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Form **990**

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No 1545-0047

AI	or the 2	2012 calendar year, or tax year beginning ${ m SEP}~1$, ${ m 2012}$ and ending	AUG 31, 2013	
В	Check if applicable	C Name of organization	D Employer Identific	cation number
	Address change	JEWISH FEDERATION OF SIOUX CITY, IOWA		
	Name change	Doing Business As	42-0	698205
	Initial return	Number and street (or P 0 box if mail is not delivered to street address) Room/s	uite E Telephone number	
	Termin- ated	815 - 38TH ST	712-	258-0618
Ļ	Amended return Applica-	City, town, or post office, state, and ZIP code	G Gross receipts \$	793,361
L.	tion pending	SIOUX CITY, IA 51104	H(a) Is this a group re	
		F Name and address of principal officer.MARILYN COHEN 2307 KENNEDY DRIVE, SIOUX CITY, IA 51104	for affiliates? H(b) Are all affiliates inc	☐ Yes X No luded? ☐ Yes ☐ No
			527 If "No," attach a	list. (see instructions)
		▶ N/A	H(c) Group exemption	
		ganization X Corporation Trust Association Other ► L Y	rear of formation 1949 M	State of legal domicile ${f I}_A$
		lefly describe the organization's mission or most significant activities: TO PROMO	TE SOCIAL WELL	באסני דאן יישני
Activities & Governance	í	IOUXLAND AREA.	TE SOCIAL WELL	TAKE IN THE
Ţ.		neck this box if the organization discontinued its operations or disposed of n	nore than 25% of its net as	sets
ove	ļ	imber of voting members of the governing body (Part VI, line 1a)	3	3013
Ğ		imber of independent voting members of the governing body (Part VI, line 1b)	4	
es 8		tal number of individuals employed in calendar year 2012 (Part V, line 2a)	5	(
Ϋ́È		tal number of volunteers (estimate if necessary)	6	(
ć	7 a To	tal unrelated business revenue from Part VIII, column (C), line 12	7a	<3,226
_		t unrelated business taxable income from Form 990-T, line 34	7b	0
			Prior Year	Current Year
0	8 Co	ontributions and grants (Part VIII, line 1h)	125,995.	225,610
Revenue	9 Pro	ogram service revenue (Part VIII, line 2g)	12,845.	11,576
}ev	10 Inv	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	59,422.	38,575
ш.	11 Ot	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	<3,226
	12 To	tal revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	198,262.	272,535
	13 Gr	ants and similar amounts paid (Part IX, column (A), lines 1·3)	0.	0
	14 Be	nefits paid to or for members (Part IX, column (A), line 4)	0.	0
es	15 Sa	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	77,413.	80,469
Expenses	16a Pro	ofessional fundraising fees (Part IX, column (A), line 11e)	0.	0
ď	b To	tal fundraising expenses (Part IX, column (D), line 25)		
۳ ا	17 Otl	ner expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	81,271.	75,444
		tal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	158,684.	155,913
	19 Re	venue less expenses Subtract line 18 from line 12	39,578.	116,622
s or		venue less expenses Subtract line 18 from line 12 RECEIVED	Beginning of Current Year	End of Year
Sset		tal assets (Part X, line 16)	0 1,651,273.	1,866,965
Net A Fund B	21 Tot	tal liabilities (Part X, line 16) tal liabilities (Part X, line 26)	706.	243
킬	22 Ne	t assets or fund balances. Subtract line 21 from line 20	(d) 1,650,567.	1,866,722
Pa	rt II S		医	
		s of perjury, I declare that I have examined this return, including accompanying schedules and sta		knowledge and belief, it is
true,	correct, a	nd complete Declaration of preparer (other than officer) is based on all information of which prepare	eret has any knowledge	
		Signature of officer	Doto	
Sign		i e e e e e e e e e e e e e e e e e e e	Date	113
Here	, I	MARILYN COHEN, EXECUTIVE DIRECTOR Type or print name and title	<u> </u>	17
	D.		Date Check	PTIN
Doid		Int/Type preparer's name AWRENCE L DELPERDANG	white # -	
Paid Peon		DEL DEDDANG GOVERN & Hold - Col	IIIIII self-employer	
Prepi Use (Firm's EIN	42-1412604
usel	7111 y F18	rm's address P.O. BOX 627 SIOUX CITY, IA 51102,0627	7.1	12-255-8081
	the IDC		Phone no 7	
_		discuss this return with the preparer shown above? (see instructions)		X Yes No
23200	1 12-10-12	LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (201)

Forn	1990 (2012) JEWISH FEDERATION OF SIOUX CITY, IOWA. • 42-0698205 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: THE MISSION OF THE JEWISH FEDERATION OF SIOUX CITY IS TO PROMOTE SOCIAL WELFARE IN THE SIOUXLAND AREA.
	SOCIAL WELFARE IN THE STOUKLAND AREA.
2	Did the organization undertake any significant program services during the year which were not listed on
-	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, If any, for each program service reported (Code) (Expenses \$ 17,344 • Including grants of \$) (Revenue \$ 11,576 •)
4a	(Code) (Expenses \$17,344. Including grants of \$) (Revenue \$11,576.) THE ORGANIZATION PROVIDES JEWISH EDUCATION TO THE JEWISH POPULATION OF THE GREATER SIOUX CITY AREA AND SURROUNDING COMMUNITIES.
4b	(Code) (Expenses \$
	THE ORGANIZATION COORDINATES AND PROVIDES COMMUNITY RELATIONS THROUGH
	VARIOUS CULTURAL AND OTHER EVENTS.
4c	(Code) (Expenses \$
 _	O' Deserte of October O'
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 18,098.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2_	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		}	l
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٠,,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_ 5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		i .	v
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		^
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		X
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	8		
9	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	х	
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	х	
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		Х
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 ⁹ If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	_	<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			٦,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	امدا		v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	,,	1	v
202	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
	ii 100 to line 200, die trie organization attach a copy of its addited infancial statements to this fetuni.	200		

		,		
٠,	D.14		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			J.
22	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		X
~~	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			İ
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		ĺ	ĺ
	Schedule K If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c				
	any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			-
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			İ
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			١
••	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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).	•		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		_^_
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
36	Section 501 (c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		,.
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Ţ	
	Mate: All Loring and Help are required to complete of legale O	.305	Λ	

	JEWISH FEDERATION OF SIOUX CITY, IOWA	. 42-0698	205	P	age (
Fa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V								
	Check if deficition of contains a response to any question in this Part V			Г					
10	Enter the pumper reported in Day 2 of Form 1000. Fetan 0 of ant applicable	1 a 0	ſ	Yes	No				
1a	The state of the s		4						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		{						
G	Did the organization comply with backup withholding rules for reportable payments to vendors and r (gambling) winnings to prize winners?	eportable gaming	١.		1				
22		1 1	1c						
24	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 0							
h	filed for the calendar year ending with or within the year covered by this return		1		1				
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returned. If the sum of lines 1s and 2a is greater than 250 year may be required to a file (see particular)		2b		 				
30	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)	0.		Х				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a_	-					
4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other	and and and	3b						
4a			4-		Х				
h	financial account in a foreign country (such as a bank account, securities account, or other financial If "Yes," enter the name of the foreign country	account) /	4a		Α.				
v	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	A a a suràta							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Accounts.	E.		y				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.	notion?	5a	-	X				
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	iction,	5b 5c	l					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization collect	30		<u> </u>				
Ou.	any contributions that were not tax deductible as charitable contributions?	ie organization solicit	6.	}	Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions.	lone or aifte	6a						
	were not tax deductible?	ions or girts	6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а									
b									
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	7b						
	to file Form 8282?	ao roquirou	7c		Х				
d	if "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		Х				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		Х				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations D								
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8						
9	Sponsoring organizations maintaining donor advised funds.		-						
а	Did the organization make any taxable distributions under section 4966?		9a						
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them)	116							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note. See the instructions for additional information the organization must report on Schedule O								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
c	Enter the amount of reserves on hand	13c]					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	 _	14a		X				
_ b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b						

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		_ X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
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		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	ļ		
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		v	
	The governing body?	8a	X	
9	Each committee with authority to act on behalf of the governing body?	8b	Λ	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9		
	trovi B. F. Grides (mile decedant B. requests innormation about policies not required by the internal nevenue Gode)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	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	Х	
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		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	In Schedule O how this was done	12c		
3	Did the organization have a written whistleblower policy?	13		<u>X</u>
4	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent		***************************************	
•	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	45.	х	
	Other officers or key employees of the organization	15a	^	X
.,	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1	
_	taxable entity during the year?	16a]	Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	.00		
	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	1	
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filled ► NONE			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	е	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	i finan	cıal	
_	statements available to the public during the tax year.			
0:	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ion. 🕨	-	
	JEWISH FEDERATION OF SIOUX CITY - 712-255-8081			
	815 - 38TH ST SIOUX CITY IA, SIOUX CITY, IA 51104			

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JEWISH FEDERATION OF SIOUX CITY, IOWA.

42-0698205

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	s bot	h an	compensation	compensation	amount of
	week (list any	_	1		T	1		from the	from related	other
	hours for	direct				- -		organization	organizations (W-2/1099-MISC)	compensation from the
	related	Ee o	ustee			ensate		(W-2/1099-MISC)	(17 22 1000 111100)	organization
	organizations	al trus	nal tr		Key employee	e comp				and related
	below	Individual trustee or director	Institutional trustee	Officer	y emp	Highest compensated employee	Former			organizations
(1) MARILYN COHEN	line) 40.00	흐	프	5	- 호	₹5	윤			
EXECUTIVE DIRECTOR	40.00	X					Į	40,087.	0.	0.
(2) MARY ELLEN SILVERBERG	0.50	Λ.	-			-	-	40,007.	U • !	<u> </u>
VICE PRESIDENT - EDUCATION	0.50	x		Х		İ		0.	0.	0.
(3) MIKE POTASH	0.50	1			-	 	-	-		
VICE PRESIDENT - FINANCE	- 3.30	X		х				0.	0.	0.
(4) LINDA KALIN	1.00									0.
SECRETARY		Х		Х				0.	0.	0.
(5) DOLF IVENER	0.50									
VICE PRESIDENT - OPERATION		X		Х				0.	0.	0.
(6) BETHANY MANNING	1.00									
PRESIDENT		X	<u> </u>	X				0.	0.	0.
(7) BRENT ROSENTHAL	0.50									
CHAIRMAN		Х		X				0.	0.	0.
(8) SARILYE ATLAS	0.50									_
DIRECTOR		X	_					0.	0.	0.
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		-	_							
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ran v	Section A. Officers, Directors, Trus	tees, Key Em	mployees, and Highest Co						compensated Employe					
	(A)	(B)				C)			(D)	(E)			(F)	
•	Name and title	Average	100	not a		sition k more than one			Reportable	Reportable		Es	tımate	d
~		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	n	am	ount o	of
		week	-	cer ar	nd a d	l a director/trustee)			from	from related			other	
		(list any	director						the	organizations	- 1	com	pensa	tion
		hours for	or din	۱ ۵			gg		organization	(W-2/1099-MIS	C)	fre	om the	9
		related	83	\$2			eu Si		(W·2/1099·MISC)			orga	anızatı	on
		organizations	Ē	la fa		93 (o	lg a						relate	
		below	Individual	institutional trustee	Officer	Key employee	Highest compensated employee	ē			1	orga	nızatı	ons
		line)	<u> </u>	E	₹	ş	울등	Ğ						
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							<u> </u>							
			1											
1b Su	b-total				h		▶		40,087.		0.			0.
	tal from continuation sheets to Part VI	I Section A					•		0.		0.			0.
	tal (add lines 1b and 1c)	ii, dection A					•		40,087.		0.			0.
	tal number of individuals (including but n	at limited to th		linte	مط ما		ارور (د		· /···································	000 of reportable				
	mpensation from the organization	ot minted to th	1026	IISLE	sų ai	JUVE	<i>=)</i> vvi	10 16	eceived more than \$100		5			0
	imperisation from the organization							-	=				Yes	No
0 D.									hhk		ſ			
	the organization list any former officer,			e, ke	у ег	прю	yee	, or	nignest compensated e	mployee on			1	v
	e 1a? If "Yes," complete Schedule J for s										ŀ	3		<u>X</u>
	r any individual listed on line 1a, is the su	•								the organization			1	.,
	d related organizations greater than \$150											4		X
	d any person listed on line 1a receive or a					-		elat	ed organization or indivi	dual for services			1	
	ndered to the organization? If "Yes," com	plete Schedul	e J f	or se	uch	pers	son					5		X
Section	B. Independent Contractors											_		
	mplete this table for your five highest co	-									pens	ation f	rom	
the	organization Report compensation for	the calendar y	ear	endı	ng v	vith	or w	ıthır	n the organization's tax	year				
	(A)								(B)			(C		
	Name and business	address	NO	INC	<u>₹</u>				Description of s	ervices	C	omper	nsation	n
<u></u>														
								_ }						
							-							
														
								\dashv						
						_		\dashv						. –
2 To	tal number of independent contractors (i	ncluding but n	ot li	mite	d to		_	stec	d above) who received m	nore than				
\$1	00,000 of compensation from the organi	zation 🕨				(<u>) </u>							

JEWISH FEDERATION OF SIOUX CITY, IOWA 42-0698205 Form 990 (2012) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D)
Revenue excluded from tax under sections 512, 513, or 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and 225,610. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 225,610. h Total. Add lines 1a-1f Business Code 611600 11,576. 11,576. 2 a TUITION Program Service Revenue f All other program service revenue 11,576. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 52,040. 52,040. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 507,361. assets other than inventory b Less: cost or other basis 520,826. and sales expenses <13,465.> c Gain or (loss) d Net gain or (loss) <13,465.> <13,465.> 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a BREITBURN ENERGY PARTN 211110 <3,226.> <3,226.>

<3,226.⊳

11,576.

272,535.

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions

<3,226. > 38,575.

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respons	se to any question in thi	s Part IX	(0)	(5)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,		-		
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	40,087.		40,087.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	35,991.	5,207.	30,784.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				·
9	Other employee benefits				
10	Payroll taxes	4,391.	204.	4,187.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	8,051.		8,051.	
d	Lobbying		, , , , , , , , , , , , , , , , , , , ,		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion				
13	Office expenses	3,559.		3,559.	
14	Information technology				<u> </u>
15	Royalties				
16	Occupancy	24,254.		24,254.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 500			
19	Conferences, conventions, and meetings	1,789.		1,789.	
20	Interest				
21	Payments to affiliates	15 000			
22	Depreciation, depletion, and amortization	15,029.		15,029.	
23	Insurance				
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)		**************************************		
а	EDUCATION & CULTURE	12,687.	12,687.		
b	MISCELLANEOUS EXPENSES	3,593.		3,593.	
c	NEWSLETTER & PUBLICATIO	3,448.		3,448.	
d	REPAIR	1,621.		1,621.	
-	All other expenses	1,413.		1,413.	
25	Total functional expenses. Add lines 1 through 24e	155,913.	18,098.	137,815.	0.
26	Joint costs Complete this line only if the organization	,			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		1		
	Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 117,787. 96,986. 1 1 Cash · non-interest-bearing 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 4,388. 4,130. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 3,024. 4,236. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 590,116. basis. Complete Part VI of Schedule D 10a 384,124. 221,021. 205,992. 10c b Less accumulated depreciation 10b 11 Investments - publicly traded securities 11 1,326,112. 1,534,562. 12 12 Investments - other securities. See Part IV, line 11 13 Investments · program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 1,651,273. 1,866,965. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 706. 243. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,650,567. 27 1,866,722. 27 Unrestricted net assets 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 1,650,567. 1,651,273. 1,866,722. 1,866,965. 33 Total net assets or fund balances Total liabilities and net assets/fund balances

		<u>-0698205</u>	_ Pa	ge 12			
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI						
•							
1	Total revenue (must equal Part VIII, column (A), line 12)			35.			
2	Total expenses (must equal Part IX, column (A), line 25)			13.			
3	Revenue less expenses Subtract line 2 from line 1			22.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	_ 	1,650,567.				
5	Net unrealized gains (losses) on investments	9	9,5	33.			
6	Donated services and use of facilities 6						
7	Investment expenses 7						
8	Prior period adjustments						
9	Other changes in net assets or fund balances (explain in Schedule O)			0.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	1,86	6,7	22.			
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII			X			
	<u></u>		Yes	No			
1	Accounting method used to prepare the Form 990. Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	ļ					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a						
	separate basis, consolidated basis, or both						
	X Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?	2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis	3,					
	consolidated basis, or both						
	Separate basis Consolidated 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 of the audit	t,					
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule (o.					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single At	ıdıt					
	Act and OMB Circular A-133?	3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or	ıdıt					
	or guidite, explain why in Schodula O and deparths any stone taken to undergo auch audite	26		}			

Form **990** (2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

JEWISH FEDERATION OF SIOUX CITY, IOWA

Employer identification number 42-0698205

	,		0 2011 2 2 11			<u> </u>							
Part		Reason	for Public Cha	arity Status (All organiz	zations mu	st complet	te this par	t.) See ins	tructions		· <u></u>		
The or	gan	zation is not a	a private foundatio	on because it is (For lines	1 through	11, check	only one l	oox)					
1		A church, co	nvention of church	nes, or association of chur	ches desc	ribed in se	ection 170)(b)(1)(A)(i).				
2		A school des	cribed in section	170(b)(1)(A)(ii). (Attach Sc	chedule E.)	ŀ							
3 [A hospital or	a cooperative hos	spital service organization	described	ın section	170(b)(1)	(A)(iii).					
4		A medical res	search organizatio	n operated in conjunction	with a hos	spital desc	ribed in s e	ection 170	(b)(1)(A)(i	ii). Enter	the hospit	al's nar	ne,
		city, and stat	e·									_	
5		An organizat	on operated for th	ne benefit of a college or u	niversity o	wned or or	perated by	y a govern	mental un	ıt descrıt	oed In		
		section 170	(b)(1)(A)(iv). (Com	plete Part II.)									
6 [A federal, sta	ite, or local govern	ment or governmental uni	it describe	d in sectio	n 170(b)(1)(A)(v).					
7	X		_	eceives a substantial part					or from the	e general	public des	cribed	ın
		-	(b)(1)(A)(vi) . (Comp	•			•			ŭ	•		
8 [section 170(b)(1)(A)(vi).	(Complete	Part II)							
9				eceives: (1) more than 33		•	rom contr	ibutions, n	nembersh	o fees. a	and aross r	eceipts	from
		_	=	functions - subject to certa						•	-	•	
			•	s taxable income (less sec	•	•	-				-		
			509(a)(2). (Comple	·		,		•	, ,			,	
10 [operated exclusively to te	st for publ	lic safety. S	See secti o	on 509(a)(4	4).				
11 🛚	_			operated exclusively for the						y out the	e purposes	of one	or
		_	-	izations described in secti		•				•			
		describes the	e type of supportin	ng organization and compl	ete lines 1	1e through	11h.	•					
		а 🔲 Туре і	b	Type II c T	ype III · Fu	nctionally	integrated	i d	J Typ	e III - No	n-function	ally inte	grated
e 🗌		By checking	this box, I certify t	hat the organization is not		-	-		r more dis	qualified	persons o	ther the	an
		-	•	r than one or more publicly		-				•			
f			-	ritten determination from		-						,,,,	
			rganization, check			·		•					
g		Since August	t 17, 2006, has the	e organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing per	sons?			
_		(i) A perso	n who directly or in	ndirectly controls, either al	lone or tog	ether with	persons	described	ın (ıı) and ((III) below	/,	Yes	No
		the gove	erning body of the	supported organization?							11g(i	,	
		(ii) A family	member of a pers	on described in (i) above?	•						11g(ii		
		(iii) A 35% d	controlled entity of	f a person described in (i) o									
h		Provide the fo	ollowing information	on about the supported or	ganization	(s)							
			-	• •	•	, ,							
(i) Na	me	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did yo	u notify the	(vi) Is	the	(vii) Amou	nt of mo	netanı
		nization	(,	(described on lines 1-9		sted in your	organiza	tion in col	organizati (i) organiz	on in col	1, ,	pport	motary
				above or IRC section	governing	document?	(I) of you	r support?	US	?			
				(see instructions))	Yes	No	Yes	No	Yes	No]		
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'atal				1	1	ł .	i	‡	1	£	1		

42-0698205 Page 2 Schedule A (Form 990 or 990-EZ) 2012 JEWISH FEDERATION OF SIOUX CITY, IOWA ' Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 237,186. 167,764. 163,366. 132,309. 138,840. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 163,366. 132,309. 138,840. 237,186. 167,764. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 839,465. 6 Public support. Subtract line 5 from line Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 167,764. 163,366. 132,309. 138,840.237,186. 839,465. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain

Se	ction C. Computation of Publ	ic Support Perd	centage						
	organization, check this box and stop							<u>_</u>	<u> </u>
13	First five years. If the Form 990 is fo	r the organization's f	irst, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501	(c)(3)		
12	Gross receipts from related activities	etc. (see instruction	ns)			12			
11	Total support. Add lines 7 through 10							839,4	465.
	or loss from the sale of capital assets (Explain in Part IV.)								

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))

15 Public support percentage from 2011 Schedule A, Part II, line 14

16 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 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

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 supported organization.

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

ightharpoons X

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support		<u> </u>				
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						,
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in		1				
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
3	are not an unrelated trade or bus-						,
	iness under section 513			Ì			
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		_				
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and			1			
	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						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)				·		
Sec	ction B. Total Support		-				
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6			1=7====		37.==.=	(7,75,00)
10a	Gross income from interest,						
	dividends, payments received on	I					
	securities loans, rents, royalties and income from similar sources	I					
h	Unrelated business taxable income					-	
~	(less section 511 taxes) from businesses	İ					
	acquired after June 30, 1975	i			•		
_	Add lines 10a and 10b					 	
	Net income from unrelated business			1.			
••	activities not included in line 10b,					ł	
	whether or not the business is						
40	regularly carried on	 					
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12)	L					
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here		··· ·· · · · · · · · · · · · · · · · ·				<u> </u>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2012 (I	• • • • • • • • • • • • • • • • • • • •	•	column (f))		15	%
	Public support percentage from 2011					16	%
<u>Sec</u>	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	12 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from 2	2011 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2012. If the	organization did r	ot check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box as	nd stop here. The	organization qual	ifies as a publicly s	supported organi	zation	▶ □
b	33 1/3% support tests - 2011. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	nore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization					-	▶□

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

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

2012
Open to Public Inspection

Name of the organization

JEWISH FEDERATION OF STOUX CITY, IOWA

Employer identification number 42-0698205

Pa		ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin-		·
	· · · · · · · · · · · · · · · · · · ·		(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised ful	nds
•	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	
•	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?	or deriver devices, or for any exher purpose come	Yes No
Pa		ganization answered "Yes" to Form 990. Part IV	
1	Purpose(s) of conservation easements held by the organization		
-	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a c	conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
ď	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	inization during the tax
	year ▶		-
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the y	ear > \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the or	rganization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherance o	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gain	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

		FEDERATION							98205	
Pa	rt III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following the	at are a sig	nificant u	ise of its	collection	items
•	(check all that apply).									
а	Public exhibition		a 🖳		change progr	ams				
b	Scholarly research	•	e []	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how t	hey further t	the organizat	ion's exem	pt purpo	se in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	asures, or oth	ner sımılar a	assets			
	to be sold to raise funds rather than to be ma								Yes	No_
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered	"Yes" to F	orm 990,	Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other a	ssets not in	ncluded			
	on Form 990, Part X?								Yes	O No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table.						
								-	Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.									
Pa	TV Endowment Funds. Complete in	f the organization ar	nswered	"Yes" to Fo	orm 990, Part	IV, line 10				
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (c	i) Three ye	ars back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (a	a)) held as [.]					
· a	Board designated or quasi-endowment		%							
b	Permanent endowment ►	%								
C	Temporarily restricted endowment ►	%								
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for the	organiza	ation	_	
	by:								, ,	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	•							3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or o basis (investr		1 ' '	or other (other)		umulated eciation	t E	(d) Book	value
1a	Land									
b	Buildings									
С	Leasehold improvements			53	5,002.	32	29,55	1.	205	,451.
d	Equipment			2	8,184.		27,64	3.		541.
e	Other			2	6,930.		26,93	0.		0.
Total	. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part	X, colur	nn (B), line 1	10(c))			>	205	,992.

Schedule D (Form 990) 2012

(1) Financial derivatives (2) Closelyheld equity interests (2) Closelyheld equity interests (3) Cher (4) C.D.S. AND. MARKETABLE (5) S. AND. MARKETABLE (7) S. AND. MARKETABLE (8) SECURITIES (1,534,562. END-OF-YEAR MARKET VALUE (9) EB (1,534,562. END-OF-YEAR MARKET VALUE (1,544,562. 62. END-OF-YEAR MARKET VALUE (1,544,544,562. END-OF-YEAR MARKET VALUE (1,544,544,562. END-OF-YEAR MARKET VALUE (1,544,544,544,562. END-OF-YEAR MARKET VALUE (1,544,544,544,544,544,544,544,544,544,54	Part VII Investments - Other Securities. See		(a) Mathad of valuation Cost	or and of your market yell-
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation. Cost (or end-or-year market value
(a) CD S AND MARKETABLE	` '			
A) CD'S AND MARKETABLE 1,534,562 END-OF-YEAR MARKET VALUE				
(B) SECURITIES 1,534,562 END-OF-YEAR MARKET VALUE (C) (C) (C) (C) (C) (C) (C) (C) (C) (C)				
C C C C C C C C		1 534 562	END_OF_VEAD MADE	ZET VALUE
(E) (F) (F) (F) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B		1,334,302.	END-OF-TEAK MAKE	KEI VALUE
Col. Col.				
Fig.				· · · · · · · · · · · · · · · · · · ·
(G) (Ph) (Ph) (Cot (c) (must equal Form 990, Part X, cot (B) line 12) ► 1,534,552. Total. (Cot (c) (must equal Form 990, Part X, cot (B) line 12) ► 1,534,552. Total. (Cotumn (b) must equal Form 990, Part X, line 13				
(h) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				, ,
Optal. (Col. (b) must equal Form 990, Part X, col (B) line 12) Description of Inability Descript			····	
Total. (Col. I/b) must equal Form 990, Part X, col. (B) line 12 \				
Part VIII Investments - Program Related. See Form 990, Part X, Inne 13		1.534.562	THE STATE OF THE S	· · · · · · · · · · · · · · · · · · ·
(a) Description of investment type (b) Book Value (c) Method of Valuation: Cost or end-of-year market v (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e				
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (11) (2) (3) (4) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10				or end-of-vear market value
(3)		(-,	(-,	
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(6) (7) (8) (9) (10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (9) (10) (10) (10) (11) (2) (11) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11) (10) (10) (10) (10) (10				
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(7)				
(8) (9) (10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶				
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Part IX				
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(7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organiza				
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Total. (Column (b) must equal Form 990, Part X, col (B) line 15				
Total. Column (b) must equal Form 990, Part X, col (B) line 15				
Column (b) must equal Form 990, Part X, col (B) line 25 Column (b) must equal Form 990, Part X, col (B) line 25 Column (b) must equal Form 990, Part X, col (B) line 25 Column (b) Fotal. (Column				
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(4) (5) (6) (7) (8) (9) (10) (11) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization.				
(5) (6) (7) (8) (9) (10) (11) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization.				
(6) (7) (8) (9) (10) (11) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization.				
(7) (8) (9) (10) (11) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25) Fin 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization.				
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(10) (11) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25) FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization.				
(11) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25) FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization.				
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization.				
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization.		25.1		
			anization's financial statements the	at reports the organization?
liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII				

JEWISH FEDERATION OF SIOUX CITY, IOWA 42-0698205 Page 3

Schedule D (Form 990) 2012

	dule D (Form 990) 2012 JEWISH FEDERATION OF SIOU	X CITY, IOWA '	42-06982	05 _{Page 4}
Par	t XI. Reconciliation of Revenue per Audited Financial Statem	nents With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2.	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	<u> </u>	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	ments With Expenses p	er Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	_	
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Par	t XIII Supplemental Information			
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part			mie 4, Fait

Schedule D (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

JEWISH FEDERATION OF SIOUX CITY, IOWA

Employer identification number 42-0698205

JEWISH FEDERATION OF STOOK CITY, 10WA 42-0698205
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION CONSIDERS ANY
INDIVIDUAL CONTRIBUTING \$25 OR MORE TO BE A MEMBER. ALL MEMBERS HAVE THE
RIGHT TO BECOME A DIRECTOR.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY GOVERNING
BOARD BEFORE IT IS FINALIZED AND FILED WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION FOR THE SHARED WAGES
FOR THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES IS DETERMINED BY THE
BOARD OF DIRECTORS. THEY ALSO PERFORM THE ANNUAL REVIEW RELATED TO THESE
EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORM 990
AVAILABLE TO INDIVIDUALS UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19: NO DOCUMENTS AVAILABLE TO THE
PUBLIC
FORM 990, PART XII, LINE 2C:
NO CHANGE

Name of the organization Department of the Treasury internal Revenue Service SCHEDULE R (Form 990)

Part t

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.

2012 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 42-0698205

JEWISH FEDERATION OF SIOUX CITY, IOWA

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

Direct controlling End-of-year assets **e** Total Income Đ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

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

(e)	(q)	(c)	(p)	(e)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	III	Section 512(b)(13) controlled	12(b)(13) illed
of related organization		foreign country)	section	status (ir section 501(c)(3))	entity	Yes	Š
CONGREGATION BETH SHALOM - 42-1425453							
815 38TH STREET	RELIGIOUS ORGANIZATION						,
SIOUX CITY, IA 51104	(JEWISH TEMPLE)	IOWA	501(D)	снивсн			×
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2012

42-0698205 Page 2

Schedule R (Form 990) 2012 JEWISH FEDERATION OF SIOUX CITY, IOWA

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

·S	General or Percentage managing ownership					•		•						e related	
9	Seneral or managing partner?	Yes No	-				-		_			•		e or more	
6	Code V-UBI amount in box	K-1 (Form 1065)												because it had one	
£	Disproportion- ate allocations?	Yes No												art IV, line 34	
6)	Share of end-of-year													to Form 990, Pa	
€	Share of total income													n answered "Yes"	
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)	-							-				nplete if the organization	
(D)	Direct controlling entity											•		r ration or Trust (Con rear.)	
<u></u>	Legal domicile (state or	country)												s a Corpo g the tax y	
(2)	Primary activity													janizations Taxable as poration or trust during	
(a)	Name, address, and EIN of related organization													Part 1V Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	1-1

	Ē	Percentage 512(b)(13) , ownership controlled entity?	
	(6)	Share of end-of-year	
	€	Share of total income	
	(e)	Type of entity (C corp, S corp	Or HUSE)
4 ,	<u>©</u>	Direct controlling entity	
	<u> </u>	Legal domicile (state or foreign	country)
	(g)	Primary activity	
1-7	(a)	Name, address, and EIN of related organization	

Schedule R (Form 990) 2012

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				×	Yes	٥
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	×	اب
b Gift, grant, or capital contribution to related organization(s)				1b	X	
c Gift, grant, or capital contribution from related organization(s)				10	×	
d Loans or loan guarantees to or for related organization(s)				19	X	
e Loans or loan guarantees by related organization(s)				1e	×	
T Dividends from related organization(s)				=	×	ار
g Sale of assets to related organization(s)				19	×	انہ
h Purchase of assets from related organization(s)				4	×	×
i Exchange of assets with related organization(s)				Ę	×	
j Lease of facilities, equipment, or other assets to related organization(s)				j .	×	
k Lease of facilities, equipment, or other assets from related organization(s)				+	×	
I Performance of services or membership or fundraising solicitations for related organization(s)	ganization(s)			7	×	الما
m Performance of services or membership or fundraising solicitations by related orga	related organization(s)			1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1n }	×	
 Sharing of paid employees with related organization(s) 				٠ د	×	
				+	x	Į.
q Reimbursement paid by related organization(s) for expenses				19	×	ال
				+	×	ال
, a				18	×	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	ns line, including covered	relationships and transaction thresholds			-
(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) CONGREGATION BETH SHALOM	0	76,078.	76,078.ALLOCATED COSTS			1
(2)		-				1:
(3)						
(4)						
(9)						
9						
33283 12-10-12	_		Schedule B (Form 990) 2012	(Form 90	90) 201	∾

42-0698205

Page 4

Schedule R (Form 990) 2012 JEWISH FEDERATION OF SIOUX CITY, IOWA

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 regarding exclusion for certain investment partnerships

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(h) (i) (j) (k) Dspropor-borane borane borane amount in box 20 managing gradulating amount in box 20 managing ownership of Schedule K-1 partner? of Schedule K-1 partner? Dearner? of Schedule K-1 partner? ownership ves No								İ
o e								
General or managing partner?			-					
- 20 20			<u> </u>				<u></u>	
/-UBI								
(6) Sode V. Schedt								
J S S								
(h) Disproportionate allocations?								
<u> </u>								
(g) Share of end-of-year assets								
(g) Share end-of-y								
e of								
(f) Share of total income								
<i>o</i> s =								
(e) Are all partners sec 501(c)(3) orgs ? Yes No								·
16 par 5 5 14) Ye								
incom elated im tax								
(d) Predominant income particulated, unrelated, excluded from tax under section 512-514) y								
redorr relate excluc								
d und	·		·-·					
nicile oreigr y)								
(c) gal domic ate or fore country)								
(c) Legal domicile (state or foreign country)								
(b) Primary activity								
(b) ary ac								
Primi								
<u>z</u>								
ind Ei								
(a) Name, address, and EIN of entity								
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ame,								
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Schedule R (Form 990) 2012

Schedule R	(Form_990) 2012	JEWISH	FEDERATIO	ON OF	<u>sioux</u>	CITY,	N OWA	42-0698205	Page 5
Part VII	(Form 990) 2012 Supplemental Infor	mation							
	Complete this part to prov	<u>vide additional</u>	information for res	ponses to	questions o	on Schedule	R (see instruc	ctions).	
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JEWISH FEDERATION OF SIOUX CITY, IOWA 08/31/2013 42-0698205

QUANTITY	DESCRIPTION	SOLD DATE	PURCHASE DATE	PROCEEDS	COST BASIS	GAIN/LOSS	TERM
15 000	VNGRD EXT DUR TREAS ETF	11/6/2012	5/15/2012	1,851 07	1,821 29	29 78	S/T
20.000	FT S&P REIT INDX EFT	1/31/2013	11/6/2012	368 04	349.10	18.94	S/T
25 000	FT CNSMR DSCR ALPHDX ETF	1/31/2013	11/6/2012	605 99	568 75	37 24	S/T
	FT CNSMR STPL ALPHDX ETF	1/31/2013	11/6/2012	1,350 57	1,234 34	116.23	S/T
45 000	FT HLTHCR ALPHADX ETF	1/31/2013	11/6/2012	1,598 51	1,450 31	148 20	S/T
65 000	FT DJ INTERNET INDX ETF	1/31/2013	11/6/2012	2,749 44	2,410 52	338 92	S/T
487 000	VNGRD EXT DUR TRSY ETF	1/31/2013	5/15/2012	53,515 67	59,131.04	(5,615 37)	S/T
920 000	FT D/M EX US ALPHADX ETF	6/27/2013	1/31/2013	40,604.78	41,951 54	(1,346 76)	S/T
770 000	FT EMG MKT ALPHADX ETF	6/27/2013	1/31/2013	17,672.42	21,002 37	(3,329 95)	
365 000	FT S&P REIT INDX EFT	6/27/2013	11/6/2012	6,790 52	6,371 00	419 52	S/T
1,116 000	FT S&P REIT INDX EFT	6/27/2013	1/27/2012	20,762 26	18,324 72	2,437 54	L/T
	FT CNSMR STPL ALPHDX ETF	6/27/2013	11/6/2012	934 18	740 61	193 57	S/T
10 000	FT HLTHCR ALPHADX ETF	6/27/2013	11/6/2012	399.59	322 29	77.30	S/T
68 176	PWRSH FINL PFD ETF	8/27/2013	VARIOUS	1,169.15	1,249 69	(80 54)	S/T
1,060 280	PWRSH FINL PFD ETF	8/27/2013	VARIOUS	18,183 64	18,621.74	(438 10)	L/T
	GUGGENHEIM BABS MANAGEL	8/28/2013	10/26/2010	50,996 61	50,000 00	996 61	L/T
773 622	PIMCO TTL RET C	8/28/2013	VARIOUS	8,254 55	8,151 86	102.69	L/T
0 018	M&T BANK CORP	11/12/2012	5/16/2011	1 78	1.10	0.68	L/T
0.005	ROPER INDUSTRIES INC NEW	11/12/2012	1/27/2012	0 55	0 46	0.09	S/T
0 054	ROPER INDUSTRIES INC NEW	11/12/2012	10/20/2008	5 86	2 40	3 46	L/T
3,714 710	PIMCO CMDTY PLS STRAT C	1/29/2013	2/18/2011	41,307 58	50,000 00	(8,692 42)	L/T
40,000 000	WFMS 04-6 A9 6 0 062534	4/25/2013	5/5/2004	1,813.46	1,813 46	-	L/T
293 490	CLEARBRIDGE ENERGY MLP	5/9/2013	VARIOUS	2,389.13	1,992 68	396 45	S/T
1,117 718	CLEARBRIDGE ENERGY MLP	5/9/2013	VARIOUS	36,764 22	25,305 72	11,458 50	L/T
100 000	CWALT 05-13CB 5 5 052535	6/13/2013	5/4/2005	86,625 00	100,000 00	(13,375 00)	L/T
100.750	GNMA 03-28TH 5.5 042033	6/13/2013	3/26/2003	54,125.00	50,375 00	3,750 00	L/T
190.950	PIMCO ALL ASSET AUTH C	7/25/2013	VARIOUS	1,968 67	2,084 18	(115.51)	S/T
5,291 270	PIMCO ALL ASSET AUTH C	7/25/2013	VARIOUS	54,553.02	55,550 32	(997 30)	L/T
				507,361.26	520,826.49	(13,465 23)	
	!						
						(8,711 89)	S/T
				-		(4,753 34)	
		- 				(13,465 23)	