

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2012

OMB No 1545-0047

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

Open to Public Inspection

Δ Fc	or the	2012 cal	endar year, or tax year beginning 09-01-2012 , 2012, and ending 08-3	1-2013			
			C Name of organization	1 2015	D Employ	ver ide	ntification number
_	dress ch	pplicable	MINNEAPOLIS JEWISH FEDERATION				
_		_	Doing Business As		41-06	9386	6
Na	me cha	inge					
Inı	tıal retu	ım	Number and street (or P O box if mail is not delivered to street address) Room/su	ite	E Telepho	ne num	ber
Te	rmınate	ed .	13100 WAYZATA BLVD NO 200				
— _{An}	nended	return	City or town, state or country, and ZIP + 4		(952)	593-2	2600
— _{An}	plication	n pending	MINNETONKA, MN 55305		C Cross re	occupte (t 22 577 556
7.10	piloatioi	Penang			_		\$ 22,577,556
			F Name and address of principal officer STEPHEN R SILBERFARB		this a group liates?	return	for
			13100 WAYZATA BLVD NO 200	aiii	nates.		1 1651 110
			MINNETONKA,MN 55305	H(b) Are	all affiliates	sınclu	ded?
				If"	No," attach	a lıst	(see instructions)
[Ta	ix-exem	npt status	✓ 501(c)(3)		oup ovemnt	on nu	mhor 🌬
J W	ebsite	e: ► WW	VW JEWISHMINNEAPOLIS ORG	H(c) Gr	oup exempti	on nu	libel F
/ For	m of or	an pization	✓ Corporation Trust Association Other ►	l Voor of	formation 19	20 M	State of legal domicile
roi	III OI OI	ganization	Corporation) Trust Association Other	L fear or	ioimation 19.	M	
Pa	rt I	Sum	mary			<u> </u>	
	1	Briefly d	escribe the organization's mission or most significant activities				
			LD COMMUNITY, CARE FOR THE WELFARE OF JEWS EVERYWHERE,	& MAXIMI	ZE PARTICI	PATI	ON IN JEWISH LIFE
2	.						
Ě	.						
E	1 2	Chack th	his box 🛌 if the organization discontinued its operations or disposed o	f mara than	2 E 0/2 of 14c	not no	coto
Governance		CHECK II	ins box Fig. In the organization discontinued its operations of disposed to	n more mar	125% 01165	net as	sets
	3	Number	of voting members of the governing body (Part VI, line 1a)			з	32
er er			of independent voting members of the governing body (Part VI, line 1b)			4	32
ACTIVITIES &			mber of individuals employed in calendar year 2012 (Part V, line 2a)			5	37
É			mber of volunteers (estimate if necessary)			6	750
đ.			related business revenue from Part VIII, column (C), line 12			7a	9,612
			elated business taxable income from Form 990-T, line 34		• •	7b	7,249
	-	ivec anne	nated business taxable meanic noint of m 550 T, mie 54		rior Year	/ <u> </u>	
		C t	hotomand made (Dath)(III has th)	P	16,303,4	20	Current Year
ā	8		butions and grants (Part VIII, line 1h)		16,303,4		14,899,259
Revenue	9		am service revenue (Part VIII, line 2g)			0	0
À	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		2,332,5		2,977,509
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		225,6	60	398,325
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	e	18,861,6	06	18,275,093
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		14,236,3	305	11,916,372
	14		its paid to or for members (Part IX, column (A), line 4)		/ / -	0	0
	15		es, other compensation, employee benefits (Part IX, column (A), lines			+	
\$	13	5-10)			2,309,7	30	2,247,543
%	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)			0	0
Expenses	ь	Total fu	ındraısıng expenses (Part IX, column (D), line 25) ▶1,274,217				
Ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,097,9	27	1,671,865
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		17,643,9	_	15,835,780
	19		nue less expenses Subtract line 18 from line 12		1,217,6	_	2,439,313
₩ A.	+		and the second s	_	ing of Curre	_	
ខ្មុំ					Year		End of Year
98. Æ	20	Total	assets (Part X, line 16)		82,964,2	228	91,155,421
Net Assets or Fund Balances	21		liabilities (Part X, line 26)		25,998,7		27,565,291
ž	22		ssets or fund balances Subtract line 21 from line 20		56,965,4		63,590,130
Pa	rt II		ature Block		. ,		· ,
Jnde ny k	r pena nowled	alties of dge and	perjury, I declare that I have examined this return, including accompan belief, it is true, correct, and complete Declaration of preparer (other the nowledge				
		<u> </u>		1	201		
<u>-</u> -	_	Signal	** ature of officer		2014-07-10 Date		
Sigr Her		'			Juic		
ieľ	C		. STEPHENSON CHIEF FINANCIAL OFFICER e or print name and title				
		17		ate C	, – , I	PTIN	
D~.	 ل		VILLIAM A LECLAIRE CPA	٦	heck If elf-employed	P00058	3875
Pai			Firm's name CLIFTONLARSONALLEN LLP		ırm's EIN 🕨 41	07467	49
	pare		Turnels address to 200 COURT CONGRESS C		h (F00
Use	On	ly ^F	Firm's address ► 220 SOUTH SIXTH STREET SUITE 300	l P	hone no (612)	376-4	500
		1					

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

Par		t of Program Service A edule O contains a response	Accomplishments to any question in this Part III		
1	Briefly describe the	e organization's mission			
ASP: ARO AND	RATIONS OF JEWIS UND THE WORLD (C SERVICES THAT R SH COMMUNITY A	SH PEOPLE THROUGH ALL CONTINUED ON SCHEDULE EFLECT OUR COMMUNITY	PHASES OF LIFE IN MINNEAL O) TODAY, WE ARE FULFILL S PRIORITIES BY SUPPORTII	N MEETING THE NEEDS AND F POLIS, ISRAEL AND MORE THA ING OUR MISSION BY FOCUS: NG CORE NEEDS IN OUR LOCA ARE BUILDING A STRONG ANI	AN 70 COUNTRIES ING ON PROGRAMS AL AND GLOBAL
2		n undertake any significant p or 990-EZ?	rogram services during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe th	nese new services on Schedu	ile O		
3	services?	= :	significant changes in how it co	nducts, any program	┌ Yes ┌ No
4	Describe the organi expenses Section	zation's program service acc	anizations are required to repor	ree largest program services, as t the amount of grants and alloca	
4a	THAN 33,000 JEWISH RAISING CHARITABLE HIGHEST AND BEST US THAN 1,300 GRANTS V	VISH FEDERATION'S PRIORITY IS TO PEOPLE IN MINNEAPOLIS AND MILL CONTRIBUTIONS FROM OVER 4,000 SE, SUPPORTING PROGRAMS AND S	ONS OF PEOPLE IN JEWISH COMMUNI DONORS AND STEWARDING THOSE I ERVICES THAT CHANGE LIVES, SHAPE RIOUS CHARITIES THROUGHOUT THE	11,916,372) (Revenue \$ JPPORTIVE JEWISH COMMUNITY THAT I TIES AROUND THE WORLD THIS IS ACC NVESTMENTS TO ENSURE THAT EVERY I COMMUNITIES AND MAKE THE WORLD UNITED STATES THROUGH ADVISED FU	OMPLISHED THIS BY DOLLAR IS PUT TO THE A BETTER PLACE MORE
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program ser (Expenses \$	rvices (Describe in Schedule including	O) grants of \$) (Revenue \$)
4e	Total program serv		,276,600		

art TV	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)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	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 1	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	Yes	
LO	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	
l1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
L2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b	Yes	
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
l4a	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, Parts I and IV	14b	Yes	
L 5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
L 6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	16		No
L 7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
.8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
L9	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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 lines 24b through 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		
С	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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	ı		1
_		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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	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 11b and 19?	38	Yes	

Pali				_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 35		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		110
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to		105	
d	file Form 8282?	7 c		No
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			NI -
f	contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<u> </u>		110
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			110
	business holdings at any time during the year?	8		Νo
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	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. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

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.

_		<u> </u>		<u> </u>
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		res	NO
	year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
L1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done $\dots \dots \dots$	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	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)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
L7	List the States with which a copy of this Form 990 is required to be filed▶MN			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			

- 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 during the tax year
- 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 (952)417-2311

Form	990	(2012)
------	-----	--------

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

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

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

	1	1		(C)						
(A) Name and Title	(A) Name and Title A verage hours per week (list any hours for related					heck unless officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-M13C)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han d n is l	ne l both	oox, an c	heck unless officer stee)		(D) Reporta compensa from th organizatio	ation ne nn (W-	(E) Reportable compensation from related organization (W		(F) Estima mount o compens from t	ited f other ation :he
	for related organizations below dotted line)	Individual trusties or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-M	150)	2/1099-MISC)		rganizati relati organiza	ed
							Ļ						
1b Sub-Total				•			F				+		
d Total (add lines 1b and 1c) .			` .	٠.	٠.		•		476,349		0		85,989
Total number of individuals (ind \$100,000 of reportable compe						d abov	e) w	ho received i	more th	an	<u> </u>		
——————————————————————————————————————													
3 Did the organization list any fo	ormer officer, dir	ector o	r trus	tee,	key	emplo	yee	, or highest c	ompen	sated employee		Yes	No
on line 1a? If "Yes," complete Se						• •	•			[3		No
For any individual listed on line organization and related organization. Individual											4	Yes	
5 Did any person listed on line 1: services rendered to the organ									ıızatıon • •	or individual for	5		No
Section B. Independent Co	ntus stores											•	
Complete this table for your five compensation from the organization.	e highest comp											tax year	
N:	(A) ame and business	address							Des	(B) cription of services		(C Compe	
											$-\Gamma$		
_											#		
											+		

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

	Check if Schedule O contains a respo		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
v	Federated campaigns 1a	8,016				514
Amounts	Membership dues 1b					
ه اور	Fundraising events 10	:				
Other Similar Amounts	Related organizations 1d	215,000				
D.∰ .v.E. e	Government grants (contributions) 1e					
∰ Şi	All other contributions, gifts, grants, and 1f	14,676,243	-			
	similar amounts not included above		ļ			
ੂਂੂੂ 5 °	Noncash contributions included in lines 1a-1f \$	3,028,652				
and Other Similar A			14,899,259			
		Business Code				
∯ 2a	1	Business sauc				
es b						
ء ي ^ي						
ž d						
Program Serwice Revenue						
E f	All other program service revenue					
يُ ا	Total. Add lines 2a-2f	<u> </u>				
<u> </u>	Investment income (including divider					
	and other similar amounts)	▶	1,205,898		9,612	1,196,286
4	Income from investment of tax-exempt bond	. +				
5	Royalties	-				
6a	(1) Real	(II) Personal				
b	Less rental					
	expenses Rental income					
C C	or (loss)					
ď	Net rental income or (loss)	,				
72	(1) Securities Gross amount	(II) Other				
	from sales of 6,074,074 assets other than inventory					
ь						
	sales expenses					
C			1,771,611			1,771,611
d 8a	Net gain or (loss)	· · · · · •	1,771,011			1,771,011
b C	events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
<u> </u>	а					
b b	Less direct expenses b Net income or (loss) from fundraising					
_ _	Gross income from gaming activities					
	See Part IV, line 19					
	a Lace direct expenses h					
b c	Less direct expenses b Net income or (loss) from gaming act					
10a						
	a					
ь	Less cost of goods sold b					
c	Net income or (loss) from sales of inv					
	Miscellaneous Revenue	Business Code	T			
11a	111001111111111111111111111111111111111	900099	398,325			398,325
Ь						
c						
d						
e		🟲	398,325			
12	Total revenue. See Instructions .	🕨	18,275,093	o	9,612	3,366,222

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) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 11,590,069 11,590,069 Grants and other assistance to individuals in the United States See Part IV, line 22 326,303 326,303 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 412,425 132,219 118,356 161,850 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 1,535,736 492,339 440,721 602,676 Pension plan accruals and contributions (include section 401(k) 7,013 2,248 2,013 and 403(b) employer contributions) 2,752 156,020 50,018 44,774 Other employee benefits 61,228 10 136,349 43,712 39,129 53,508 11 Fees for services (non-employees) Management 3,731 18,830 Legal 29,461 6,900 Accounting 47,585 6,026 30,415 11,144 Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 115,173 14,586 73,614 26,973 Schedule O) Advertising and promotion . . 137,273 44,554 8,195 12 84,524 13 Office expenses 107,081 12,184 42,651 52,246 14 Information technology . . 15 Royalties . 89,920 986 88,934 16 Occupancy **17** 291,095 279,068 1,250 10,777 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . 284,483 168,899 16,503 99,081 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 25,750 25,750 4,599 23 36,316 23,212 8,505 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a PROVISION FOR BAD DEBTS 199,004 199,004 MISCELLANEOUS 153,274 40,031 31,924 81,319 **EQUIPMENT & REPAIRS** 84,553 776 79,666 4,111 70,897 d PROGRAM MANAGEMENT 64,252 22 6,623 e All other expenses Total functional expenses. Add lines 1 through 24e 25 15,835,780 13,276,600 1,284,963 1,274,217 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Раг	tΧ	Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1,097,293	1	975,784
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	6,915,551	3	6,668,098
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
38	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 759,774			
	Ь	Less accumulated depreciation 10b 678,68°	106,842	10c	81,093
	11	Investments—publicly traded securities	58,619,457	11	65,776,024
	12	Investments—other securities See Part IV, line 11	13,261,870	12	14,965,231
	13	Investments—program-related See Part IV, line 11	1,400,261	13	1,494,036
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,562,954	15	1,195,155
	16	Total assets. Add lines 1 through 15 (must equal line 34)	82,964,228	16	91,155,421
	17	Accounts payable and accrued expenses	417,271	17	370,544
	18	Grants payable	9,116,010	18	8,759,885
	19	Deferred revenue	214,926	19	179,639
	20	Tax-exempt bond liabilities	,	20	,
	21	Escrow or custodial account liability Complete Part IV of Schedule D	15,272,364	21	17,296,930
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	.5,2,2,55		,255,555
졅		persons Complete Part II of Schedule L		22	
Ï	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	070 400		050 000
		D	978, 199	25	958,293
	26	Total liabilities. Add lines 17 through 25	25,998,770	26	27,565,291
φŞ		Organizations that follow SFAS 117 (ASC 958), check here ► ┌ and complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	49,861,565	27	55,563,639
<u>8</u>	28	Temporarily restricted net assets	2,862,265	28	3,683,056
=	29	Permanently restricted net assets	4,241,628	29	4,343,435
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
455	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net #	33	Total net assets or fund balances	56,965,458	33	63,590,130
Ž	34	Total liabilities and net assets/fund balances	82,964,228	34	91,155,421
	1		32,004,220		Form 000 (2012)

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		18,2	275,093
2	Total expenses (must equal Part IX, column (A), line 25)	2		15,8	335,780
3	Revenue less expenses Subtract line 2 from line 1	3			139,313
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			965,458
5	Net unrealized gains (losses) on investments	5			200,725
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-15,366
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		63,5	590,130
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. \sqsubset
				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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	9	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per week (list	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related		
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations		
MICHAEL BARRY PRESIDENT	20 00 0 00	Х		Х				0	0	0		
JERRY RIBNICK IMMEDIATE PAST PRESIDENT	5 00 0 00	х		Х				0	0	0		
HOWARD ZACK TREASURER	1 00 0 00	х		х				0	0	0		
BOBBY SWILLER SECRETARY	1 00 0 00	х		х				0	0	0		
WENDY BALDINGER DIRECTOR	1 00 0 00	х						0	0	0		
JASON BASS DIRECTOR	1 00 0 00	х						0	0	0		
MARCIA COHODES DIRECTOR	1 00 0 00	х						0	0	0		
RABBI ALEXANDER DAVIS DIRECTOR	1 00 0 00	х						0	0	0		
MIKE EPSTEIN DIRECTOR	1 00 0 00	х						0	0	0		
JACK FITERMAN DIRECTOR	1 00 0 00	х						0	0	0		
BRAD FRITZ DIRECTOR	1 00 0 00	х						0	0	0		
LORI FRITZ DIRECTOR	1 00 0 00	х						0	0	0		
ANDY GELLMAN DIRECTOR	1 00 0 00	×						0	0	0		
TODD GURSTEL DIRECTOR	1 00 0 00	х						0	0	0		
STEVE HUNEGS DIRECTOR	1 00 0 00	Х						0	0	0		
ROBERT KARASOV DIRECTOR	1 00 0 00	х						0	0	0		
ROBERT KELEN DIRECTOR	1 00 0 00	х						0	0	0		
LINDA KETOVER DIRECTOR	1 00 0 00	х						0	0	0		
ROBIN LANDY DIRECTOR	1 00 0 00	х						0	0	0		
DARREN LEDERFINE DIRECTOR	1 00 0 00	х						0	0	0		
DAN LIEBERMAN DIRECTOR	1 00 0 00	х						0	0	0		
KRIS MACDONALD DIRECTOR	1 00 0 00	Х						0	0	0		
ROBIN NEIDORF DIRECTOR	1 00 0 00	х						0	0	0		
DAVID ORBUCH DIRECTOR	1 00 0 00	х						0	0	0		
KEN RASKIN DIRECTOR	1 00 0 00	х						0	0	0		

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

50 40 00

0 00

MORTON NAIMAN

CAMPAIGN DIRECTOR

(A) Name and Title	(B) Average hours per week (list	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations	
LISA RATNER DIRECTOR	1 00 0 00	Х						0	0	0	
PHIL ROSENBLOOM DIRECTOR	1 00 0 00	х						0	0	0	
STAN SCHWEITZER DIRECTOR	1 00 0 00	х						0	0	0	
CINDY SHAPIRO DIRECTOR	1 00 0 00	х						0	0	0	
JEREL SHAPIRO DIRECTOR	1 00 50	х						0	0	0	
JON STONE DIRECTOR	1 00 0 00	х						0	0	0	
JODI UPIN DIRECTOR	1 00 0 00	х						0	0	0	
STEPHEN R SILBERFARB CEO	40 00 1 00			х				236,177	0	45,379	
PAUL STEPHENSON CFO	40 00			х				121,975	0	26,216	

118,197

14,394

0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493192010004

Employer identification number

OMB No 1545-0047

SCHEDULE A

Name of the organization

MINNEAPOLIS JEWISH FEDERATION

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

									41-06938					
	rt I			blic Charity Sta						structions	5.			
The c	rganı	zatıon ıs	not a privat	te foundation becaus	eitis (Forl	ınes 1 throu	ıgh 11, check	only one be	ox)					
1	Г	A chur	ch, conventi	on of churches, or a	ssociation of	churches d	escribed in s e	ection 170(l	o)(1)(A)(i).					
2	Γ	A scho	ol described	in section 170(b)(1	l)(A)(ii). (At	tach Sched	ule E)							
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	ation descr	ıbed ın sectio	n 170(b)(1)	(A)(iii).					
4	Γ	A medi	cal researcl	h organization operat	ted ın conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(1)(A)(iii).	Enter the			
	_	hospita	ıl's name, cı	ty, and state										
5	ļ	_	•	erated for the benefi	-	or universi	ty owned or o	perated by a	a government	al unit des	cribed in			
	_			A)(iv). (Complete P	•									
6				<u> </u>	_									
7	<u>~</u>						support from	a governme	ental unit or fi	om the ger	eral public			
8	_													
9	<u> </u>		•		. , . , .	, , ,	•	•	utions mam	harabın faa	s and groce			
9	,	 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) ✓ An organization organized and operated exclusively to test for public safety See section 509(a)(4). ✓ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons 												
,											usillesses			
10	_	-	-		•			•	-					
10														
11														
										ee section .	oos(a)(S). Check			
										n-function	ally integrated			
e	\sqcap	By che	cking this b	ox, I certify that the	organization	ıs not conti	rolled directly	or indirectl	y by one or n	nore disqua	lified persons			
				on managers and otl	her than one	or more pub	olicly support	ed organizat	tions describ	ed in sectio	n 509(a)(1) or			
			1509(a)(2)		- k k	6 th - ID	C +1-+ -+ :	T T T	. II	T T T				
f			rganization this box	received a written de	etermination	from the IR	S that it is a	iype i, iyp	e II, or I ype	III support	ing organization,			
g				2006, has the organi	ızatıon accer	ted any gift	or contribution	on from anv	of the		•			
-			ng persons?			, 5		•						
		(i) A p	erson who d	irectly or indirectly o	ontrols, eith	er alone or t	together with	persons de	scribed in (ii)		Yes No			
		and (III) below, the	governing body of th	ie supported	organızatıoı	n?			119	g(i)			
		(ii) A fa	amıly memb	er of a person descr	ıbed ın (ı) abı	ove?				119	ı(ii)			
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11 g	(iii)			
h		Provide	the follown	ng information about	the supporte	ed organizat	ıon(s)				_			
•) Nam		(ii) EIN	(iii) Type of	(iv) Is t		(v) Did you		(vi) Is		(vii) A mount of			
	uppor			organization	organizati		the organiz		organizati		monetary			
or	ganiza	ation		(described on lines 1- 9 above	col (i) list your gove		ın col (i) o suppor		col (i) org		support			
				or IRC section	docume	_	Suppor		III the o	3 '				
				(see		··-								
				instructions))	Yes	No	Yes	No	Yes	No				
						110	1.03	110	1.03	145				
Tatal	1													

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do 16,293,772 13,958,626 15,283,778 16,303,438 14,899,259 76,738,873 not include any "unusual grants ") 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 16,293,772 13,958,626 15,283,778 16,303,438 14,899,259 76,738,873 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 7,598,006 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 69,140,867 from line 4 Section B. Total Support Calendar year (or fiscal year (c) 2010 (f) Total (a) 2008 **(b)** 2009 (d) 2011 (e) 2012 beginning in) 🟲 16,293,772 15,283,778 Amounts from line 4 13,958,626 16,303,438 14,899,259 76,738,873 Gross income from interest, dividends, payments received on securities loans, rents, royalties 860,582 750,104 815,817 1,157,036 1,205,898 4,789,437 and income from similar sources Net income from unrelated business activities, whether or 8,112 8,112 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 97,250 98,559 255,056 225,660 398,325 1,074,850 capital assets (Explain in Part IV) 11 Total support (Add lines 7 82,611,272 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 230,286 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 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 83 690 % Public support percentage for 2011 Schedule A, Part II, line 14 15 85 280 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ►V and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this ►□ box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.**

Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			12		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Schedule A (Fo	rm 990 or 990-EZ) 2012 Page 4								
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and 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								

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493192010004

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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.

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then 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 ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** MINNEAPOLIS JEWISH FEDERATION 41-0693866 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours 0 Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 0 0 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 □ No Was a correction made? ☐ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b					
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	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	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

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)).

_		(a	a)		(b)	
ror e activ	Pach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No] ,	A mour	ıt
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?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	1		
С	Media advertisements?		No	1		
d	Mailings to members, legislators, or the public?		Νo			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	O ther activities?	Yes			8	5,703
j	Total Add lines 1c through 1i				8	5,703
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912			7		
С	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?					
Par	t IIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		Į	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible 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				
С	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					

Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

political expenditure next year?

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and

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

4

5

DLN: 93493192010004

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	me of the organization NEAPOLIS JEWISH FEDERATION		Emplo	oyer identification num	ber
PILLIN	NEAFOLD JEWISH FEDERALION		41-0	693866	
Pa	rt I Organizations Maintaining Donor Ac		nds o	r Accounts. Compl	ete ıf the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(1	b) Funds and other acco	nunts
1	Total number at end of year	234		by runus and other acce	631
2	Aggregate contributions to (during year)	4,496,159			2,676,532
3	Aggregate grants from (during year)	4,495,704			2,565,068
4	Aggregate value at end of year	25,003,795			,014,724
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the	sors in writing that the assets held in dono	r advis		┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit?			purpose	┌ No
Pa	Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	Form	990, Part IV, line 7.	
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held easement on the last day of the tax year	n or education) Preservation of an A	ertified	historic structure	a
		Γ		Held at the End of th	e Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
c	Number of conservation easements on a certified his	toric structure included in (a)	2c		
d	Number of conservation easements included in (c) achistoric structure listed in the National Register	equired after 8/17/06, and not on a	2d		
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminated	by the	organization during	
	the tax year 🗕				
4	Number of states where property subject to conserva	ition easement is located 🗠			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ling of v	violations, and Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, insp	ecting, and enforcing conservation easem	ents du	ırıng the year	
7	Amount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easements	during	the year	
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(II)?	(d) above satisfy the requirements of sect	ion 170	O(h)(4)(B)(ι)	┌ No
9	In Part XIII, describe how the organization reports c balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	he footnote to the organization's financial s			
Par	Organizations Maintaining Collectio Complete if the organization answered	ns of Art, Historical Treasures, o	r Oth	er Similar Assets.	
1a	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar asservice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education, o	r resea	rch in furtherance of pu	
b	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar asservice, provide the following amounts relating to the	ets held for public exhibition, education, o			blic
	(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, histofollowing amounts required to be reported under SFA:		financ		
а	Revenues included in Form 990, Part VIII, line 1			► \$	

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	<u>llections of Art</u>	t, HIS	toricai i	reasur	es, or O	<u>tner</u>	Similar As	ssets	(continuea)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other reco	rds, ch	neck any of	the follo	wing that a	re a	significant us	e of its	
а	Public exhibition		d	┌ Loan	or exch	ange progr	ams			
b	Scholarly research		e	┌ Othe	r					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ain hov	w they furth	er the o	rganızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit of	or receive donation:	s of ar	t. historical	treasur	es or othe	rsımı	lar		
	assets to be sold to raise funds rather than t	o be maintained as	part	of the organ	ızatıon's	collection	٦)		┌ Yes	☐ No
Par	Part IV, line 9, or reported an an					answere	d "Y€	es" to Form	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				utions o	r other ass	ets n	ot	┌ Yes	√ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving table		_				
_						-	_	Aı	mount	
С .	Beginning balance						1c			
d	Additions during the year					-	1d			
e	Distributions during the year						1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?						√ Yes	
ь	If "Yes," explain the arrangement in Part XII									<u> </u>
Pa	rt V Endowment Funds. Complete									r veara bask
1a	Beginning of year balance	(a)Current year 5,035,932	(B)	Prior year 4,709,239		4,353,255	(a)11	nree years back 4,151,231	(e)rou	15,146,809
b	Contributions	101,807		625		6,213		19,207		754,520
c	Net investment earnings, gains, and losses	,				,		,		
		691,281		329,451		590,334		273,864		-10,992,088
d	Grants or scholarships	206,933								
е	Other expenditures for facilities and programs			3,383		240,563		91,047		758,010
f	Administrative expenses									
g	End of year balance	5,622,087		5,035,932		4,709,239		4,353,255		4,151,231
2	Provide the estimated percentage of the curr	ent year end balan	ce (lın	e 1g, colun	nn (a)) h	eld as				
а	Board designated or quasi-endowment	0 %	•							
ь	Permanent endowment ► 77 300 %									
c		700 %								
	The percentages in lines 2a, 2b, and 2c show	ıld equal 100%								
За	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that are hel	d and ac	dministered	d for t	:he	Υe	es No
	(i) unrelated organizations							3a	(i)	No
	(ii) related organizations								(ii)	No
	If "Yes" to 3a(II), are the related organization	•					•	3	Bb	
4	Describe in Part XIII the intended uses of the triangle t				10					
FG	Description of property	ili. See lollii 9	70, PC	(a) Cost		(b)Cost or	other	(c) Accumulat	ed (d) Book value
				basis (inve	estment)	basis (oth	er)	depreciation	י בי	
1a	Land									
b	Buildings					440	5,900	384	,861	62,039
C	Leasehold improvements									
d	Equipment		•			313	2,874	293	,820	19,054
	Other				10())					
Iota	I. Add lines 1a through 1e (Column (d) must e	quai Form 990, Part	x, colu	ımn (B), line	1U(c).)			<u> ►</u>		81,093

Part VIII Investments—Other Securities. S		
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests (3)Other		
(A) PRIVATE EQUITY AND HEDGE FUNDS	10,871,174	F
. ,		
(B) REAL ESTATE	2,964,088	F
(C) INTEREST IN CHARTARIE TRUCTS HELD BY		
(C) INTEREST IN CHARITABLE TRUSTS HELD BY OTHERS	1,129,969	F
OTTIERS.	1,123,303	<u>'</u>
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	1 4,965,231	
Part VIII Investments—Program Related.		
(a) Description of investment type	(b) Book value	(c) Method of valuation
.,	(=, = = = = = = = = = = = = = = = = = =	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	p-	
Part IX Other Assets. See Form 990, Part X	(, line 15.	
	scription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) lin	ne 15.)	
Part X Other Liabilities. See Form 990, Pa		<u> </u>
1 (a) Description of liability	(b) Book value	
Federal income taxes	 	
OBLIGATIONS UNDER SPLIT-INTEREST	 	
AGREEMENTS	427,016	
OTHER LIABILITIES	531,277	
	 	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 958,293	
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the		on's financial statements that reports the

1301	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	<u>er Retur</u>	'n
1	Total revenue, gains, and other support per audited financial statements	1	23,729,410
2	A mounts 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 XIII)		
e	Add lines 2a through 2d	2e	5,760,25
3	Subtract line 2e from line 1	3	17,969,159
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	305,934
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	18,275,093
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	urn
1	Total expenses and losses per audited financial statements	1	17,937,589
2	Amounts 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 XIII)		
e	Add lines 2a through 2d	2e	2,445,043
3	Subtract line 2e from line 1	3	15,492,546
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	343,234
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	15,835,780

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any 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 SUPPORT JEWISH LIFE IN THE GREATER MINNEAPOLIS AREA AND BEYOND
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	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 2010-2012 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS - 15,366 REVENUES OF AFFILIATES REPORTED ON OTHER RETURNS 1,574,892
PART XI, LINE 4B - OTHER ADJUSTMENTS		ELIMINATED TRANSACTIONS WITH RELATED ORGANIZATIONS 305,934
PART XII, LINE 2D - OTHER ADJUSTMENTS		EXPENSES OF AFFILIATES REPORTED ON OTHER RETURNS 2,445,043
PART XII, LINE 4B - OTHER ADJUSTMENTS		ELIMINATED TRANSACTIONS WITH RELATED ORGANIZATIONS 305,934 TRANSFER TO A RELATED ORGANIZATION 37,300

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493192010004

Employer identification number

SCHEDULE F (Form 990)

Name of the organization

Department of the Treasury

Internal Revenue Service

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.

OMB No 1545-0047

2012

Open to Public Inspection

MINI	NEAPOLIS JEWISH FEDERATIO	N			41-0693866	
Pa	rt I General Information "Yes" to Form 990, Par			ne United States. Co		zation answered
1	For grantmakers. Does the dassistance, the grantees' eligible the grants or assistance?	jibility for the	grants or assis	stance, and the selection	on criteria used to aw	<i>a</i> rd
2	For grantmakers. Describe in the United States.	n Part V the or	ganızatıon's p	rocedures for monitori	ng the use of grant fo	unds outside
3	Activites per Region (The follow (a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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	
	CENTRAL AMERICA AND THE CARIBBEAN -	0	_	INVESTMENTS		7,391,66
b	Sub-total Total from continuation sheets to Part I Totals (add lines 3a and 3b)	0	0			7,391,66

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				ted above that are r e or counsel has pro					
3	Enter total nu	mher of other or	nanizations or en	tities					

Schedule F (Form 990) 2012

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. Part III can be duplicated 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)
		+	1		,		1
		+ +		'	+		+
		+		'	+		+
		+	<u> </u>		 		+
	 		 		 	 	+
					<u> </u>		
					<u> </u>	<u> </u>	
							<u> </u>
			1				
		+ + +			,		1
		+ + +			+		
	 	+			+		+
			1		-		+
	 		 		 	 	
			 		<u> </u>	 	
						1	

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	~	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	্য	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	굣	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)	Γ	Yes	굣	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	굣	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	্	Νo

Schedule F (Form 990) 2012

Part V	Supplementa	al Information
Part v	Supplementa	ai intormatio

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

2012

DLN: 93493192010004

Open to Public Inspection

Internal Revenue Service			F Attach to Form 990				Inspection
Name of the organization MINNEAPOLIS JEWISH FEDERATI	O N					Employer identificati	on number
						41-0693866	
Part I General Informati							
Does the organization maintain the selection criteria used to a							V Yes □ ا
2 Describe in Part IV the organiz							,, .
	Assistance to Go	vernments and O	rganizations in the	United States. Con	nplete if the orga	nızatıon answered "Y	es" to
	ne 21, for any recı	pient that received	more than \$5,000. Pa	irt II can be duplicate	d if additional spa	ace is needed.	
(a) Name and address of	ALS ETN	(-) IDC C- 1-	(4) A	(-) A	(6) M - H H - 6	(-) D	(I-) D
(a) Name and address of organization	(b) EIN	(c) IRC Code section	(d) A mount of cash grant	(e) A mount of non- cash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grain or assistance
or government		ıf applıcable	5	assistance	(book, FMV,		
					appraisal, other)		
6 4111 15 1 7 11					•		
See Additional Data Table							
						1	
2 Enter total number of section 5	501(c)(3) and govern	ment organizations lis	ted in the line 1 table .			🕨	77
3 Enter total number of other org	janizations listed in th	ne line 1 table	<u>.</u> .	<u></u>	<u> </u>	<u> ▶</u>	0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated 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	275	210,832	0 N	N/A	N/A
(2) ASSISTANCE TO WOMEN & CHILDREN IN FINANCIAL CRISIS	128	85,418	0 N	N/A	N/A
(3) SCHOLARSHIPS TO TEACHERS	37	30,053	0 N	N/A	N/A

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

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

Schedule I (Form 990) 2012

Software ID:

Software Version:

EIN: 41-0693866

Name: MINNEAPOLIS JEWISH FEDERATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 FOUNDATION PO BOX 43 MINNEAPOLIS, MN 55407	04-3643816	501(C)(3)	9,000		N/A		GENERAL OPERATING SUPPORT
ADATH JESHURUN CONGREGATION10500 HILLSIDE LANE WEST MINNETONKA,MN 55305	41-0693940	501(C)(3)	8,439		N/A	,	GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
ADATH JESHURUN FOUNDATION10500 HILLSIDE LANE WEST MINNETONKA,MN 55305	36-3529809	501(C)(3)	49,149		N/A		GENERAL OPERATING SUPPORT, CAMP SCHOLARSHIPS, YAD SIMA TOVA
AISH - MINNESOTA2830 INGLEWOOD AVE S MINNEAPOLIS, MN 55416	20-5474141	501(C)(3)	18,500		N/A		GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 & ND7900 WEST 78TH SUITE 100 EDINA,MN 55439	41-1361624	501(C)(3)	8,000		N/A		GENERAL OPERATING SUPPORT
AMERICAN FRIENDS OF MAGEN3175 COMMERCIAL AVENUE -SUITE 101 NORTHBROOK,IL 60062	13-1790719	501(C)(3)	125,000		N/A	[. ,]	PURCHASE AMBULANCE

(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 TELAVIV UNIVERSITY INC 39 BROADWAY 15TH FLOOR NEW YORK, NY 10006	13-1996126	501(C)(3)	65,000		N/A		GREENHOUSE RENOVATION
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC711 THIRD AVE NEW YORK, NY 10017	13-1656634	501(C)(3)	138,000		N/A		GENERAL OPERATING SUPPORT, JEWISH SERVICE CORPS, HUNGER AND HUMANITARIAN RELIEF PROGRAMS

(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 INTERNATIONAL615 1ST AVENUE NE SUITE 500 MINNEAPOLIS,MN 55413	36-3241033	501(C)(3)	10,500		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)	410,385		N/A		GENERAL OPERATING SUPPORT, ART PROGRAMS, WOMEN SURVIVORS SHABBATON

(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 GROW2438 18TH AVENUE SOUTH MINNEAPOLIS,MN 55415	20-4502788	501(C)(3)	75,000		N/A		GENERAL OPERATING SUPPORT
BAIS YAAKOV SCHOOL 4221 SUNSET BOULEVARD MINNEAPOLIS,MN 55416	41-1794713	501(C)(3)	45,441		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
BARRY FAMILY CAMPUS CORPORATION4330 SOUTH CEDAR LAKE ROAD ST LOUIS PARK,MN 55416	20-2381049	501(C)(3)	100,000		N/A		GENERAL OPERATING SUPPORT
BET SHALOM CONGREGATION13613 ORCHARD ROAD MINNETONKA,MN 55305	41-1409280	501(C)(3)	54,630		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 ENDOWMENT 13613 ORCHARD ROAD MINNETONKA,MN 55305	20-2829035	501(C)(3)	165,663		N/A		SUPPORT ENDOWMENT
BETH EL SYNAGOGUE5225 BARRY STREET WEST MINNEAPOLIS, MN 55416	41-0711587	501(C)(3)	354,740		N/A		GENERAL OPERATING SUPPORT, SCHOLARSHIP FUND, WOMEN SURVIVORS SHABBATON

(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
BETH EL SYNAGOGUE OF NORTH SUBURBAN1175 SHERIDAN ROAD HIGHLAND PARK,IL 60035	36-3308300	501(C)(3)	10,670		N/A		GENERAL OPERATING SUPPORT
BRIDGE FOR YOUTH1111 WEST 2ND STREET MINNEAPOLIS,MN 55405	41-0983062	501(C)(3)	7,000		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)	31,000		N/A		GENERAL OPERATING SUPPORT
CITY OF HOPE1055 WILSHIRE BLVD 12 FLOOR LOS ANGELES,CA 90017	95-3773621	501(C)(3)	5,000		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
CORNER HOUSE- INTERAGENCY2502 10TH AVENUE SOUTH MINNEAPOLIS,MN 55404	41-1640731	501(C)(3)	10,090		N/A		GENERAL OPERATING SUPPORT
EDINA COMMUNITY FOUNDATION5280 GRANDVIEW SQUARE EDINA, MN 55436	41-1315037	501(C)(3)	5,000		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 EDUCATION FUND 5701 NORMANDALE ROAD EDINA,MN 55424	41-1991929	501(C)(3)	20,000		N/A		GENERAL OPERATING SUPPORT
EXCEPTIONAL CHILDRENS FOUNDATION8740 WEST WASHINGTON BLVD CULVER CITY, CA 90232	95-1690988	501(C)(3)	50,000		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
FRIENDS OF YAD LAKASHISH-LIFELINE FOR THE OLDPO BOX 494 ENGLEWOOD,NJ 07631	76-0734439	501(C)(3)	7,734		N/A		GENERAL OPERATING SUPPORT
GREATER TWIN CITIES UNITED WAY404 SOUTH EIGHTH STREET MINNEAPOLIS, MN 55404	41-1973442	501(C)(3)	293,600		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
HADASSAH810 WOODDUCK DRIVE WOODBURY,MN 55125	41-6081966	501(C)(3)	6,500		N/A		GENERAL OPERATING SUPPORT
HADASSAH FOUNDATION INC50 WEST 58TH STREET NEW YORK, NY 10019	13-4022483	501(C)(3)	8,500		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 FOUNDATION67 HUNT STREET SUITE 100 AGAWAM,MA 01001	04-6685725	501(C)(3)	23,144		N/A		GENERAL OPERATING SUPPORT
HERZL CAMP7204 WEST 27TH STREET SUITE 226 ST LOUIS PARK,MN 55426	41-6009136	501(C)(3)	23,549		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 MINNESOTA 1521 UNIVERSITY AVENUE SE MINNEAPOLIS, MN 55414	41-6038613	501(C)(3)	86,113		N/A		GENERAL OPERATING SUPPORT, SCHOLARSHIPS, PROGRAMMING AT MILGRAM SHABBAT
HOLD YOUR HORSES5120 COLONIAL DRIVE GOLDEN VALLEY, MN 55416	27-5312055	501(C)(3)	10,054		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
INSTITUTE FOR EXERCISE MEDICINE & PREVENTION 1045 WESTGATE DRIVE ST PAUL,MN 55114	26-3743041	501(C)(3)	5,956		N/A		GENERAL OPERATING SUPPORT
JEWISH COMMUNITY RELATIONS COUNCIL OF MINNESOTA & DAKOTAS12 NORTH 12TH STREET SUITE 480 MINNEAPOLIS, MN 55403	41-0826434	501(C)(3)	338,452		N/A		GENERAL OPERATING SUPPORT, ISRAEL EDUCATION, MEMORY PHOTO PROJECT

(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 FAMILY AND CHILDREN'S SERVICE 13100 WAYZATA BOULEVARD SUITE 400 MINNETONKA,MN 55305	41-0693860	501(C)(3)	1,128,329		N/A	N/A	GENERAL OPERATING SUPPORT, SUPPORT PROGRAMS FOR CHILDREN & YOUTH, YOUNG ADULTS, SENIORS, TRANSPORTATION, SCHOLARSHIPS, VOCATIONAL SERVICES, EMERGENCY FINANCIAL ASSISTANCE, PEOPLE WITH DISABILITIES
JEWISH FEDERATION OF GREATER PHOENIX12701 NORTH SCOTTSDALE ROAD SUITE 201 SCOTTSDALE,AZ 85254	86-0096784	501(C)(3)	5,930		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 LAS VEGAS2317 RENAISSANCE DRIVE LAS VEGAS,NV 89119	88-0098500	501(C)(3)	22,000		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		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 AMERICAWALL STREET STATION PO BOX 157 NEW YORK, NY 10268	13-1624240	501(C)(3)	3,776,936		N/A		GENERAL OPERATING SUPPORT, BIRTHRIGHT ISRAEL, SUPPORT JDC, SUPPORT JAFI
JEWISH HISTORICAL SOCIETY OF THE UPPER MIDWEST4330 SOUTH CEDAR LAKE ROAD ST LOUIS PARK, MN 55416	36-3337514	501(C)(3)	5,164		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)	66,675		N/A		GENERAL OPERATING SUPPORT
JEWISH THEOLOGICAL SEMINARY3080 BROADWAY NEWYORK,NY 10027	13-0887640	501(C)(3)	10,000		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		N/A		GENERAL OPERATING SUPPORT
MINNESOTANS AGAINST TERRORISMPO BOX 368 HOPKINS,MN 55343	35-2162870	501(C)(3)	6,250		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
MASORTI FOUNDATION FOR CONSERVATIVE JUDAISM IN ISRAEL475 RIVERSIDE DRIVE SUITE 832 NEW YORK, NY 10015	13-3137586	501(C)(3)	11,000		N/A		GENERAL OPERATING SUPPORT
NATIONAL ALLIANCE FOR THE MENTALLY ILL800 TRANSFER ROAD SUITE 31 ST PAUL,MN 55114	41-1317030	501(C)(3)	5,162		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
NATIONAL COUNCIL OF YOUNG ISRAEL9590 W SAHARA AVE LAS VEGAS,NV 89117	88-0348899	501(C)(3)	1,020,000		N/A		GENERAL OPERATING SUPPORT
NATIONAL TAY SACHS AND ALLIED DISEASES ASSOCIATION INC2001 BEACON STREET 204 BOSTON,MA 02135	13-1912877	501(C)(3)	5,000		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
NATURE CONSERVANCY INC1101 WEST RIVER ROAD PARKWAY SUITE 200 MINNEAPOLIS, MN 55415	53-0242652	501(C)(3)	5,000		N/A		GENERAL OPERATING SUPPORT
NECHAMA - JEWISH DISASTER RESPONSE4330 CEDAR LAKE ROAD ST LOUIS PARK,MN 55416	41-1849408	501(C)(3)	10,300		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
NEIGHBORHOOD HOUSE 179 ROBIE STREET EAST ST PAUL,MN 55107	41-0693916	501(C)(3)	20,000		N/A		GENERAL OPERATING SUPPORT
PEOPLE FOR PARKS5049 PARK TERRACE EDINA,MN 55436	36-3339180	501(C)(3)	25,000		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
PLANNED PARENTHOOD OF MNSD671 VANDALIA STREET ST PAUL,MN 55114	41-0948382	501(C)(3)	6,850		N/A		GENERAL OPERATING SUPPORT
SABES JEWISH COMMUNITY CENTER4330 SOUTH CEDAR LAKE ROAD ST LOUIS PARK,MN 55416	41-0833543	501(C)(3)	839,329		N/A		GENERAL OPERATING SUPPORT, PLAYGROUND, CHILDREN WITH SPECIAL NEEDS, CAMP SCHOLARSHIPS, FILM FESTIVAL, INCLUSION PROGRAM, EARLY CHILDHOOD CENTER PROGRAM

(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
SCIENCE MUSEUM OF MINNESOTA120 WEST KELLOGG BLVD ST PAUL,MN 55102	41-0706172	501(C)(3)	6,250		N/A		GENERAL OPERATING SUPPORT
SECOND HARVEST HEARTLAND1140 GERVAIS AVENUE ST PAUL,MN 55109	23-7417654	501(C)(3)	10,250		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) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHA'ARIM4820 MINNETONKA BOULEVARD SUITE 300 300 ST LOUIS PARK,MN 55416	41-1917521	501(C)(3)	115,969		N/A		GENERAL OPERATING SUPPORT
SHAREI CHESED SYNAGOGUE1712 HOPKINS CROSSROADS MINNETONKA,MN 55305	41-6027517	501(C)(3)	25,860		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 CONGREGATION5000 GIRARD AVENUE SOUTH MINNEAPOLIS,MN 55419	41-1632627	501(C)(3)	102,471		N/A		GENERAL OPERATING SUPPORT
SHOLOM COMMUNITY ALLIANCE3620 PHILLIPS PARKWAY SOUTH ST LOUIS PARK,MN 55426	41-1837022	501(C)(3)	43,477		N/A		GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 FOUNDATION 3610 PHILLIPS PARKWAY ST LOUIS PARK,MN 55426	36-3411361	501(C)(3)	19,294		N/A		GENERAL OPERATING SUPPORT
TALMUD TORAH OF MINNEAPOLIS4330 SOUTH CEDAR LAKE ROAD ST LOUIS PARK,MN 55416	41-0714419	501(C)(3)	275,339		N/A		GENERAL OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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
TEMPLE EMANU - EL190 NORTH COUNTY ROAD PALM BEACH,FL 33480	59-1027143	501(C)(3)	5,050		N/A		GENERAL OPERATING SUPPORT
TEMPLE ISRAEL2324 EMERSON AVENUE MINNEAPOLIS, MN 55405	41-0705807	501(C)(3)	295,150		N/A		GENERAL OPERATING SUPPORT, SUPPORT RABBIS DISCRETIONARY FUNDS, CAMP SCHOLARSHIPS

(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
TEMPLE SINAI4631 SOUTH LOCKWOOD RIDGE ROAD SARASOTA,FL 34231	59-3056302	501(C)(3)	5,104		N/A		GENERAL OPERATING SUPPORT
THE BLAKE SCHOOLSDS 12-2577 PO BOX 86 MINNEAPOLIS, MN 55486	23-7243247	501(C)(3)	11,100		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
TORAH ACADEMY OF MINNEAPOLIS2800 JOPPA AVENUE SOUTH ST LOUIS PARK,MN 55416	41-6007486	501(C)(3)	206,979		N/A	'	GENERAL OPERATING SUPPORT
TORAH INSTITUTE OF BALTIMORE35 ROSEWOOD LANE OWNING MILLS, MD 21117		501(C)(3)	7,000		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		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		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 WAY - GREATER TWIN CITIES404 SOUTH EIGHTH STREET MINNEAPOLIS,MN 55404	41-1973442	501(C)(3)	11,600		N/A		GENERAL OPERATING SUPPORT
UNIVERSITY OF FLORIDA FOUNDATION INCPO BOX 100125 GAINESVILLE.FL 32610	59-0974739	501(C)(3)	330,000		N/A	N/A	MEDICAL RESEARCH

(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 FOUNDATION 200 OAK STREET SE SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501(C)(3)	75,000		N/A	·	SCHOLARSHIP FUND, SUPPORT MINNESOTA INSTITUTE ON THE ENVIRONMENT
URBAN BABY INC 2008 JAMES AVENUE NORTH MINNEAPOLIS, MN 55411	27-5112040	501(C)(3)	22,000		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
WASHBURN CHILD GUIDANCE CENTER2430 NICOLLET AVENUE SOUTH MINNEAPOLIS, MN 55404	41-6014916	501(C)(3)	25,000		N/A		GENERAL OPERATING SUPPORT
WIKIMEDIA FOUNDATION INCPO BOX 98204 WASHINGTON, DC 20090	20-0049703	501(C)(3)	5,000		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
YWCA OF MINNEAPOLIS 1130 NICOLLET MALL MINNEAPOLIS,MN 55403	41-0693891	501(C)(3)	25,000		N/A	,	GENERAL OPERATING SUPPORT

DLN: 93493192010004

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

٧	lame	of th	e orga	nızatı	on
1	INNEA	ЧРОЦ	JEWISI	H FEDE	RATION

Employer identification number

41-0693866

Pa	rt I Questions Regarding Compensati	ion				
					Yes	No
1a			ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		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 reimbursement or provision of all of the expenses			1b		
2	Did the organization require substantiation prior t directors, trustees, and the CEO/Executive Directors			2		
3	Indicate which, if any, of the following the filing or organization's CEO/Executive Director Check all used by a related organization to establish compe	I that apply				
	Compensation committee	굣	Written employment contract			
	☐ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	0, Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contr	rol paymen	ıt?	4a		No
b	Participate in, or receive payment from, a supplen	mental non	qualified retirement plan?	4b		No
C	Participate in, or receive payment from, an equity	-based co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and	provide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only	must comp	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section compensation contingent on the net earnings of	A, line 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 payments not described in lines 5 and 6? If "Yes,			7		No
8	Were any amounts reported in Form 990, Part VII	I, paid or a	occured pursuant to a contract that was			
	subject to the initial contract exception described		tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		No
9	If "Yes" to line 8, did the organization also follow section 53 $4958-6(c)$?	the rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990	
	(i) (ii)	211,604 0	0	24,573 0	18,558 0	26,821 0	281,556 0	0	

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493192010004

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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

Noncash Contributions

Name of the organization MINNEAPOLIS JEWISH FEDERATION

Employer identification number

Da	rt I Types of Property			<u> </u>	41-0093000			
r c	Types of Property	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermin		
1	Art—Works of art			19				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household goods							
6	Cars and other vehicles	Х	1	13,000	SALES PROCEEDS	;		
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	125	3,015,652	STOCK MARKET Q	UOTES	;	
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
	O ther ►()							
	O ther ►()							
	O ther ▶ ()							
	Number of Forms 8283 received for which the organization comple				29		Yes	0 No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	arty reported in Part I lines	1-28 that it	\vdash	165	140
Jou	must hold for at least three year							
	for exempt purposes for the enti				a to be asea			No
						30a		No
о 31	If "Yes," describe the arrangement of the organization have a gift			review of any non-standard	contributions?	31	Yes	
							i	
J∠ā	Does the organization hire or us contributions?	e umu parti		· · · · · · · · ·		32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	t an amount	ın column (c) for a type of	property for which column (a) is checked,			

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTIONS	······ -, ···· \-,	THE FEDERATION REPORTS THE NUMBER OF CONTRIBUTORS ON PART I, COLUMN B

Schedule M (Form 990) (2012)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493192010004

Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

SCHEDULE 0

Open to Public
Inspection

OMB No 1545-0047

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

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

	Identifier	Return Reference	Explanation		
I		FORM 990, PART VI, SECTION A, LINE 2	BRAD AND LORI FRITZ - 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
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WAS REVIEWED BY THE ORGANIZATION'S CHIEF FINANCIAL OFFICER 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.

ldentifier	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 PERSONNEL AND COMPENSATION COMMITTEE OF THE MINNEAPOLIS JEWISH FEDERATION, WHICH CONSIST OF THREE (3) OR MORE 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 2012-2013 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 2012-2013 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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS - 15,366

DLN: 93493192010004

OMB No 1545-0047

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** MINNEAPOLIS JEWISH FEDERATION 41-0693866

(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state	(d) Total income	(e) End-of-year assets	(f) Direct controlling		_
,	, 2.22,	or foreign country)		,	entity		
							_
art II Identification of Related Tax-Exempt Or or more related tax-exempt organizations du		the organization a	answered "Yes"	to Form 990, Pa	art IV, line 34 because i	t had one	_
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity sta (if section 501(c)		(g) Section 51 (13) conti entity	rol
) JEWISH COMMUNITY BUILDING CORPORATION	HOLDING REAL ESTATE TO	MN	501(C)(25)	N/A	MINNEAPOLIS JEWISH	Yes Yes	N
100 WAYZATA BOULEVARD 200	SUPPORT THE JEWISH COMMUNITY				FEDERATION		
INETONKA, MN 55305 1933056							
KELEN FAMILY FOUNDATION	SUPPORT MINNEAPOLIS JEWISH FEDERATION	MN	501(C)(3)	LINE 11C, III-FI	MINNEAPOLIS JEWISH FEDERATION	Yes	
00 IDS TOWER 80 S EIGHTH STREET					1 2 2 1 1 1 1 2 1 1		
NNEAPOLIS, MN 55402 -1854293							
) EFFRESS-MILLER FAMILY FOUNDATION	SUPPORT MINNEAPOLIS JEWISH FEDERATION	MN	501(C)(3)	LINE 11C, III-FI	MINNEAPOLIS JEWISH FEDERATION	Yes	_
45 AVENIDA DE LAS ONDAS	JEWISH FEDERATION				EDERATION		
JOLLA, CA 92037 -1781993							
) THE JUDITH AND MICHAEL BERMAN FOUNDATION	SUPPORT MINNEAPOLIS	MN	501(C)(3)	LINE 11A, I	MINNEAPOLIS JEWISH	Yes	_
100 WAYZATA BOULEVARD 200	JEWISH FEDERATION				FEDERATION		
NNETONKA, MN 55305 -0181739							
) OREN AND SHARRON STEINFELDT FOUNDATION	SUPPORT MINNEAPOLIS JEWISH FEDERATION	MN	501(C)(3)	LINE 11C, III-FI	MINNEAPOLIS JEWISH FEDERATION	Yes	
BRIDLE LANE	JEHISH I EDERATION				I ESERVITOR		
PKINS, MN 55305 4228266							
						+ +	_

Part III Identification of Related because it had one or more	Organizations Taxable related organizations trea	as a Partn oted as a part	e rship :nershւր	(Com _l durın	plete if g the f	f the org tax year	anızatıon a .)	nswered "Y	es" to	Form	n 990, Part	IV, lı	ne 34	-	
(a) Name, address, and E related organization	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	entr	ct Iling i ty	(e) Predomina income(rela unrelated excluded fr tax unde sections 51 514)	ted, total incor l, om er	(g) Share of ne end-of-year assets	(h Disprop allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) ral or aging ner?	(k) Percen owner	itage
									Yes	No		Yes	No		
Part IV Identification of Related line 34 because it had one o									swere	ed "Ye	s" to Form	990,	Part :	IV,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Lega doma (state or count	al cile foreign		Direct of		(e) Type of entity (C corp, S corp, or trust)	(f) Share of tota Income		(g) re of en of-year assets		tage	С	(i) ection 5 (b)(13 ontrolle entity?	ed ?
(1) SPLIT INTEREST TRUSTS	INVESTMENT						Т						Y		No No
(11) 13100 WAYZATA BOULEVARD 200 MINNETONKA, MN 55305		М	I												

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

Yes

$oldsymbol{1}$ During the tax year, did the organization engage in any of the following transactions with one or more relative to the second	elated organizations li	sted in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (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)				1 c	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
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)						No_
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
• Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1p		No
Reimbursement paid by related organization(s) for expenses				1q	Yes	
Rembursement para by related organization(s) for expenses				H		
r Other transfer of cash or property to related organization(s)				1r		No
s Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount ir	nvolved	
1) JEWISH COMMUNITY BUILDING CORPORATION	К	88,934	CASH TRANSFERRED			
2) OREN AND SHARRON STEINFELDT FOUNDATION	С	200,000	CASH TRANSFERRED			

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

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				•	,		Ī	
(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 section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	,	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

> Software ID: **Software Version:**

EIN: 41-0693866

Name: MINNEAPOLIS JEWISH FEDERATION

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

	Complete this part to provide additional information for responses to questions on Schedule R (see instructions)								
	Identifier	Return Reference	Explanation						
_									