · · · ·	,
THE	MINNEAPOLIS	JEWISH FEDERATION IS A NO	NPROFIT ORGANIZATION WHIC IZE PARTICIPATION IN JEWISH		1UNITY, CARE FOR
2	the prior Form 9	90 or 990-EZ?			es ▼ No
_		e these new services on Schedu			
3	services?		significant changes in how it cond		'es ✓ No
	If "Yes," describ	e these changes on Schedule O			
4	expenses Secti	on 501(c)(3) and 501(c)(4) org	omplishments for each of its three anizations and section 4947(a)(1) ses, and revenue, if any, for each	trusts are required to report tl	
4a	(Code) (Expenses \$ 1	5,236,181 including grants of \$	14,236,305) (Revenue \$	0)
	MINNEAPOLIS ARE FOR BENEFICIARY	A AS WELL AS JEWS INTERNATIONALLY AGENCIES TO BUILD NEW AND UPGRA	DRAISER SUPPORTING PROGRAMS THAT THE FEDERATION RAISES FUNDS THROU DE EXISTING INFRASTRUCTURES IN THE ES THROUGH ADVISED FUND RECOMMEN	GH ANNUAL AND DIRECTED CAMPAIG GREATER MINNEAPOLIS JEWISH COMI	NS TO PROVIDE MONIES MUNITY GRANTS ARE MADE
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program (Expenses \$	services (Describe in Schedule	O)) (Revenue \$)
			5,236,181	, (v	,
		T	, -,		

art IV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$	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	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	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	Yes	
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		No
е	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
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	Yes	
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	Yes	
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? <i>If "Yes," complete Schedule F, Part II and IV</i>	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? <i>If</i> " <i>Yes," complete Schedule G, Part I</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		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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)			_
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	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 Management	29	Yes	
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		N o
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	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)^{9}$ If "Yes," complete Schedule R, Part V, line $2 \cdot \cdot \cdot \cdot$	35b	Yes	
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
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 33			
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			
Ĭ	gaming (gambling) winnings to prize winners?	1 c		
а	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			
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)			
3	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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	4a		
L	account)?	- 1 -Cl		Νo
b	If "Yes," enter the name of the foreign country ►			
	See madactions for iming requirements for Form 1D F 30-22 1, Report of Foreign Bank and Financial Accounts			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
-		5c		
3	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
h	organization solicit any contributions that were not tax deductible?			
U	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
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		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	76		
	Form 1098-C?	7h		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	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		
)	Section 501(c)(7) organizations. Enter			
	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 Section F01(a)(12) organizations. Enter			
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
U	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
) =	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	Zd		
U	year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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 Enter the aggregate amount of reserves on hand			
C	13c			
la	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

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.

Se	ction 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		32				
b	Enter the number of voting members included in line 1a, above, who are independent	1b		32				
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?				2	Yes		
3	Did the organization delegate control over management duties customarily performs supervision of officers, directors or trustees, or key employees to a management co				3		No	
4	Did the organization make any significant changes to its governing documents sincifiled?	=	-		4		No	
5	Did the organization become aware during the year of a significant diversion of the o	rganız	zatıon's asse	ts? .	5		No	
6	Did the organization have members or stockholders?				6	Yes		
7a	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?	ver to	elect or appo	oint one or	7a	Yes		
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?	al by)		ockholders,	7b		Νo	
8	Did the organization contemporaneously document the meetings held or written act year by the following	ons u	ndertaken du	ırıng the				
а	The governing body?				8a	Yes		
b	Each committee with authority to act on behalf of the governing body?				8b	Yes		
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								
	ction B. Policies (This Section B requests information about policies not				•			
Re	venue Code.)					Yes	No	
102	Did the organization have local chapters, branches, or affiliates?				10a	res	No	
	If "Yes," did the organization have written policies and procedures governing the ac-			· ·	10a		NO	
_	affiliates, and branches to ensure their operations are consistent with the organizat purposes?			ipicis,	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of ithe form?	ts gov	erning body	before filing	11a		No	
b	Describe in Schedule O the process, if any, used by the organization to review the F	orm 9	90					
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 annual rise to conflicts?				12b	Yes		
c	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? If "Ye	s," describe	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 revindependent persons, comparability data, and contemporaneous substantiation of the							
а	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 taxable entity during the year?				16a		No	
b	If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and tak organization's exempt status with respect to such arrangements?	ızatıor e step	n to evaluate os to safegua	ıts rd the				
	ction C. Disclosure	-		- "	16b			
	CHOIL OF DISCISSION							

- 17 List the States with which a copy of this Form 990 is required to be filed►MN
- 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 ► PAUL STEPHENSON CFO OF MJF 13100 WAYZATA BLVD NO 200 MINNETONKA, MN 55305

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

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

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

(a) Name and Title A verage hours par week (describe hours for related organizations in Schedule O) See Additional Data Table (b) Position (do not check more than one box, unless person is both an officer and a director/trustee) (c) Position (do not check more than one box, unless person is both an officer and a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations) (describe hours for related organizations) (describe hours for the director/trustee) (describe hours for related organizations) (describe hours for the director/trustee) (describe hours for related organizations) (describe hours for the director/trustee) (de	Check this box if neither the organiz	•	lated o	rganı	ızatı	ons	compe	ensat	ed any current or fo	ormer officer, direct	tor, or trustee
for related organizations in Schedule Officer Schedule O) organizations	(A)	(B) Average hours per week	Positi more unles an	(C) Position (do not check more than one box, unless person is both an officer and a				(D) Reportable compensation from the organization (W-	Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
See Additional Data Table		for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		МІЗСУ	I
	See Additional Data Table										

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

	(A) Name and Title	(B) A verage hours per week (describe hours	unles an	on (d e tha	n one son er ai	e bo ıs b nd a	x, oth)		(D) Reportable compensation from the organization (W- 2/1099-MISC) (E) Reportable compensation from related organization (W- 2/1099-MISC)			compensate from the		ated fother sation the ion and	
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			11130)		organiza		
See A	dditional Data Table														
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1b	Sub-Total		<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u> ►		-		十			
С	Total from continuation sheets	to Part VII, Sec	tion A		•	•		>							
d	Total (add lines 1b and 1c) .							>	620,	320		0		104,951	
2	Total number of individuals (inc \$100,000 of reportable comper					ted	above) who	o received more	e tha	n				
											Г		Yes	No	
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sc.					ey e	mploy •	ee, c	or highest comp	ensa •	ated employee	3		No	
4	For any individual listed on line organization and related organiz	1a, is the sum of	freport	able	com									110	
5	Individual	receive or see		•	• •	• • fro-		·	lated organizat	·	r individual for	4	Yes		
5	Did any person listed on line 1a services rendered to the organiz								_			5		No	
Se	ction B. Independent Con	tractors													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	n the organizatio													
	Na	(A) me and business add	dress							Descr	(B) ption of services		(C) Compensation		
												_			
	Total number of independent conf														

\$100,000 of compensation from the organization $\blacktriangleright 0$

Part v	/444	Statement of Kevenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
##	1a	Federated campaigns 1a	9,553				
医黄疸	ь	Membership dues 1b					
ರ್≣	c	Fundraising events 1c					
्र च			95,000				
ಕ್ಷ≣	d						
é E	e	Government grants (contributions) 1e					
፭ Έ	f	All other contributions, gifts, grants, and 1f 16,0 similar amounts not included above	98,885				
<u>5</u> \$ €	g	Noncash contributions included in					
= 0	"	lines 1a-1f \$					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	▶-	16,303,438			
<u> </u>			_				
e E		Business	code				
ē	2a						
Æ	Ь						
<u>8</u>	c						
ž	d						
B							
Program Serwice Revenue	e						
Ž	f	All other program service revenue					
Ě	g	Total. Add lines 2a-2f) -				
	3	Investment income (including dividends, interest					
		and other similar amounts)	▶	1,157,036			1,157,036
	4	Income from investment of tax-exempt bond proceeds		, ,			
	5	Royalties	· .				
	6a	(i) Real (ii) Perso	illai				
		Less rental					
	b	expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)	. 🕨				
		(i) Securities (ii) Oth					
	7a	Gross amount 12,737,712	-				
		from sales of assets other					
		than inventory					
	Ь	Less cost or 11,562,240 other basis and					
		sales expenses					
	C	Gain or (loss) 1,175,472					
	d	Net gain or (loss)	. •	1,175,472			1,175,472
Other Revenue	8a	Gross income from fundraising events (not including \$					
उ >		of contributions reported on line 1c)					
æ		See Part IV, line 18					
<u> </u>	1.	a					
₽	b	Less direct expenses b					
U	C	Net income or (loss) from fundraising events	_				
	9a	Gross income from gaming activities See Part IV, line 19					
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming activities	.▶				
	10a	Gross sales of inventory, less	-				
		returns and allowances .					
	b	Less cost of goods sold b					
	С	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue Business (Code				
	11a	MISCELLANEOUS REVENUE	900099	225,660			225,660
	ь						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
			•	225,660			
	12	Total revenue. See Instructions	•	18,861,606	0	0	2,558,168

3

5

6

7

10

11

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14

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16

17

18

19

20 21

22

23

combined educational campaign and fundraising solicitation

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 (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 13,994,295 13,994,295 Grants and other assistance to individuals in the United States See Part IV, line 22 242,010 242,010 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 381,570 112,883 98,077 170,610 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 1,602,757 474,157 411,965 716,635 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 199,297 51,226 Other employee benefits 58,960 89,111 126,106 37,307 32,414 56,385 Fees for services (non-employees) Management 5,205 26,618 3,571 17,842 Legal 6,706 Accounting 49,983 33,504 9,773 Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees g 35,099 4,709 23,527 6,863 5,097 Advertising and promotion . . . 105,242 24,976 75,169 83,341 16,425 29,191 37,725 13 Office expenses Information technology Royalties . . 76 113,349 113,273 73,577 59,741 1,555 12,281 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 268,924 122,175 16,325 130,424 33,869 33,869 Payments to affiliates Depreciation, depletion, and amortization 43,636 43,636 31,905 4,280 21,386 6,239 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) MISCELLANEOUS 104,846 31,769 29,429 43,648 77 PROGRAM MANAGEMENT 41,317 69,404 28,010 **EQUIPMENT & REPAIRS** 58,134 824 54,659 2,651 C d е All other expenses 25 Total functional expenses. Add lines 1 through 24f 17,643,962 15,236,181 1,017,052 1,390,729 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

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1,097,293 2,822,173 1 2 2 3 7,703,183 3 6,915,551 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 6 7 8 9 9 Prepaid expenses and deferred charges 759.774 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 652,932 b Less accumulated depreciation 159,557 10c 106,842 53,826,138 11 58,619,457 11 11,098,736 13,261,870 12 12 Investments—other securities See Part IV, line 11 13 1,475,281 13 1,400,261 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets 1,493,588 15 1,562,954 15 78,578,656 16 82,964,228 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 305,476 17 417,271 17 Accounts payable and accrued expenses . 18 9.042.982 18 9.116.010 19 210,568 19 214,926 20 20 21 13,967,552 21 15.272.364 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 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 1,005,908 25 978,199 D 26 24,532,486 26 25,998,770 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 44,456,493 27 Unrestricted net assets 49,861,565 5,348,674 28 2,862,265 28 Temporarily restricted net assets Fund 29 4,241,003 29 4,241,628 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 54.046.170 33 56.965.458 34 Total liabilities and net assets/fund balances 78.578.656 34 82.964.228

Par	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		100	361,606
2	Total expenses (must equal Part IX, column (A), line 25)	2			543,962
3	Revenue less expenses Subtract line 2 from line 1	3			217,644
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		54,0	046,170
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1,7	01,644
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		56,9	965,458
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	<u> </u>	
				Yes	No
1	Accounting method used to prepare the Form 990				
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	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 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 on a separate basis, consolidated basis, or both	ıssued			
	☐ Separate basis ☐ Both consolidated and separated basis				
За	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?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

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.

Inspection

MINNEAPOLIS JEWISH FEDERATION 41-0693866 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) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 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 c Type III - Functionally integrated Type III - Other Type I **b** Type II 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 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	(iv) Is the organizat col (i) lis your gove docume	e Ion In ted In Frning	(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

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.)

-	under Part III. II th	<u>le organization</u>	rails to quality u	nder the tests	iistea below, pie	ease complete i	Part III.)
	ection A. Public Support endar 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	19,354,96	9 16,293,772	13,958,626	15,283,778	16,303,438	81,194,583
	not include any "unusual grants ")	19,334,90	10,293,772	13,936,020	13,263,776	10,303,436	61,194,363
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	19,354,96	9 16,293,772	13,958,626	15,283,778	16,303,438	81,194,583
5	The portion of total contributions						
	by each person (other than a governmental unit or publicly						
	supported organization) included						7,570,569
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
6	(f) Public Support. Subtract line 5						
U	from line 4						73,624,014
	ection B. Total Support						
Cal	endar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	beginning in) A mounts from line 4	19,354,969	16,293,772	13,958,626	15,283,778	16,303,438	81,194,583
8	Gross income from interest,					20,000,100	,,,
_	dividends, payments received						
	on securities loans, rents,	833,617	860,582	750,104	749,389	1,157,036	4,350,728
	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	115,221	97,250	98,559	255,056	225,660	791,746
	from the sale of capital	113,221	37,230	50,555	233,030	223,000	731,710
11	assets Total support (Add lines 7						
	through 10)						86,337,057
12	Gross receipts from related activit	ties, etc (See ins	structions)			12	352,361
13	First Five Years If the Form 990 is	for the organizat	ion's first, second,	thırd, fourth, or f	ifth tax year as a !	501(c)(3) organiz	'
	check this box and stop here						►
S	ection C. Computation of Pu	blic Support	Percentage				
14	Public Support Percentage for 201			11 column (f))		14	85 280 %
15	Public Support Percentage for 201	. 0 Schedule A , P	art II, line 14			15	74 520 %
16a	33 1/3% support test-2011. If th	e organization did	d not check the box	on line 13, and l	line 14 is 33 1/3%		
	and stop here. The organization qu					·	►✓
Ь	33 1/3% support test—2010. If the				ia, and line 15 is 3	33 1/3% or more,	
17a	box and stop here. The organization 10%-facts-and-circumstances test			-	ne 13, 16a. or 16h	and line 14	► I
	is 10% or more, and if the organiz						
	in Part IV how the organization me	ets the "facts an	d circumstances"	test The organız	ation qualifies as a	a publicly suppor	
h	organization 10%-facts-and-circumstances test		nanization did not c	heck a hov on lir	ne 13 16a 16h a	r 17a and line	►
	15 is 10% or more, and if the orga						
	Explain in Part IV how the organiz						
10	supported organization Private Foundation If the organiza	tion did not chan	k a hov on line 12	163 16h 17a a	r 17h chack +hic	hov and coo	► □
18	instructions	cion dia not chec	K a DOX OII IIIIE 13,	100, 100, 1/0	i 170, check tills i	DOX alla see	▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) 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 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Schedule A (Form	990 or	990-EZ)	2011
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Page **4**

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

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME MISCELLANEOUS INCOME FROM VARIOUS SOURCES REVENUES FROM FUNDRAISING EVENT ATTENDEES

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493193008003

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

	ction 501(c)(3) organizations that have filed Form 5/68 (election under section 501(n)) Complete Part					. II A	
If th	ction 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line of the first section 501(c)(4), (5), or (6) organizations Complete Part III				•	. II−A	
Na	me of the organization	Employ	eride	ntıfıca	tion numbe	er	_
MIN	INEAPOLIS JEWISH FEDERATION			_			
Dar	t I-A Complete if the organization is exempt under section 501(c) or is a	41-069			onizatio		_
FCL	term complete if the organization is exempt under section 501(c) or is a s	ectioi	1 32	/ UI C	jainzauo	111.	_
1	Provide a description of the organization's direct and indirect political campaign activities on bein opposition to candidates for public office in Part IV	nalf of o	•				
2	Political expenditures	1	•	\$			0
3	Volunteer hours			_			0
Par	t I-B Complete if the organization is exempt under section 501(c)(3).						_
1	Enter the amount of any excise tax incurred by the organization under section 4955		•	\$			0
2	Enter the amount of any excise tax incurred by organization managers under section 4955		•	\$			0
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?				┌ Yes	┌ No	
4a	Was a correction made?				┌ Yes	┌ No	
b	If "Yes," describe in Part IV						
Par	t I-C Complete if the organization is exempt under section 501(c) except	sectio	n 50	1(c)	(3).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function ac	tivities	•	\$			
2	Enter the amount of the filing organization's funds contributed to other organizations for section exempt funtion activities	527	.	\$ <u>_</u>			_
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line	17b	•	\$			
4	Did the filing organization file Form 1120-POL for this year?			T	┌ Yes	┌ No	
5	Enter the names, addresses and employer identification number (EIN) of all section 527 politica organization made payments. For each organization listed, enter the amount paid from the filing of amount of political contributions received that were promptly and directly delivered to a separate	rganıza	tıon's	funds	Also ente	rthe	

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
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Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
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h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
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Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount								
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(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount							F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	┌ Yes ┌ No
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	election under section 501(h)).

	(crossion united booston boatting).	(a	1)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
е	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	O ther activities? If "Yes," describe in Part IV	Yes		85,70
j	Total lines 1c through 1i			85,70
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	,	THE FEDERATION PAID \$85,703 TO THE JEWISH COMMUNITY RELATIONS COUNCIL FOR A GOVERNMENT RELATIONS POSITION FOR LOBBYING ON BEHALF OF THE JEWISH COMMUNITY AS A WHOLE

DLN: 93493193008003

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

► 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.

Supplemental Financial Statements

	me of the organization INEAPOLIS JEWISH FEDERATION		Employer identification number
			41-0693866
Pa	organizations Maintaining Donor organization answered "Yes" to Form 9	990, Part IV, line 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	236	556
2	Aggregate contributions to (during year)	4,137,716	4,424,724
3	Aggregate grants from (during year)	3,998,042	2,050,639
4	Aggregate value at end of year	22,430,207	45,548,138
5	Did the organization inform all donors and donor ac funds are the organization's property, subject to th		or advised
6	Did the organization inform all grantees, donors, ar used only for charitable purposes and not for the b conferring impermissible private benefit		
Pa	rt III Conservation Easements. Complet	e if the organization answered "Yes" to	Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a que easement on the last day of the tax year	ation or pleasure)	historically importantly land area ertified historic structure
	easement on the last day of the tax year	Г	Held at the End of the Year
а	Total number of conservation easements	 	2a
ь	Total acreage restricted by conservation easemen	ts	2b
c	Number of conservation easements on a certified h	nistoric 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, trans the taxable year ▶		d by the organization during
4	Number of states where property subject to conse		_
5	Does the organization have a written policy regard enforcement of the conservation easements it hold		Iling of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, in	specting and enforcing conservation easem	ents during the year ►
7	A mount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easements	during the year
8	Does each conservation easement reported on line 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	e 2(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	f the footnote to the organization's financial	
Par	Complete if the organization answered		or Other Similar Assets.
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	ld for public exhibition, education or researc	th in furtherance of public service,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these items.	r public exhibition, education, or research ir	
	(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, his following amounts required to be reported under SF		

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

a	eing the organization's accession and other ems (check all that apply) Public exhibition Scholarly research Preservation for future generations ovide a description of the organization's count XIV uring the year, did the organization solicities sets to be sold to raise funds rather than the sets to be sold to raise funds rather than the organization an agent, trustee, custod	ollections and explain receive donations to be maintained as ements. Comple	d e un how	Γ	Loan o		a significa		e of its collection	on	
b	Scholarly research Preservation for future generations ovide a description of the organization's court XIV uring the year, did the organization solicition solicition sets to be sold to raise funds rather than the sets to be sold to raise funds rather than th	or receive donations to be maintained as ements. Comple	e in how	┌ ┌ / they	Other	or exch	ange progr	ams			
c	Preservation for future generations ovide a description of the organization's count XIV uring the year, did the organization solicitions to be sold to raise funds rather than the county of the count	or receive donations to be maintained as ements. Comple	in how	they							
4 Pr Pa 5 Du as	ovide a description of the organization's co int XIV uring the year, did the organization solicition sets to be sold to raise funds rather than the Escrow and Custodial Arrang Part IV, line 9, or reported an an	or receive donations to be maintained as ements. Comple	s of art	they	furthe						
Pa 5 Du as	urt XIV uring the year, did the organization solicit of sets to be sold to raise funds rather than the sets to be sold to raise funds rather than the sets to be sold to raise funds rather than the sets to be sold to raise funds rather than the sets to be sold to raise funds and the sets to be sold to be so	or receive donations to be maintained as ements. Comple	s of art	they	furthe						
as	sets to be sold to raise funds rather than t V Escrow and Custodial Arrang Part IV, line 9, or reported an an	o be maintained as ements. Comple				r the o	rganızatıon	's exe	mpt purpose ın		
	V Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple								Yes	┌ No
	the organization an agent trustee custod	iouiil oii roiiii 95	ete ıf	the c	organiz	zation			s" to Form 99	0,	
	cluded on Form 990, Part X?	ıan or other ınterme	ediary	forco	ontribut	ions o	r other ass	ets no		Yes	√ No
b If	"Yes," explain the arrangement in Part XI\	and complete the	followi	ıng ta	ble		Γ		Amo	ount	
c Be	eginning balance							1c			
_	dditions during the year						-	1d			
, ,	estributions during the year						-	1e			
_	nding balance						⊢	1f			
	d the organization include an amount on Fo	ırm 990 Part X lın	e 21?							Yes	□ No
	"Yes," explain the arrangement in Part XIV								,,		, 110
Part \			n ansv	were	d "Yes	s" to F	orm 990	Part	IV line 10		
	Emacument under complete	(a)Current Year		Prior Y			Years Back			(e)Four \	ears Back
1a Be	ginning of year balance	4,709,239		4,3	353,255		4,151,231		15,146,809		
b Co	ontributions	625			6,213		19,207		754,520		
c In	vestment earnings or losses	329,451		į	590,334		273,864		-10,992,088		
d Gr	ants or scholarships										
	ther expenditures for facilities	3,383		2	240,563		91,047		758,010		
f Ad	dministrative expenses										
g Er	nd of year balance	5,035,932		4,7	709,239		4,353,255		4,151,231		
2 Pr	ovide the estimated percentage of the yea	r end balance held a	as		•						
a Bo	eard designated or quasi-endowment 🕨	0 %									
	ermanent endowment 🕨 84 230 %										
	erm endowment 🕨 15 770 %										
	e there endowment funds not in the posses	ssion of the organiz	atıon t	hat a	re held	and a	dministered	for th	ne		
	ganızatıon by	J								Yes	No
(i)	unrelated organizations								3a(i)		No
) related organizations								3a(ii)	No
	"Yes" to 3a(II), are the related organization escribe in Part XIV the intended uses of th							•	3b		<u> </u>
4 De						<u> </u>					
Fait V	Land, Buildings, and Equipme	iii. See roiiii 99	0, Pa	T			(1-) (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		(-) A		
	Description of property) Cost or is (invest		(b)Cost or o basis (other		(c) Accumulated depreciation	(d) B	ook value
	d		•								
	dings		•				446	,900	363,828	3	83,072
	sehold improvements		•							-	
•	ipment		•				312	874	289,104	1	23,770
		res 000 Port V colu		1	10/->>				h.	-	100 215
iotal. A	dd Iines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colui	mn (B),	, iine	1U(C).)	• •			. ► Schedule D		106,842

Part VII Investments—Other Securities. See F	orm 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value	(c) Method of valuation Cost or end-of-year market value	
(Including name of security) (1)Financial derivatives		Cost or end-oi-year market value	
(2)Closely-held equity interests			
(3)Other			
(A) ALTERNATIVE INVESTMENTS	12,051,620		F
(B) INTEREST IN CHARITABLE TRUSTS HELD BY			
OTHERS	1,210,250		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	13,261,870		
Part VIII Investments—Program Related. See	Form 990, Part X, line 1		
(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 (a) Descript		(b) Book value	
(a) Description	.1011	(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15			
Part X Other Liabilities. See Form 990, Part X,			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
OBLIGATIONS UNDER SPLIT-INTEREST AGREEMENTS	424,986		
OTHER LIABILITIES	553,213		
OTHER EIABIEITES	333,213		
+			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	978,199		

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	18,861,606
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,643,962
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,217,644
4	Net unrealized gains (losses) on investments	4	1,572,474
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	129,170
9	Total adjustments (net) Add lines 4 - 8	9	1,701,644
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,919,288
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	21,796,272
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	3,224,783
3	Subtract line 2e from line 1	3	18,571,489
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		
Ь	Other (Describe in Part XIV)	_	200447
- C	Add lines 4a and 4b	4c	290,117
5 Dars	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	18,861,606
1	Total expenses and losses per audited financial	рег	16,574,990
_	statements	1	20,0, 1,550
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,784,459
3	Subtract line 2e from line 1	3	14,790,531
4	A mounts 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 XIV)		
_ C	Add lines 4a and 4b	4c	2,853,431
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	17,643,962

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 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

additional information								
Identifier	Return Reference	Explanation						
	PART IV, LINE 2B	THE FEDERATION HOLDS FUNDS FOR WHICH DONORS HAVE SPECIFIED THE ULTIMATE BENEFICIARY, BUT FOR WHICH DISTRIBUTIONS HAVE NOT YET BEEN MADE						
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDS ARE USED TO PROVIDE AND ENHANCE JEWISH LIFE IN THE GREATER MINNEAPOLIS AREA AND OVERSEAS						
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION RECEIVED AUTHORITY FROM THE INTERNAL REVENUE SERVICE (IRS) TO OPERATE AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND THE JCBC IS EXEMPT UNDER SECTION 501(C)(25) OF THE IRC THE SUPPORTING FOUNDATIONS INCLUDED IN THESE CONSOLIDATED FINANCIAL STATEMENTS ARE ALSO EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE IRC THE ORGANIZATION HAS ADOPTED A POLICY THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS THE POLICY DESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED THE IMPLEMENTATION OF THIS POLICY HAD NO IMPACT ON THE ORGANIZATIONS' CONSOLIDATED FINANCIAL STATEMENTS THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE AND LOCAL AUTHORITIES THE TAX RETURNS FOR YEARS 2009-2011 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES						
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 60,035 PROVISIONS FOR BAD DEBT REVERSED 69,135 TOTAL TO SCHEDULE D, PART XI, LINE 8 129,170						
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 60,035 REVENUES OF AFFILIATES REPORTED ON OTHER RETURNS 1,592,274						
PART XII, LINE 4B - OTHER ADJUSTMENTS		ELIMINATED TRANSACTIONS WITH RELATED ORGANIZATIONS 290,117						
PART XIII, LINE 2D - OTHER ADJUSTMENTS		EXPENSES OF AFFILIATES REPORTED ON OTHER RETURNS 1,853,594 PROVISIONS FOR BAD DEBT - REVERSED - 69,135						
PART XIII, LINE 4B - OTHER ADJUSTMENTS		ELIMINATED TRANSACTIONS WITH RELATED ORGANIZATIONS 290,117 TRANSFER TO A RELATED ORGANIZATION 2,563,314						

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As Filed Data -

DLN: 93493193008003

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

to Part I

c Totals (add lines 3a and 3b)

	NEADOLIC JEWICH FEDERATION	NI			Employer identi	rication number
VI I IV	NEAPOLIS JEWISH FEDERATIO	IN			41-0693866	
Pa	"Yes" to Form 990, Pa			he United States. Co	omplete if the organiza	ation answered
1	For grantmakers. Does the			ls to substantiate the a	amount of the grants o	or
	assistance, the grantees' elig	gibility for the	grants or assi	stance, and the selecti	on criteria used to awa	rd
	the grants or assistance?					│ Yes │ No
2	For grantmakers. Describe in Pa United States	rt V the organiz	atıon's procedu	res for monitoring the use	of grant funds outside th	e
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		31,622
	EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		46,817
	EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		238,235
	MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		8,504
	NORTH AMERICA	0	0	INVESTMENTS		92,292
	-					
	-					
	Sub-total	0	С			417,470
	Total from continuation sheets	1			1	(

417,470

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur ,000. Check this box	nited States. Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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						1	dula E (Earre 000) 2011

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	┍	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	~	No

Schedule F (Form 990) 2011

Additional Data

Software ID: Software Version:

EIN: 41-0693866

Name: MINNEAPOLIS JEWISH FEDERATION

Schedule F (Form 990) 2011

Page **5**

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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Schedule I

(Form 990)

Department of the Treasury

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

DLN: 93493193008003

Inspection

Internal Revenue Service Name of the organization Employer identification number MINNEAPOLIS JEWISH FEDERATION 41-0693866 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) CAMP SCHOLARSHIPS	279	128,453	0	N/A	N/A
(2) ASSISTANCE TO WOMEN & CHILDREN IN FINANCIAL CRISIS	125	92,663	0	N/A	N/A
(3) SCHOLARSHIPS TO TEACHERS	28	20,894	0	N/A	N/A

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
PROCEDURE FOR MONITORING GRANTS IN THE U S	1	SCHEDULE I, PART I, LINE 2 AT THE TIME A GRANT IS MADE, THE FEDERATION DESIGNATES THE INTENDED USE OF THE FUNDS THE FEDERATION CONDUCTS NO FURTHER MONITORING OF THE FUNDS

Schedule I (Form 990) 2011

Software ID: Software Version:

EIN: 41-0693866

Name: MINNEAPOLIS JEWISH FEDERATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABBOTT NORTHWESTERN HOSPITAL FOUNDATION800 EAST 28TH STREET MINNEAPOLIS, MN 55407	04- 3643816	501(C)(3)	7,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
ADATH JESHURUN CONGREGATION 10500 HILLSIDE LANE WEST MINNETONKA, MN 55305	41- 0693940	501(C)(3)	94,217	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOC MN & ND 4550 WEST 77TH SUITE 200 EDINA, MN 55435	41- 1361624	501(C)(3)	6,200	0	N/A	N/A	GENERAL OPERATING SUPPORT
AMERICAN COMMITTEE FOR SHAARE ZEDEK HOSPITAL IN JERUSALEM INC49 WEST 45TH STREET NEW YORK, NY	13- 5645878	501(C)(3)	19,552	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE INC633 THIRD AVENUE 20TH FL NEW YORK, NY 10017	13- 1623886	1 5017631	39,123	0	N/A	N/A	GENERAL OPERATING SUPPORT
AMERICAN FRIENDS OF ALYN HOSPITAL INC51 E 42ND STREET SUITE 308 NEW YORK, NY	13- 6100833	1 5017(03/3)	19,552	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN FRIENDS OF YESHIVAT LEV HATORAH65 ARGYLL AVENUE NEW ROCHELLE, NY 10804	01- 0673538	501(C)(3)	8,150	0	N/A	N/A	GENERAL OPERATING SUPPORT
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INCPO BOX 530 132 EAST 43RD STREET NEW YORK, NY	13- 1656634	501(C)(3)	134,980	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN REFUGEE COMMITTEE INTERNATIONAL430 OAK GROVE STREET SUITE 201 MINNEAPOLIS, MN 55403	36- 3241033	501(C)(3)	12,750	0	N/A	N/A	GENERAL OPERATING SUPPORT
AMERICANS FOR PROSPERITY FOUNDATION2111 WILSON BOULEVARD SUITE 350 ARLINGTON,VA 22201	52- 1527294	501(C)(3)	100,000	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMIT817 BROADWAY NEW YORK, NY 10003	13- 5631502	1 50177 773	36,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
AMOS AND CELIA HEILICHER MINNEAPOLIS JEWISH DAY SCHOOL4330 CEDAR LAKE ROAD ST LOUIS PARK, MN 55416	41- 1522634	501(C)(3)	472,316	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANGEL FOUNDATION708 SOUTH THIRD STREET SUITE 105E MINNEAPOLIS, MN 55415	41- 1990883	501(C)(3)	5,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
ATERES BNOS YERUSHALAYIM 6219 NORTH ST LOUIS AVENUE CHICAGO IL 60659	36- 4244357	501(C)(3)	15,500	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BABY'S SPACE A PLACE TO GROW 2438 18TH AVENUE SOUTH MINNEAPOLIS, MN 55415	20- 4502788	1 501((*)(3)	100,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
BAIS YAAKOV OF BALTIMORE11111 PARK HEIGHTS AVENUE OWING MILLS, MD 21117	52- 0613700	1 501(0)(3)	5,500	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAIS YAAKOV SCHOOL4221 SUNSET BOULEVARD MINNEAPOLIS, MN 55416	41- 1794713	501(C)(3)	29,750	0	N/A	N/A	GENERAL OPERATING SUPPORT
BARRY FAMILY CAMPUS CORPORATION4330 SOUTH CEDAR LAKE ROAD ST LOUIS PARK, MN 55416	20- 2381049	501(C)(3)	100,000	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BET SHALOM CONGREGATION 13613 ORCHARD ROAD MINNETONKA, MN 55305	41- 1409280	1 5017(**)(3)	213,619	0	N/A	N/A	GENERAL OPERATING SUPPORT
BETH EL SYNAGOGUE5224 WEST 26TH STREET MINNEAPOLIS, MN 55416	41- 0711587	501(C)(3)	324,314	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP RAMAH65 EAST WACKER PLACE SUITE 1200 CHICAGO,IL 60601	36- 3866094	501(C)(3)	18,550	0	N/A	N/A	GENERAL OPERATING SUPPORT
CHILDREN'S HEALTH CARE FOUNDATION2910 CENTRE POINTE DRIVE ROSEVILLE, MN 55113	41- 1814223	501(C)(3)	160,500	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMONBOND COMMUNITIES328 KELLOGG BOULEVARD WEST WEST ST PAUL, MN 55102	41- 1260469	501(C)(3)	20,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
DUNWOODY COLLEGE OF TECHNOLOGY818 DUNWOODY BOULEVARD MINNEAPOLIS, MN 55403	41- 0693856	501(C)(3)	39,123	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDINA COMMUNITY FOUNDATION5280 GRANDVIEW SQUARE EDINA,MN 55436	41- 1315037	501(C)(3)	5,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
EDINA EDUCATION FUND5701 NORMANDALE ROAD EDINA.MN 55424	41- 1991929	501(C)(3)	20,000	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EQUALITY MINNESOTA1170 15TH AVENUE SE SUITE 208 MINNEAPOLIS, MN 55414	20- 3468924	501(C)(3)	5,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
FRIENDS OF YAD LKASHISH-LIFELINE FOR THE OLDPO BOX 494 ENGLEWOOD, NJ	76- 0734439	501(C)(3)	42,123	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	valuation (book, FMV,	(g) Description of non-cash	(h) Purpose of grant or assistance
					appraisal, other)	assistance	
FRIENDSHIP VENTURES10509 108TH STREET NW ANNANDALE, MN 55302	41- 1543013	501(C)(3)	28,335	0	N/A	N/A	GENERAL OPERATING SUPPORT
GREATER TWIN CITIES UNITED WAY404 SOUTH EIGHTH STREET MINNEAPOLIS, MN 55404	41- 1973442	501(C)(3)	326,600	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABONIM DROR FOUNDATION INC 114 WEST 26TH STREET RM 1004 NEW YORK, NY 10001	11- 3301957	501(C)(3)	6,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
HADASSAH50 WEST 58TH STREET NEW YORK, NY 10019	13- 1656651	501(C)(3)	47,123	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAROLD GRINSPOON FOUNDATION380 UNION STREET SUITE 200 WEST SPRINGFIELD, MA 01089	04- 6685725	501(C)(3)	30,065	0	N/A	N/A	GENERAL OPERATING SUPPORT
HERZL CAMP7204 WEST 27TH STREET SUITE 226 ST LOUIS PARK, MN 55426	41- 6009136	501(C)(3)	124,362	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLEL FOUNDATION MINNESOTA1521 UNIVERSITY AVENUE SE MINNEAPOLIS, MN 55414	41- 6038613	501(C)(3)	108,722	0	N/A	N/A	GENERAL OPERATING SUPPORT
INTERACT CENTER FOR THE VISUAL AND PERFORMING ARTS212 THIRD AVENUE NORTH MINNEAPOLIS, MN 55401	41- 1802858	501(C)(3)	7,500	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 AGENCY FOR ISRAEL NORTH AMERICAN COUNCIL633 THIRD AVENUE 21ST FL NEW YORK, NY 10017	23- 0053483	1 5017637	5,180	0	N/A	N/A	GENERAL OPERATING SUPPORT
JEWISH COMMUNITY BUILDING CORPORATION 13100 WAYZATA BOULEVARD SUITE 200 MINNETONKA, MN 55305	41- 1933056	1 5017(17)53	2,563,314	0	N/A	N/A	GENERAL OPERATING SUPPORT

· ·	, ,					_	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 COMMUNITY RELATIONS COUNCIL OF MINNESOTA & DAKOTAS12 NORTH 12TH STREET SUITE 480 MINNEAPOLIS, MN 55403	41- 0826434	501(C)(3)	300,724	0	N/A	N/A	GENERAL OPERATING SUPPORT
JEWISH FAMILY AND CHILDREN'S SERVICE13100 WAYZATA BOULEVARD SUITE 400 MINNETONKA, MN 55305	41- 0693860	501(C)(3)	1,537,244	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 FEDERATION OF COLLIER COUNTY 2500 VANDERBILT BEACH ROAD SUITE 2201 NAPLES, FL 34109	59- 2151725	501(C)(3)	20,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
JEWISH FEDERATION OF SOUTHERN ARIZONA 3822 EAST RIVER ROAD SUITE 100 TUCSON, AZ 85718	86- 0096795	501(C)(3)	25,000	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 FEDERATIONS OF NORTH AMERICA WALL STREET STATION PO BOX 157 NEW YORK, NY 10268	13- 1624240	1 5017(*)(3)	3,472,361	0	N/A	N/A	GENERAL OPERATING SUPPORT
JEWISH HISTORICAL SOCIETY OF THE UPPER MIDWEST 4330 SOUTH CEDAR LAKE ROAD ST LOUIS PARK, MN 55416	36- 3337514	501(C)(3)	50,554	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 HOUSING AND PROGRAMMING (J-HAP)13100 WAYZATA BOULEVARD SUITE 400 MINNETONKA, MN 55305	27- 2033464	501(C)(3)	25,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
MINNEAPOLIS COLLEGE OF ART AND DESIGN2501 STEVENS AVENUE MINNEAPOLIS, MN 55404	41- 1607453	501(C)(3)	7,500	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA CENTER FOR ENVIRONMENTAL ADVOCACY26 EXCHANGE STREET EAST SUITE 206 ST PAUL, MN 55101	23- 7412105	501(C)(3)	45,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
AMERICAN FRIENDS OF NACHLAS BAIS YAAKOV509 CEDAR HILL ROAD FAR ROCKAWAY, NY 11691	20- 7178310	501(C)(3)	6,400	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NECHAMA - JEWISH DISASTER RESPONSE7260 WASHINGTON AVENUE SOUTH EDEN PRAIRIE, MN 55344	41- 1849408	501(C)(3)	7,200	0	N/A	N/A	GENERAL OPERATING SUPPORT
NEW ISRAEL FUND 330 SEVENTH AVENUE 11TH FLOOR NEW YORK, NY	94- 2607722	501(C)(3)	12,200	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN VOICES 1660 COUNTY ROAD B WEST ROSEVILLE, MN 55113	41- 1930941	501(C)(3)	25,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD OF MNSD1200 LAGOON AVENUE MINNEAPOLIS, MN 55408	41- 0948382	501(C)(3)	7,000	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SABES JEWISH COMMUNITY CENTER4330 SOUTH CEDAR LAKE ROAD ST LOUIS PARK, MN 55416	41- 0833543	1 5017631	1,097,799	0	N/A	N/A	GENERAL OPERATING SUPPORT
SECOND HARVEST HEARTLAND1140 GERVAIS AVENUE ST PAUL, MN	23- 7417654	1 5017631	30,000	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHA'ARIM4820 MINNETONKA BOULEVARD SUITE 300 300 ST LOUIS PARK,MN 55416	41- 1917521	501(C)(3)	108,904	0	N/A	N/A	GENERAL OPERATING SUPPORT
SHAREI CHESED SYNAGOGUE1712 HOPKINS CROSSROADS MINNETONKA, MN 55305	41- 6027517	501(C)(3)	39,123	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHIR TIKVAH CONGREGATION 5000 GIRARD AVENUE SOUTH MINNEAPOLIS, MN 55419	41- 1632627	501(C)(3)	65,586	0	N/A	N/A	GENERAL OPERATING SUPPORT
SHOLOM COMMUNITY ALLIANCE3620 PHILLIPS PARKWAY SOUTH ST LOUIS PARK, MN 55426	41- 1837022	501(C)(3)	51,175	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHOLOM FOUNDATION3610 PHILLIPS PARKWAY ST LOUIS PARK,MN 55426	36- 3411361	501(C)(3)	10,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
SOCIAL VENTURE PARTNERS8500 NORMANDALE LAKE BOULEVARD SUITE 1060 MINNEAPOLIS, MN 55437	03- 0612359	501(C)(3)	6,000	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEP-ST LOUIS PARK EMERGENCY PROGRAM6812 WEST LAKE STREET ST LOUIS PARK, MN 55426	51- 0188692	501(C)(3)	5,850	0	N/A	N/A	GENERAL OPERATING SUPPORT
STORE TO DOOR 1935 WEST COUNTY RD B2 SUITE 250 ROSEVILLE, MN	41- 1433859	501(C)(3)	8,000	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TALMUD TORAH OF MINNEAPOLIS4330 SOUTH CEDAR LAKE ROAD ST LOUIS PARK,MN 55416	41- 0714419	501(C)(3)	345,222	0	N/A	N/A	GENERAL OPERATING SUPPORT
TEMPLE ISRAEL 2324 EMERSON AVENUE MINNEAPOLIS, MN 55405	41- 0705807	501(C)(3)	269,531	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BLAKE SCHOOL SDS 12-2577 PO BOX 86 MINNEAPOLIS, MN 55486	23- 7243247	1 501(0)(3)	12,100	0	N/A	N/A	GENERAL OPERATING SUPPORT
TORAH ACADEMY OF MINNEAPOLIS 2800 JOPPA AVENUE SOUTH ST LOUIS PARK, MN 55416	41- 6007486	1 501(0)(3)	194,246	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED JEWISH FEDERATION OF GREATER PITTSBURGH234 MCKEE PLACE PITTSBURGH, PA 15213	25- 1017602	501(C)(3)	10,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
UNITED JEWISH FUND AND COUNCIL OF ST PAUL790 SOUTH CLEVELAND SUITE 227 ST PAUL, MN 55116	41- 0693887	501(C)(3)	6,000	0	N/A	N/A	GENERAL OPERATING SUPPORT

		_					
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 MINNESOTA FOUNDATION200 OAK STREET SE SUITE 500 MINNEAPOLIS, MN 55455	41- 6042488	501(C)(3)	114,883	0	N/A	N/A	GENERAL OPERATING SUPPORT
URBAN BABY INC 2008 JAMES AVENUE NORTH MINNEAPOLIS, MN 55411	27- 5112040	501(C)(3)	18,000	0	N/A	N/A	GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON INSTITUTE FOR NEAR EAST POLICY 1828 L STREET SUITE 1050 WASHINGTON, DC 20036	52- 1376034	501(C)(3)	12,750	0	N/A	N/A	GENERAL OPERATING SUPPORT

DLN: 93493193008003

OMB No 1545-0047

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.

Open to Public Inspection

Name of the organization MINNEAPOLIS JEWISH FEDERATION **Employer identification number**

41-0693866

Pa	rt I Questions Regarding Compensation	1				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro- 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	\vdash	Housing allowance or residence for personal use			
	Travel for companions	\sqcap	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses described.			1b		
2	Did the organization require substantiation prior to reofficers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the	at apply	y			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	□	·			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	art VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	st comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of \ensuremath{A}	lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
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, compensation contingent on the net earnings of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$?	rebutta	able presumption procedure described in Regulations	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)(1)-(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	(A) Name		(i) Base (ii) Bonus & Incentive compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(1)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
(1) STEPHEN R SILBERFARB	(I) (II)	213,177 0	0	compensation 42,450 0	0	,	280,281	0
(2) PAUL STEPHENSON	(I) (II)	122,861 0	10,000 0	1,797 0	0 0	· '	162,926 0	0 0

Schedule J (Form 990) 2011 Page **3**

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

Schedule J (Form 990) 2011

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DLN: 93493193008003

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

NonCash Contributions

Open to Public Inspection

	e of the organization EAPOLIS JEWISH FEDERATION				Employer identificat	ion nu	mber	
					41-0693866			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990 , Part VIII , line 1g	(d Method of do contribution	etermı	_	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property			2 2 2 2 4 2 2	07001/14401/570			
	Securities—Publicly traded .	X	146	3,329,489	STOCK MARKET Q	UOTE	5	
	Securities—Closely held stock . Securities—Partnership, LLC,	1						
LI	or trust interests							
L 2	Securities—Miscellaneous							
L3	Qualified conservation contribution—Historic							
	structures							
	Qualified conservation contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
	Other ►()							
	Other►()							
	Other►()							
29	Number of Forms 8283 received for which the organization comp				29			0
							Yes	No
30a	During the year, did the organiza							1
	must hold for at least three year	rs from the	date of the initial contribution	on, and which is not require	ed to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
b	If "Yes," describe the arrangem	ent in Part :	II					
31	Does the organization have a gif					31	Yes	<u> </u>
32a	Does the organization hire or us contributions?	e third part		to solicit, process, or sell	non-cash	32a		No
	If "Yes," describe in Part II If the organization did not report	t revenues :	ın column (c) for a type of p	roperty for which column (a	ı) ıs checked,			

describe in Part II

Part II

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

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	, , ,	THE AMOUNT IN SCHEDULE M, PART 1, COLUMN (B) IS EQUAL TO THE TOTAL NUMBER OF CONTRIBUTORS

Schedule M (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493193008003

OMB No 1545-0047

2011

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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.

Name of the organization
MINNEAPOLIS JEWISH FEDERATION

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

41-0693866

Identifier	Return Reference	Explanation						
	FORM 990, PART VI, SECTION A, LINE 1	THE FEDERATION HAS AN EXECUTIVE COMMITTEE, COMPRISED ENTIRELY OF VOTING MEMBERS OF THE BOARD OF DIRECTORS, WITH POWER TO TRANSACT ALL REGULAR BUSINESS OF THE FEDERATION DURING THE PERIOD BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, SUBJECT TO ANY PRIOR LIMITATION IMPOSED BY THE BOARD OF DIRECTORS AND SUBJECT TO THE ULTIMATE DIRECTION AND CONTROL OF THE BOARD AUTHORITY OVER THE FOLLOWING MATTERS IS RETAINED BY THE BOARD OF DIRECTORS AND IS NOT DELEGATED TO THE EXECUTIVE COMMITTEE 1 THE DISTRIBUTION OF THE PROCEEDS OF THE FEDERATION'S ANNUAL CAMPAIGN AMONG THE FEDERATION'S BENEFICIARY AGENCIES AND OTHER RECIPIENTS, 2 THE ELECTION OF THOSE OFFICERS OF THE FEDERATION WHO ARE CHOSEN BY THE BOARD, 3 ANY DECISION TO ENTER INTO A MERGER OR CONSOLIDATION WITH ANOTHER ENTITY TO SELL, LEASE, TRANSFER, OR OTHERWISE DISPOSE OF ALL OR SUBSTANTIALLY ALL OF THE FEDERATION'S PROPERTY AND ASSETS, 4 ANY AMENDMENT TO THE BY LAWS OR ARTICLES OF INCORPORATION OF THE FEDERATION, AND 5 ANY ELECTION TO FILL A VACANCY AMONG THE DIRECTORS						

	ldentifier	Return Reference	Explanation						
I		FORM 990, PART VI, SECTION A, LINE 2	JOEL SHAPIRO AND JUDY SHAPIRO - FAMILY RELATIONSHIP						

Identific	er Return Reference	Explanation					
		THE FEDERATION'S MEMBERS CONSIST OF ANY INDIVIDUAL WHO IS AT LEAST 18 YEARS OLD AND WHO HAS PLEDGED OR CONTRIBUTED AT LEAST \$10 TO THE MOST RECENTLY COMPLETED ANNUAL GENERAL CAMPAIGN					

Identifier F	Return Reference	Explanation
PA SE	ART VI, ECTION A, NE 7A	SELECTION OF THE FOLLOWING DIRECTORS REQUIRE THE APPROVAL OF THE MEMBERS 1 ONE RABBINIC REPRESENTATIVE SELECTED BY THE NOMINATING COMMITTEE, 2 ONE SYNAGOGUE PRESIDENT REPRESENTATIVE SELECTED BY THE NOMINATING COMMITTEE, 3 ONE REPRESENTATIVE OF THE BOARD CHAIRS OR PRESIDENTS OF THE PARTNER AGENCIES SELECTED BY THE NOMINATING COMMITTEE, 4 ONE REPRESENTATIVE OF THE CHIEF EXECUTIVE OFFICERS OF THE PARTNER AGENCIES SELECTED BY THE NOMINATING COMMITTEE, 6 UP TO THREE CAMPAIGN REPRESENTATIVES SELECTED BY THE PRESIDENT, AND 7 UP TO FIVE PRESIDENTIAL APPOINTMENTS SELECTED BY THE PRESIDENT

Identifier	Return Reference	Explanation					
	VI, SECTION B, LINE 11	THE FORM 990 WAS REVIEWED BY THE ORGANIZATION'S CHIEF FINANCIAL OFFICER AND DIRECTOR OF FINANCE. IT WAS THEN REVIEWED AND APPROVED BY THE FINANCE COMMITTEE OF THE ORGANIZATION THE FINANCE COMMITTEE IS MADE UP OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS. THE PUBLIC INSPECTION COPY OF THE 990 IS THEN PROVIDED TO ALL BOARD MEMBERS PRESENT AT A BOARD MEETING PRIOR TO THE FILING.					

Identifier	Return Reference	Explanation
F	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO ALL BOARD MEMBERS AND STAFF COVERED INDIVIDUALS ARE REQUIRED TO COMPLETE AN ANNUAL DISCLOSURE FORM INDIVIDUALS ARE REQUIRED TO FULLY DISCLOSE THE SPECIFIC NATURE OF ANY INTEREST OR INVOLVEMENT THAT MAY RESULT IN A CONFLICT THE PRESIDENT (OR CHAIR OF ANY COMMITTEE OF THE BOARD ENTRUSTED WITH THE MUFOVERSIGHT OF CONFLICTS OF INTEREST) SHALL REPORT TO THE BOARD, AT LEAST ANNUALLY, LISTING ALL CONFLICTS OF INTEREST DISCLOSED TO IT, AND, AT LEAST ANNUALLY, LISTING ALL CONFLICTS OF INTEREST AND IDENTIFYING ALL CONFLICTS THAT WERE WAIVED UNLESS OTHERWISE APPROVED BY THE BOARD, AN INDIVIDUAL WITH A CONFLICT IS REQUIRED TO REFRAIN FROM PARTICIPATING IN CONSIDERATION OF THE TRANSACTION ANY PERSON OR PERSONS INVOLVED SHALL NOT VOTE ON SUCH MATTERS AND SHALL NOT BE PRESENT AT THE TIME OF THE VOTE. THE CONFLICT OF INTEREST ACTIONS ARE DOCUMENTED IN THE MEETING MINUTES.

Identifier Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION OF THE CEO IS SET BY WRITTEN AGREEMENT AND REVIEWED PERIODICALLY BY THE COMPENSATION COMMITTEE OF THE MINNEAPOLIS JEWISH FEDERATION. THE COMPENSATION COMMITTEE CONSISTS OF TWO INDEPENDENT BOARD MEMBERS, THE COMMITTEE'S PROCESS TO EVALUATE THE COMPENSATION OF THE CEO TAKES INTO ACCOUNT (AMONG OTHER MATTERS) THE COMPENSATION DATA PUBLISHED LOCALLY FOR THE TOP 100 NON-PROFIT ORGANIZATIONS, COMPENSATION DATA FOR SIMILAR SIZED JEWISH FEDERATIONS IN OTHER COMMUNITIES, AND CURRENT ECONOMIC CONDITIONS NO CHANGES WERE MADE DURING THE 2011-2012 YEAR TO THE CEO'S CONTRACT COMPENSATION FOR OTHER OFFICERS IS SET BY THE CHIEF EXECUTIVE OFFICER AND IS REVIEWED WITH THE TREASURER, AN INDEPENDENT BOARD MEMBER COMPENSATION IS BENCHMARKED PERIODICALLY AGAINST COMPENSATION DATA FOR SIMILAR SIZED JEWISH FEDERATIONS IN OTHER COMMUNITIES NO ADJUSTMENTS WERE MADE TO THE CFO'S COMPENSATION DURING THE 2011-2012 YEAR

Identifier	Return Reference	Explanation					
	FORM 990, PART VI, SECTION C, LINE 19	THE FEDERATION'S ANNUAL REPORT AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE. THE FEDERATION'S CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST					

ldentifier	Return Reference	Explanation
ALLOCATION OF TIME BETWEEN RELATED ORGANIZATIONS	FORM 990, PART VII, SECTION A	THE FOLLOWING OFFICERS/DIRECTORS WORKED FOR THE REPORTING ORGANIZATION AND RELATED ORGANIZATIONS AS FOLLOWS - STEPHEN R SILBERFARB - MINNEAPOLIS JEWISH FEDERATION 40 HOURS JEWISH COMMUNITY BUILDING CORPORATION 0.5 HOUR THE JUDITH AND MICHAEL BERMAN FOUNDATION 0.5 HOUR - PAUL STEPHENSON - MINNEAPOLIS JEWISH FEDERATION 40 HOURS JEWISH COMMUNITY BUILDING CORPORATION 0.5 HOUR - JEREL SHAPIRO - MINNEAPOLIS JEWISH FEDERATION 1.0 HOUR JEWISH COMMUNITY BUILDING CORPORATION 0.5 HOUR

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,572,474 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 60,035 PROVISIONS FOR BAD DEBT REVERSED 69,135 TOTAL TO FORM 990, PART XI, LINE 5 1,701,644

DLN: 93493193008003

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2011

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

ame of the organization INNEAPOLIS JEWISH FEDERATION Employer identification number										
							41-069386	6		
Part I Identification of Disregarded Entities (Complete	ıf the organızatı	on a	answered "Yes	" on Form 990, P	art I\	/, line 33.)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity		(c) Legal domicile (stat or foreign country)		(e) End-of-year assets		(f) Direct controlling entity			
Part II Identification of Related Tax-Exempt Of or more related tax-exempt organizations d			ıf tl	he organızatıo	n answered "Yes'	on F	orm 990, Pa	rt IV, line 34 becau	se it had	one
(a) Name, address, and EIN of related organization		(b) Primary activity		(c) al domicile (state foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) Direct controlling entity	(g) Section 512(b)(1 controlled organization	
(A) TENTOU COMMUNITY PUT DING CORPORATION									Yes	No
(1) JEWISH COMMUNITY BUILDING CORPORATION	DEAL	REAL ESTATE HOLDING COMPANY						MINNEAPOLIS JEWISH		
13100 WAYZATA BOULEVARD 200 MINNETONKA, MN 55305 41-1933056				MN	501(C)(25)	N/A		FEDERATION	Yes	
(2) KELEN FAMILY FOUNDATION										
4900 IDS TOWER 80 S EIGHTH STREET		SUPPORT MINNEAPOLIS JEWISH FEDERATION		MN	501(C)(3)	LINE 11C, III-FI		MINNEAPOLIS JEWISH FEDERATION	Yes	
MINNEAPOLIS, MN 55402 41-1854293										
(3) EFFRESS-MILLER FAMILY FOUNDATION 8545 AVENIDA DE LAS ONDAS		SUPPORT MINNEAPOLIS JEWISH FEDERATION		MN	501(C)(3)	LINE 11C, III-FI		MINNEAPOLIS JEWISH FEDERATION	Yes	
LA JOLLA, CA 92037 41-1781993										
(4) THE JUDITH AND MICHAEL BERMAN FOUNDATION										
13100 WAYZATA BOULEVARD 200		SUPPORT MINNEAPOLIS JEWISH FEDERATION		MN	501(C)(3)		LINE 11A, I	MINNEAPOLIS JEWISH FEDERATION	Yes	
MINNETONKA, MN 55305 26-0181739										
(5) OREN AND SHARRON STEINFELDT FOUNDATION										
		ORT MINNEAPOLIS H FEDERATION		MN	501(C)(3)		LINE 11A, I	MINNEAPOLIS JEWISH FEDERATION	Yes	
HOPKINS, MN 55305 13-4228266	72772									

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) SPLIT INTEREST TRUSTS (11) 13100 WAYZATA BOULEVARD 200 MINNETONKA, MN 55305	INVESTMENT	MN		Т			
					_		

chedule R (Form 990) 2011		Рa	ge 3
Part V Transactions With Related Organizations (Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35,	35A, or 36.)		
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
	-		<u> </u>
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	11		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n	Yes	
• Reimbursement paid to related organization(s) for expenses	10		No
p Reimbursement paid by related organization(s) for expenses	1р	Yes	
	4-		N-
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r		No

2	If the answer to any of the above is "Yes.	see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
_	1	and the method for mineral and made complete time made control and method to the control and t

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) JEWISH COMMUNITY BUILDING CORPORATION	J	95,117	CASH TRANSFERRED
(2) OREN AND SHARRON STEINFELDT FOUNDATION	С	150,000	CASH TRANSFERRED
(3) JEWISH COMMUNITY BUILDING CORPORATION	В	2,703,372	CASH TRANSFERRED
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes No			Yes No		

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 41-0693866

Name: MINNEAPOLIS JEWISH FEDERATION

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

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) (C) Average Position (check all hours that apply) per							(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
MICHAEL BARRY PRESIDENT	20 00	Х		Х				0	0	0		
JERRY RIBNICK IMMEDIATE PAST PRESIDENT	5 00	Х		Х				0	0	0		
HOWARD ZACK TREASURER	1 00	Х		Х				0	0	0		
BOBBY SWILLER SECRETARY	1 00	Х		х				0	0	0		
RABBI ALEXANDER DAVIS DIRECTOR	1 00	Х						0	0	0		
WENDY BALDINGER DIRECTOR	1 00	Х						0	0	0		
JASON BASS DIRECTOR	1 00	Х						0	0	0		
MARCIA COHODES DIRECTOR	1 00	Х						0	0	0		
TERRI COOPERSMITH DIRECTOR	1 00	Х						0	0	0		
MIKE EPSTEIN DIRECTOR	1 00	Х						0	0	0		
JACK FITERMAN DIRECTOR	1 00	Х						0	0	0		
BRAD FRITZ DIRECTOR	1 00	Х						0	0	0		
LORI FRITZ DIRECTOR	1 00	Х						0	0	0		
ANDY GELLMAN DIRECTOR	1 00	Х						0	0	0		
KAY GOLDSTEIN DIRECTOR	1 00	Х						0	0	0		
TODD GURSTEL DIRECTOR	1 00	Х						0	0	0		
STEVE HUNEGS DIRECTOR	1 00	Х						0	0	0		
ROBERT KARASOV DIRECTOR	1 00	Х						0	0	0		
ROBERT KELEN DIRECTOR	1 00	Х						0	0	0		
LINDA KETOVER DIRECTOR	1 00	Х						0	0	0		
BETH KIEFFER LEONARD DIRECTOR	1 00	Х						0	0	0		
ROBIN LANDY DIRECTOR	1 00	Х						0	0	0		
DARREN LEDERFINE DIRECTOR	1 00	Х						0	0	0		
STEVE LEVENTHAL DIRECTOR	1 00	Х						0	0	0		
RAY LEVI DIRECTOR	1 00	Х						0	0	0		

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

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours		tion (/)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
DAN LIEBERMAN DIRECTOR	1 00	Х						0	0	0		
KRIS MACDONALD DIRECTOR	1 00	Х						0	0	0		
ROBIN NEIDORF DIRECTOR	1 00	X						0	0	0		
RABBI NORMAN DIRECTOR	1 00	Х						0	0	0		
DAVID ORBUCH DIRECTOR	1 00	Х						0	0	0		
BILL PENTELO VITCH DIRECTOR	1 00	Х						0	0	0		
ALEX PORTNOY DIRECTOR	1 00	Х						0	0	0		
KEN RASKIN DIRECTOR	1 00	Х						0	0	0		
LISA RATNER DIRECTOR	1 00	X						0	0	0		
PHIL ROSENBLOOM DIRECTOR	1 00	Х						0	0	0		
STEVE SCHACHTMAN DIRECTOR	1 00	Х						0	0	0		
STAN SCHWEITZER DIRECTOR	1 00	Х						0	0	0		
CINDY SHAPIRO DIRECTOR	1 00	Х						0	0	0		
JEREL SHAPIRO DIRECTOR	1 00	Х						0	0	0		
JUDY SHAPIRO DIRECTOR	1 00	Х						0	0	0		
JON STONE DIRECTOR	1 00	Х						0	0	0		
JO DI UPIN DIRECTOR	1 00	Х						0	0	0		
STEPHEN R SILBERFARB CEO	40 00			Х				255,627	0	24,654		
PAUL STEPHENSON CHIEF FINANCIAL OFFICER	40 00			х				134,658	0	28,268		
SALLY FORBES FRIEDMAN FOUNDATION DIRECTOR	40 00					Х		117,493	0	27,576		
MORTON NAIMAN CAMPAIGN DIRECTOR	40 00					х		112,542	0	24,453		