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A For the 2013 calendar year, or tax year beginning 09-01-2013

DLN: 93493180008375

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 private foundations)

, 2013, and ending 08-31-2014

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

| Address change Name change Initial return Terminated Amended return Application per I Tax-exempt s J Website: | Number and street (or P O box if mail is not delivered to street address) Room/suit 13100 WAYZATA BLVD NO 200 City or town, state or province, country, and ZIP or foreign postal code MINNETONKA, MN 55305 F Name and address of principal officer GIL MANN 13100 WAYZATA BLVD NO 200 MINNETONKA, MN 55305 | H(a) Is th | 41-06938 E Telephone no (952) 593 G Gross receipt | umber | | |
|---|--|---------------------|---|---|--|--|
| ☐ Initial return ☐ Terminated ☐ Amended retuin ☐ Application per | Number and street (or P O box if mail is not delivered to street address) Room/suit 13100 WAYZATA BLVD NO 200 City or town, state or province, country, and ZIP or foreign postal code MINNETONKA, MN 55305 F Name and address of principal officer GIL MANN 13100 WAYZATA BLVD NO 200 MINNETONKA, MN 55305 | H(a) Is th | (952)593 | | | |
| Terminated Amended retui Application per | TO City or town, state or province, country, and ZIP or foreign postal code MINNETONKA, MN 55305 F Name and address of principal officer GIL MANN 13100 WAYZATA BLVD NO 200 MINNETONKA, MN 55305 | H(a) Is th | (952)593 | | | |
| Amended return Application per | City or town, state or province, country, and ZIP or foreign postal code MINNETONKA, MN 55305 F Name and address of principal officer GIL MANN 13100 WAYZATA BLVD NO 200 MINNETONKA, MN 55305 | | (952)593 | | | |
| Application per | F Name and address of principal officer GIL MANN 13100 WAYZATA BLVD NO 200 MINNETONKA, MN 55305 | | | | | |
| I Tax-exempt s | F Name and address of principal officer GIL MANN 13100 WAYZATA BLVD NO 200 MINNETONKA, MN 55305 | | G Gross receipt | -2000 | | |
| | GIL MANN 13100 WAYZATA BLVD NO 200 MINNETONKA,MN 55305 | | | ts \$ 24,328,377 | | |
| | 13100 WAYZATA BLVD NO 200 MINNETONKA,MN 55305 | | is a group retu | ırn for | | |
| | MINNETONKA,MN 55305 | | rdinates? | ┌ Yes 🗸 No | | |
| | | H(b) Are a | all subordinate | s | | |
| | | ınclu | ded? | | | |
| J Website: ► | status | If "N | o," attach a lis | st (see instructions) | | |
| | - WWW JEWISHMINNEAPOLIS ORG | H(c) Grou | ıp exemption r | number ► | | |
| K Form of organia | zation Corporation Trust Association Other | L Year of fo | rmation 1930 | M State of legal domicile | | |
| Part I | Summary | | | THIN | | |
| | efly describe the organization's mission or most significant activities | | | | | |
| | BUILD COMMUNITY, CARE FOR THE WELFARE OF JEWS EVERYWHERE, | & MAXIMIZE | PARTICIPA | TION IN JEWISH LIFE | | |
| ### Activities & Governance Che | | | | | | |
| | | | | | | |
| 2 Che | eck this box 🔭 if the organization discontinued its operations or disposed o | f more than 2 | 5% of its net | assets | | |
| J Num | mber of voting members of the governing body (Part VI, line 1a) | | . з | 35 | | |
| x 3 Num | mber of independent voting members of the governing body (Part VI, line 1a) | | | | | |
| 5 Tota | al number of individuals employed in calendar year 2013 (Part V, line 2a) . | | | | | |
| 6 Tota | al number of volunteers (estimate if necessary) | | 6 | | | |
| | al unrelated business revenue from Part VIII, column (C), line 12 | | 7a | -61,156 | | |
| b Net | unrelated business taxable income from Form 990-T, line 34 | | 7t | -64,893 | | |
| | | Pric | r Year | Current Year | | |
| | ontributions and grants (Part VIII, line 1h) | | 14,899,259 | 14,980,461 | | |
| 9 P | rogram service revenue (Part VIII, line 2g) | | | | | |
| .22 | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 2,977,509 | 5,868,165 | | |
| 111 0 | ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line | | 398,325 | 239,473 | | |
| | 2) | | 18,275,093 | 21,088,099 | | |
| | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | 11,916,372 | 11,241,639 | | |
| 14 B | enefits paid to or for members (Part IX, column (A), line 4) | | 0 | 0 | | |
| ဖွာ 15 နှ | alaries, other compensation, employee benefits (Part IX, column (A), lines | | 2,247,543 | 2,539,775 | | |
| rin I | -10) rofessional fundraising fees (Part IX, column (A), line 11e) | | 0 | 0 | | |
| ⊕ 100 | otal fundraising expenses (Part IX, column (D), line 25) 1,453,986 | | | | | |
| | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,671,865 | 1,618,088 | | |
| I | otal expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | | 15,835,780 | 15,399,502 | | |
| | evenue less expenses Subtract line 18 from line 12 | | 2,439,313 | 5,688,597 | | |
| × 00 ★ 00 | | | g of Current | End of Year | | |
| 79 l | | 1 1 | 'ear | | | |
| 20 E | otal accets (Part V. line 16) | | 01 155 421 | 103 701 453 | | |
| 9 20 T | otal assets (Part X, line 16) | | 91,155,421 | | | |
| ਕੋਂ ਜ਼ੁਰੂ 21 ⊺ | otal assets (Part X, line 16) | | 91,155,421 27,565,291 63,590,130 | 103,701,453 30,520,407 73,181,046 | | |

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

| Par | t III | Statement of Prog Check if Schedule O | gram Service Accom ontains a response or note | plishments to any line in this Part III | · | |
|------------|----------------------|---|---|---|---|---|
| 1 | Brief | ly describe the organizat | cion's mission | | | |
| | | | RATION IS A NONPROFI IERE, AND MAXIMIZE PA | | ICH STRIVES TO BUILD COMM H LIFE | MUNITY, CARE FOR |
| | | | | | | |
| | | | | | | |
| 2 | the pr | rıor Form 990 or 990-EZ | e any significant program s | | hich were not listed on | ┌ Yes ┌ No |
| | | es," describe these new s | | | | |
| 3 | servi | ces [?] | nducting, or make significa | ant changes in how it cond | ucts, any program | ┌ Yes ┌ No |
| | If "Y e | es," describe these chan | ges on Schedule O | | | |
| 4 | exper | nses Section 501(c)(3) | | ns are required to report tl | e largest program services, as m he amount of grants and allocati | |
| 4a | (Code | e) (E | kpenses \$ 12,596,375 | including grants of \$ | 11,241,639) (Revenue \$ | 0) |
| | MINN PROV JEWI | EAPOLIS AREA AND IN NATION IDE MONIES FOR BENEFICIAR | NAL AND INTERNATIONAL COMMU LY AGENCIES TO BUILD NEW AND | JNITIES THE FEDERATION RAIS UPGRADE EXISTING PROGRAM | BENEFIT APPROXIMATELY 33,000 JEWS SES FUNDS THROUGH ANNUAL AND DIR MING AND INFRASTRUCTURES IN THE TES THROUGH ADVISED FUND RECOMN | ECTED CAMPAIGNS TO GREATER MINNEAPOLIS |
| 4b | (Code | e) (E: | kpenses \$ | ıncludıng grants of \$ |) (Revenue \$ |) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | |) /F | <u>.</u> | | \ | , |
| 4 c | (Code | e) (E) | kpenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4d | Othe | er program services (De | scribe in Schedule O) | | | |
| | (Exp | enses \$ | including grants | of \$ |) (Revenue \$ |) |
| 4e | Tota | l program service expen | ses ► 12,596,37 | 5 | | |

| Part IV | Checklist of | Required | Schedules |
|---------|--------------|----------|------------------|
| | | | |

| | | | Yes | No |
|-----|---|-----|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | 140 |
| 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? <i>If "Yes," complete Schedule C, Part III</i> | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | Yes | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2 | 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 | |
| 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 $\sqrt{2}$ | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, 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 | |
| С | 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 | |
| 12a | 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 | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | Yes | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20a | Did the organization operate one or more 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 or other assistance to any domestic organization or government 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 or 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? <i>If "Yes," complete Schedule J.</i> | 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 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | | ı |
| | | 28a | | No |
| D | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Νo |
| 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 $Mathematical Schedule Mathematical Schedule Mathem$ | 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? <i>If "Yes," complete Schedule R, Part I</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 | |

| GI I | Statements Regarding Other IRS Fillings and Tax Compliance | | | _ |
|------|--|-------------|--|----------------|
| | Check if Schedule O contains a response or note to any line in this Part V | <u> </u> | Yes | . J No |
| 3 | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 35 | | 103 | 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 | | |
| a | 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 | | | |
|) | 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 | |
| | | _ | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Yes | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | Yes | |
| l | 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 | | N. |
| | 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 | | | |
| | | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | N |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | N |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | F- | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 5c 6a | | N |
| • | organization nave 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? | oa | | l 'N |
| | 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 | 7a | Yes | |
| | services provided to the payor? | <u> </u> | ., | |
| | 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 file Form 8282? | 7c | | N |
| | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| | · · · · · · · · · · · · · · · · · · · | 1 | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | l _N |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | N |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | | | |
| | required? | 7g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | N |
| | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | |
| | | 8 | | N |
| | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | N |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | N |
| | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | 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) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the | -20 | | |
| | year | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | 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 | | |
| ı | 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 | | | |
| | Enter the amount of reserves on hand | 1 | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | İ | N |
| | If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O | 14h | | |

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

| Se | ection A. Governing Body and Management | | | |
|---|--|--|-------------------------|------------------|
| | | | Yes | No |
| 1 a | 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 | | | |
| 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 | | Νo |
| 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 | | eveni | ıe Cod | |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal R | eveni | ue Cod Yes | |
| | | eveni 10a | | e.) |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | e.) No |
| 10a b | Did the organization have local chapters, branches, or affiliates? | 10a | | e.) No |
| 10a b 11a | Did the organization have local chapters, branches, or affiliates? | 10a 10b | | e.) No |
| 10a b 11a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b | | e.) No |
| 10a b 11a b 12a | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a | Yes | e.) No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a | Yes | e.) No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b | Yes | e.) No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b | Yes Yes Yes | e.) No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes Yes | e.) No |
| 10a b 11a b 12a b c | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes Yes | e.) No |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes | e.) No |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes | No No |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes | No No |
| 10a b 11a b 12a b c 13 14 15 a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes | No No No |

- 17 List the States with which a copy of this Form 990 is required to be filed▶MN
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

✓ Own website ✓ Another's website ✓ Upon request ✓ Other (explain in Schedule O)

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ►MYRA L GIESENER CFO OF MJF 13100 WAYZATA BLVD NO 200
 MINNETONKA,MN 55305 (952)417-2348

| Form 990 | (2013 | |
|----------|-------|--|
|----------|-------|--|

| _ | | | | _ |
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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 or note to any line 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, 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

| (A) Name and Title | (B) A verage hours per week (list any hours for related organizations below dotted line) | more t | han o | one l both | box, an o | heck sofficer (stee) Highest compensated | Former | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------|--|--------|-------|---------------|--------------|--|--------|--|--|--|
| | | | | | | | | | | |
| | | | | | | | | | | |

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

| | | T | I | | | | | | I | _ | | | | 1 |
|----|---|---|-----------------------------------|--|---------|--------------|------------------------------|----------|-------------|--------------------|-----------------------------|--|-------------------------------|---------|
| | (A) Name and Tıtle | (B) Average hours per week (list any hours | more t | person is both an officer from the from related and a director/trustee) organization (W- organizations (W- | | | | | | | c | (F) Estima nount of ompens from t | ted fother ation | |
| | | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/1099 | -MISC) | 2/1099-MISC) | | ganızatı relate rganıza | ed b |
| | | | | <u> </u> | | | ₩ed | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 1b | Sub-Total | | | | | | | <u> </u> | | | | | | |
| C | Total from continuation sheet | | | ۸. | | | | Þ | | | | | | |
| d | Total (add lines 1b and 1c) . | | | | • | • | • | - | | 557,124 | | 0 | | 111,609 |
| 2 | Total number of individuals (in \$100,000 of reportable comp | | | | | | d abov | e) w | ho receive | d more th | an | | | |
| | | | | | | | | | | | _ | | Yes | No |
| 3 | Did the organization list any f oon line 1a? <i>If "Yes," complete S</i> | | | | | key • | emplo | yee, | , or highes | t compen | sated employee | 3 | | No |
| 4 | For any individual listed on lin organization and related organ | | | | | | | | | | | | | |
| _ | ındıvıdual | | | | • | • | | • | | | | 4 | Yes | |
| 5 | Did any person listed on line 1 services rendered to the organ | | | | | | | | _ | anization • • • | or individual for | 5 | | No |
| Se | ection B. Independent Co | | | | | | | | | | | | | |
| 1 | Complete this table for your five compensation from the organization | | | | | | | | | | | | ax year | |
| | Ν | (A) Name and business | address | | | | | | | Des | (B) cription of services | | (C Compen | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization **>**0

| Part V | | Statement o Check if Schedi | ule O contains a respor | ise or note to any lir | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
|---|--------|---|---|-------------------------|-------------------|--|--------------------------------|--|
| | 10 | Fodorated came | naugne 1a | 5,184 | | | | 512-514 |
| nts nts | 1a | Federated cam | | | | | | |
| Grants Amounts | Ь | Membership du | es 1b | | | | | |
| s, G Am | С | Fundraising eve | ents 1c | | | | | |
| ifts ar | d | Related organiz | rations 1d | 274,000 | | | | |
| s, 6 imil | е | Government grants | s (contributions) 1e | | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | f | All other contribution | ons, gifts, grants, and 1f ot included above | 14,701,277 | | | | |
| 탈 | g | Noncash contribute 1a-1f \$ | ons included in lines | 5,521,583 | į | | | |
| Cont and | h | Total. Add lines | s 1a-1f | | 14,980,461 | | | |
| o a | | | | | | | | |
| e III | 2a | | | Business Code | | | | |
| evel | b | | | | | | | |
| a EE | c | | | | | | | |
| rwc | d | | | | | | | |
| <u>%</u> | e | | | | | | | |
| ran, | f | All other progra | am service revenue | | | | | |
| Program Serwce Revenue | - | | | | | | | |
| _ | g | | s 2a – 2f | | | | | |
| | 3 | | ome (including dividend ar amounts) | | 1,476,432 | | -61,156 | 1,537,588 |
| | 4 | Income from inves | stment of tax-exempt bond p | oroceeds 🕨 🕨 | | | | |
| | 5 | Royalties | | 🕨 | | | | |
| | _ | _ | (ı) Real | (II) Personal | | | | |
| | _ | Gross rents Less rental | | | | | | |
| | b | expenses | | | | | | |
| | С | Rental income or (loss) | | | | | | |
| | d | Net rental inco | me or (loss) | | | | | |
| | _ | Cross amount | (ı) Securities | (II) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 7,632,011 | | | | | |
| | b | Less cost or other basis and sales expenses | 3,240,278 | | | | | |
| | С | Gain or (loss) | 4,391,733 | | | | | |
| | d | Net gain or (los | s) | | 4,391,733 | | | 4,391,733 |
| nne | 8a | Gross income f events (not inc \$ | _ | | | | | |
| Other Revenue | | of contributions See Part IV, lin | | | | | | |
| ē | Ь | less direction | penses b | | | | | |
| ₹ | c | | (loss) from fundraising | events | | | | |
| | 9a | | rom gaming activities | | | | | |
| | | 1 | a | | | | | |
| | b c | | penses b (loss) from gaming activ | /ities - | | | | |
| | | Gross sales of returns and allo | ınventory, less | | | | | |
| | | | а | | | | | |
| | | _ | oods sold b | | | | | |
| | С | Net income or (| (loss) from sales of inve | - | | | | |
| | 11a | MISSIONS INC | | Business Code 900099 | 129,654 | | | 129,654 |
| | b | REGISTRATIO | | 900099 | 78,619 | | | 78,619 |
| | C | | | 900099 | 31,200 | | | 31,200 |
| | d | All other reven | ue | | -, | | | , |
| | e | | s 11a-11d | 🕨 | | | | |
| | 12 | | See Instructions | . - | 239,473 | | | |
| | | rocar revenue. | Jee instructions | • • • • | 21,088,099 | o | -61,156 | 6,168,794 |

Form 990 (2013) Part IX Statement of Functional Expenses

| Section | 501(c)(3) | and 5 and | 01(c)(4) | organızatıons | must complete | all columns | All other organizations must o | omplete column (A) |
|---------|-----------|-----------|----------|---------------|---------------|-------------|--------------------------------|---------------------|
| | | | | | | | | |

| | ot include amounts reported on lines 6b, | (A) | (B) Program service | (C) Management and | (D) Fundraising |
|-------|--|----------------|---------------------|--|---------------------------------------|
| 7b, 8 | b, 9b, and 10b of Part VIII. | Total expenses | expenses | general expenses | expenses |
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 8,235,241 | 8,235,241 | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 205,776 | 205,776 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | 2,800,622 | 2,800,622 | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 456,892 | 140,609 | 108,293 | 207,990 |
| 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 | 1,747,738 | 537,869 | 414,251 | 795,618 |
| 8 | Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions) | 14,674 | 4,516 | 3,478 | 6,680 |
| 9 | Other employee benefits | 171,956 | 52,920 | 40,757 | 78,279 |
| 10 | Payroll taxes | 148,515 | 45,706 | 35,201 | 67,608 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 77,799 | 11,065 | 51,999 | 14,735 |
| c | Accounting | 47,280 | | 47,280 | |
| d | Lobbying | | | | |
| e | 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 Schedule O) | 155,037 | 28,774 | 87,943 | 38,320 |
| 12 | Advertising and promotion | 143,942 | 54,975 | | 80,261 |
| 13 | Office expenses | 85,401 | 17,067 | 28,620 | 39,714 |
| 14 | Information technology | 03,401 | 17,007 | 20,020 | 39,714 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 96,950 | | 96,950 | |
| 17 | Travel | · · | 162 422 | · · | 2 720 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 168,402 | 163,433 | 1,239 | 3,730 |
| 19 | Conferences, conventions, and meetings | 399,587 | 252,257 | 69,806 | 77,524 |
| 20 | Interest | , | , | , | · · · · · · · · · · · · · · · · · · · |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 31,358 | | 31,358 | |
| 23 | Insurance | 39,433 | 5,608 | 26,356 | 7,469 |
| 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 | PROVISION FOR BAD DEBTS | 183,272 | | 183,272 | |
| b | MISCELLANEOUS | 124,694 | 18,247 | 75,535 | 30,912 |
| c | EQUIPMENT & REPAIRS | 52,616 | 9,373 | 38,097 | 5,146 |
| d | PROGRAM MANAGEMENT | 12,317 | 12,317 | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 15,399,502 | 12,596,375 | 1,349,141 | 1,453,986 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | | | | |

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in | | | (A) Beginning of year | | (B) End of year |
|-----------------|-----|---|---------------------|---------------------------|--------------------------|-----|--------------------|
| | 1 | Cash-non-interest-bearing | | | 975,784 | 1 | 1,363,854 |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 6,668,098 | 3 | 5,887,598 |
| | 4 | Accounts receivable, net | | | , , | 4 | . , |
| | 5 | Loans and other receivables from current and former officers, d key employees, and highest compensated employees Complete | | | | - | |
| | 6 | Schedule L | | | | 5 | |
| Assets | 6 | Loans and other receivables from other disqualified persons (a section $4958(f)(1)$), persons described in section $4958(c)(3)(6)$ 0 employers and sponsoring organizations of section $501(c)(9)(6)$ 0 beneficiary organizations (see instructions) Complete Part II of | B), and covoluntary | ontributing employees' | | 6 | |
| Ŝ | 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 | 10a | 803,350 | | | |
| | ь | Less accumulated depreciation | 10b | 710,040 | 81,093 | 10c | 93,310 |
| | 11 | Investments—publicly traded securities | | | 65,776,024 | 11 | 76,402,547 |
| | 12 | Investments—other securities See Part IV, line 11 | | | 14,965,231 | 12 | 14,497,768 |
| | 13 | Investments—program-related See Part IV, line 11 | | | 1,494,036 | 13 | 1,532,885 |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | 1,195,155 | 15 | 3,923,491 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) . | | | 91,155,421 | 16 | 103,701,453 |
| | 17 | Accounts payable and accrued expenses | | | 370,544 | 17 | 438,957 |
| | 18 | Grants payable | | | 8,759,885 | 18 | 8,014,155 |
| | 19 | Deferred revenue | | • | 179,639 | 19 | 188,100 |
| | 20 | Tax-exempt bond liabilities | | • | | 20 | |
| 10 | 21 | Escrow or custodial account liability Complete Part IV of Sch | edule D | | 17,296,930 | 21 | 21,182,808 |
| ilities | 22 | Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali | • | tees, | | | |
| Liabili | | persons Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third partie | s | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa | rt X of So | chedule | | | |
| | | D | | | 958,293 | 25 | 696,387 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 27,565,291 | 26 | 30,520,407 |
| φ | | Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34. | ু and co | omplete | | | |
| 皇 | 27 | Unrestricted net assets | | _ | 55,563,639 | 27 | 64,316,436 |
| <u></u> | 28 | Temporarily restricted net assets | | | 3,683,056 | 28 | 4,520,378 |
| . | 29 | Permanently restricted net assets | | • | 4,343,435 | 29 | 4,344,232 |
| or Fund Balance | | Organizations that do not follow SFAS 117 (ASC 958), check h complete lines 30 through 34. | | and | 1,2 12,112 | | ., |
| ō | 30 | Capital stock or trust principal, or current funds | _ | | | 30 | |
| 씂 | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| Assets | 32 | Retained earnings, endowment, accumulated income, or other f | | • • | | 32 | |
| | 33 | Total net assets or fund balances | | | 63,590,130 | 33 | 73,181,046 |
| ĕ | 34 | Total liabilities and net assets/fund balances | | | 91,155,421 | | 103,701,453 |
| | | . Sta. Habilities and het assets/land balances i i i i i | | • | J 1, 100, 72 1 | J-7 | 100,701,700 |

| Par | Reconcilliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI | | | | |
|------------|---|---------|-------------|------|---------|
| • | Total revenue (must equal Port VIII. column (A.) line 12.) | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 21,0 | 088,099 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 15 | 399,502 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 3 | | 5,6 | 88,597 |
| 7 | Net assets of faile balances at beginning of year (must equal rate X, fine 33, column (X)) | 4 | | 63,5 | 590,130 |
| 5 | Net unrealized gains (losses) on investments | 5 | | 3,1 | .84,044 |
| 6 | Donated services and use of facilities | | | | |
| _ | <u> </u> | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | | | | |
| _ | | 9 | | | 18,275 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 73,1 | 181,046 |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | . Г |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Νo |
| | 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 or | ן ו | | |
| | 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 oversigh audit, review, or compilation of its financial statements and selection of an independent accountant? | t of th | e 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | ı | | | |
| 3 a | 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 | | 3b | | |

Software ID: **Software Version:**

EIN: 41-0693866

Name: MINNEAPOLIS JEWISH FEDERATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

| Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| (A) Name and Title | (B) A verage hours per week (list any hours for related | 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 |
| | organizations below dotted line) | Individual trustae or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/2033 11200/ | 2,2033 112007 | related organizations |
| MICHAEL BARRY | 20 00 | х | | Х | | | | 0 | 0 | 0 |
| PRESIDENT JERRY RIBNICK | 0 00 5 00 | | | | | | | | | |
| IMMEDIATE PAST PRESIDENT | 0 00 | Х | | Х | | | | 0 | 0 | 0 |
| JEREL SHAPIRO | 1 00 | × | | Х | | | | 0 | 0 | 0 |
| TREASURER MIKE EPSTEIN | 0 00 | | | | | | | | _ | |
| SECRETARY | 0 00 | х | | × | | | | 0 | 0 | О |
| WENDY BALDINGER | 1 00 | V | | | | | | | 0 | 0 |
| DIRECTOR | 0 00 | Х | | | | | | 0 | 0 | 0 |
| RABBI ALEXANDER DAVIS | 1 00 | x | | | | | | 0 | 0 | 0 |
| DIRECTOR BRAD FRITZ | 0 00 | | | | | | | | | |
| DIRECTOR | 0 00 | Х | | | | | | 0 | 0 | 0 |
| LORI FRITZ | 1 00 | Х | | | | | | 0 | 0 | 0 |
| DIRECTOR TODD GURSTEL | 0 00 | | | | | | | | | |
| DIRECTOR | 0 00 | Х | | | | | | 0 | 0 | О |
| SARAH HANLY | 1 00 | х | | | | | | 0 | 0 | 0 |
| DIRECTOR | 0 00 | | | | | | | 0 | 0 | 0 |
| MICHAEL HARAD | 1 00 | x | | | | | | 0 | 0 | О |
| DIRECTOR STEVE HUNEGS | 0 00 1 00 | | | | | | | _ | _ | _ |
| DIRECTOR | 0 00 | Х | | | | | | 0 | 0 | 0 |
| HOWARD KAMINSKY | 1 00 | x | | | | | | 0 | 0 | o |
| DIRECTOR ROBERT KARASOV | 0 00 | | | | | | | | | |
| DIRECTOR | 0 00 | Х | | | | | | 0 | 0 | 0 |
| ROBERT KELEN | 1 00 | X | | | | | | 0 | 0 | 0 |
| DIRECTOR LINDA KETOVER | 0 00 | | | | | | | | | |
| DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| DARREN LEDERFINE | 1 00 | V | | | | | | | 0 | 0 |
| DIRECTOR | 0 00 | Х | | | | | | 0 | 0 | 0 |
| TODD LEONARD | 1 00 | x | | | | | | 0 | 0 | 0 |
| DIRECTOR DAN LIEBERMAN | 0 00 1 00 | | | | | | | | | |
| DIRECTOR | 0 00 | Х | | | | | | 0 | 0 | 0 |
| KRIS MACDONALD | 1 00 | Х | | | | | | 0 | 0 | 0 |
| DIRECTOR ROBIN NEIDORF | 0 00 | | | | | | | | | |
| DIRECTOR | 0 00 | х | | | | | | 0 | 0 | 0 |
| DAVID ORBUCH | 1 00 | X | | | | | | 0 | 0 | 0 |
| DIRECTOR | 0 00 | | | | | | | 0 | 0 | |
| KEN RASKIN | 1 00 | x | | | | | | 0 | 0 | 0 |
| DIRECTOR LISA RATNER | 0 00 | - | | | | | | | | |
| DIRECTOR | 0 00 | Х | | | | | | 0 | 0 | 0 |
| PHIL ROSENBLOOM | 1 00 | х | | | | | | 0 | 0 | 0 |
| DIRECTOR | 0 00 | | | | <u> </u> | | | | | |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

| Compensated Employees, and Inde | | | | · · · · | 3.00 | C3, I | .c, | Employees, mg. | icst | | |
|---------------------------------|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|--|--|
| (A) Name and Title | (B) A verage hours per week (list any hours for related organizations | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related | |
| | below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | | | organizations | |
| DAVID SEGAL | 1 00 | х | | | | | | 0 | 0 | 0 | |
| DIRECTOR | 0 00 | | | | | | | | | | |
| CINDY SHAPIRO | 1 00 | × | | | | | | 0 | 0 | 0 | |
| DIRECTOR | 0 00 | | | | | | | | | | |
| DANNON SHIFF | 1 00 | × | | | | | | 0 | 0 | 0 | |
| DIRECTOR | 0 00 | | | | | | | | | | |
| BECKIE SKELTON | 1 00 | X | | | | | | 0 | 0 | 0 | |
| DIRECTOR | 0 00 | ^ | | | | | | J . | Ÿ | | |
| RHONDA STEIN | 1 00 | x | | | | | | 0 | 0 | 0 | |
| DIRECTOR | 0 00 | _ ^ | | | | | | 0 | 0 | 0 | |
| JON STONE | 1 00 | х | | | | | | 0 | 0 | 0 | |
| DIRECTOR ALENE SUSSMAN | 0 00 | | | | | | | | | | |
| | | х | | | | | | 0 | 0 | 0 | |
| DIRECTOR JODI UPIN | 0 00 | | | | | | | | | | |
| JODI OPIN | 1 00 | x | | | | | | 0 | 0 | 0 | |
| DIRECTOR | 0 00 | | | | | | | | | | |
| RACHAEL VEGAS DIRECTOR | 1 00 | х | | | | | | 0 | 0 | О | |
| HOWARD ZACK | 0 00 | | | | | | | | | | |
| DIRECTOR | 0 00 | х | | | | | | 0 | 0 | 0 | |
| STEPHEN R SILBERFARB | 40 00 | | | | | | | | | | |
| CEO | 1 00 | | | Х | | | | 216,400 | 0 | 43,312 | |
| PAUL STEPHENSON | 40 00 | | | | | | | | | | |
| CFO | 50 | | | Х | | | | 116,224 | 0 | 32,447 | |
| TAMAR KOHN MARKS | 40 00 | | | | | | | | | | |
| CHIEF DEVELOPMENT OFFICER | 0 00 | | | | | Х | | 107,454 | 0 | 20,321 | |
| MORTON NAIMAN | 40 00 | | | | | | | | | | |
| FOUNDATION DIRECTOR | 0 00 | | | | | Х | | 117,046 | 0 | 15,529 | |
| | _ ~~~ | | | | | | - | | | | |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493180008375

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

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

| | | | | | | | | | 41-06938 | | |
|----|----------|---|---------------|--|---------------------------|------------------|------------------------|---------------------|-----------------|--------------------|------------------|
| | rt I | | | blic Charity Sta | | | | | | <u>nstructions</u> | <u> </u> |
| | organı: | | - | e foundation becaus | • | | - | • | - | | |
| 1 | <u> </u> | | - | on of churches, or a | | | | ection 170(| b)(1)(A)(i). | | |
| 2 | Г | A scho | ol described | in section 170(b)(1 | l)(A)(ii). (At | tach Schedı | 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 | n organization operat | ted ın conjun | ction with a | hospital des | cribed in se | ction 170(b)(| 1)(A)(iii). E | nter the |
| | _ | | | ty, and state | | | | | | | |
| 5 | ı | - | · | erated for the benefi | _ | or universi | ty owned or o | perated by | a governmen | tal unit desc | ribed in |
| | _ | sect ion | 170(b)(1)(| A)(iv). (Complete P | art II) | | | | | | |
| 6 | Г | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | |
| 7 | <u> </u> | An organization that normally receives a substantial part of its support from a governmental unit or from the general public | | | | | | | | | |
| 8 | Г | 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) | | | | | | | | | |
| 9 | Г | An orga | anization tha | at normally receives | (1) more th | an 331/3% c | of its support | from contril | outions, mem | bership fees | , and gross |
| | • | _ | | ities related to its ex | | | 7.7 | | · <u>-</u> ' | - | - |
| | | • | | oss investment inco | • | - | | | ` ' | | |
| | | • | _ | | | | | - | | ., | |
| 10 | Г | 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). | | | | | | | | | |
| 11 | , _ | _ | | ganized and operated | | | • | | | o carry out t | the nurnoses of |
| | • | one or | more public | ly supported organiz bes the type of supp | ations descr | ıbed ın sect | ion 509(a)(1 |) or section | 509(a)(2) S | | |
| | | | | b | | | | | | on-functiona | lly integrated |
| е | Г | | | ox, I certify that the | | | | | | | |
| | | other th | nan foundatı | on managers and ot | her than one | or more pub | olicly support | ed organıza | tions describ | ed in sectioi | າ 509(a)(1) or |
| _ | | | 509(a)(2) | | | | | | | | |
| f | | | _ | received a written de | etermination | from the IR | S that it is a | Type I, Typ | e II, or Type | III supporti | ng organization, |
| g | | | this box | 2006, has the organi | ization accer | nted any dift | or contributi | on from any | of the | | ı |
| 9 | | | ig persons? | e o o o , mas the organi | izacion accep | rea any gne | or contributi | on nom any | or the | | |
| | | (i) A pe | erson who d | rectly 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 | e supported | organizatioi | n? | | | 11g | (i) |
| | | (ii) A fa | amıly memb | er of a person descr | ıbed ın (ı) abı | ove? | | | | 11g | (ii) |
| | | (iii) A | 35% contro | lled entity of a perso | n described | ın (ı) or (ıı) a | above? | | | 11g(| (iii) |
| h | | Provide | the follown | ng information about | the supporte | ed organizat | ion(s) | | | | |
| | | | | | | | | | | | |
| (| i) Nam | ne of | (ii) EIN | (iii) Type of | (iv) Is t | he | (v) Did you | notify | (vi) Is | the | (vii) A mount of |
| | suppor | | | organızatıon | organızatı | | the organiz | | organizat | | monetary |
| 0 | rganiza | ation | | (described on lines 1- 9 above | col (i) list your gove | | ın col (i) o suppor | | col (i) org | | support |
| | | | | 5 / | | | | | | | |
| | | | | | | | | | | | |
| | | | | (see instructions)) | | l | | l <u>.</u> . | 1 | T | - |
| | | | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | <u> </u> | | <u> </u> |
| | | | | | | | | | 1 | | |
| | _ | | l . | i | 1 | ı | 1 | ı | 1 | 1 | i |

instructions

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) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do 13,958,626 15,283,778 16,303,438 14,899,259 14,980,461 75,425,562 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 13,958,626 15,283,778 16,303,438 14,899,259 14,980,461 75,425,562 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 8,619,728 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 66,805,834 from line 4 Section B. Total Support Calendar year (or fiscal year **(b)** 2010 (c) 2011 (f) Total (a) 2009 (d) 2012 (e) 2013 beginning in) 🟲 15,283,778 16,303,438 Amounts from line 4 13,958,626 14,899,259 14,980,461 75,425,562 Gross income from interest, dividends, payments received on securities loans, rents, royalties 750,104 815,817 1,157,036 1,205,898 1,498,698 5,427,553 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 98,559 255,056 225,660 398,325 239,473 1,217,073 capital assets (Explain in Part IV) 11 Total support (Add lines 7 82,078,300 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 67,633 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 2013 (line 6, column (f) divided by line 11, column (f)) 14 81 390 % Public support percentage for 2012 Schedule A, Part II, line 14 15 83 690 % 16a 33 1/3% support test—2013. 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—2012. 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 - 2013. 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 - 2012. 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

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

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

| Cale | ndar year (or fiscal year beginning in) 🟲 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|--|--|--|---|---------------------|------------------------------|---|
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| 2 | 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 | | | | | | |
| 4 | business under section 513 Tax revenues levied for the | | | | | | |
| • | organization's benefit and either | | | | | | |
| | paid to or expended on its | | | | | | |
| _ | behalf The value of services or facilities | | | | | | <u> </u> |
| 5 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | A mounts included on lines 1, 2, | | | | | | |
| | and 3 received from disqualified persons | | | | | | |
| ь | 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) ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning | () 2000 | (1) 2010 | () 2011 | (1) 2012 | () 2012 | (C) T |
| | | | | (A) 2011 I | (d) 2012 | (e) 2013 | (f) Total |
| | in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (4) 2012 | (-, | (-, |
| 9 | in) ► A mounts from line 6 | (a) 2009 | (B) 2010 | (6) 2011 | (4) 2012 | (5, 2222 | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | in) ► A mounts from line 6 Gross income from interest, | (a) 2009 | (B) 2010 | (6) 2011 | (4) 2012 | (0, 2000 | (7,7,5,5,1) |
| 9 | in) ► A mounts from line 6 | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2012 | (5,232 | |
| 9 | in) A mounts from line 6 Gross income from interest, dividends, payments received on | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2012 | | |
| 9 10a | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a b | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2012 | | |
| 9 10a b | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2012 | | |
| 9 10a b | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a b c 11 | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a b | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include | (a) 2009 | (b) 2010 | (6) 2011 | | | |
| 9 10a b c 11 | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of | (a) 2009 | (b) 2010 | (c) 2011 | | | |
| 9 10a b c 11 | In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | (a) 2009 | (b) 2010 | (6) 2011 | | | |
| 9 10a b c 11 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, | (a) 2009 | (b) 2010 | (c) 2011 | | | |
| 9 10a b c 11 | In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 9 10a b c 11 12 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here | or the organizati | on's first, second | | | | |
| 9 10a b c 11 12 13 14 | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here | or the organizati | on's first, second | , thırd, fourth, or | | a 501(c)(3) orga | nization, |
| 9 10a b c 11 12 13 14 Se 15 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013 | or the organizati ic Support Pe (line 8, column (| on's first, second ercentage f) divided by line | , thırd, fourth, or | | a 501(c)(3) orga | nization, |
| 9 10a b c 11 12 13 14 Se 15 16 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 | or the organization of the | on's first, second ercentage f) divided by line art III, line 15 | , third, fourth, or | | a 501(c)(3) orga | nization, |
| 9 10a b c 11 12 13 14 Se 15 16 Se | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve | or the organization of the | on's first, second ercentage f) divided by line art III, line 15 me Percenta | , third, fourth, or 13, column (f)) | fifth tax year as a | a 501(c)(3) orga 15 16 | nization, |
| 9 10a b c 11 12 13 14 Se 15 16 Se 17 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve | or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors) | on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided | , third, fourth, or 13, column (f)) ge by line 13, colum | fifth tax year as a | 15 16 | nization, |
| 9 10a b c 11 12 13 14 Se 15 16 Se 17 18 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve | or the organization of the organization of the organization of the state of the sta | on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1 | , third, fourth, or 13, column (f)) ge by line 13, column | fifth tax year as a | 15 16 | nization, |

33 1/3% support tests—2012. 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 **Supplemental Information.** 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 | | | | | | | |
|--|---|--|--|--|--|--|--|
| | | | | | | | |
| Return Reference | Explanation | | | | | | |
| SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME | MISCELLANEOUS INCOME FROM VARIOUS SOURCES - 2009 AMOUNT \$ 98,559 2010 AMOUNT \$ 255,056 2011 AMOUNT \$ 225,660 2012 AMOUNT \$ 398,325 2013 AMOUNT \$ 239,473 | | | | | | |
| SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME | MISCELLANEOUS INCOME FROM VARIOUS SOURCES | | | | | | |

Schedule A (Form 990 or 990-EZ) 2013

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DLN: 93493180008375

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

Political Campaign and Lobbying Activities

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public 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

| | nme of the organization | | | | Employer iden | tification number |
|------|--|---|---|------------------------------|--|---|
| 1111 | WILLIAM SEWISH I EDERATION | | | | 41-0693866 | |
| Paı | t I-A Complete if the or | ganization is exempt unde | er section 501(| c) or is a | section 527 | organization. |
| 1 | Provide a description of the org | ganızatıon's dırect and ındırect po | litical campaign act | ıvıtıes ın Pa | rt IV | |
| 2 | Political expenditures | | | | ▶ | \$0 |
| 3 | V olunteer hours | | | | | 0 |
| Pai | TER Complete if the or | ganization is exempt unde | er section 501(| -)(3) | | |
| 1 | <u> </u> | e tax incurred by the organization | | | - | \$ 0 |
| 2 | | e tax incurred by organization mar | | | ► | \$ 0 |
| 3 | • | ection 4955 tax, did it file Form 4 | - | | | ⊤ Yes |
| 4a | Was a correction made? | · | • | | | ☐ Yes ☐ No |
| ь | If "Yes," describe in Part IV | | | | | |
| Pai | | ganization is exempt unde | er section 501(| c), excep | t section 50 | 1(c)(3). |
| 1 | Enter the amount directly expe | ended by the filing organization for | section 527 exemp | t function a | ctivities ► | \$ |
| 2 | Enter the amount of the filing o exempt function activities | rganızatıon's funds contributed to | other organizations | for section | 527 ▶ | \$ |
| 3 | Total exempt function expendit | tures Add lines 1 and 2 Enter he | re and on Form 112 | 0-POL, line | 17b ► | ¢ |
| 4 | Did the filing organization file F | Form 1120-POL for this year? | | | | √ |
| 5 | organization made payments F amount of political contribution | nd employer identification number For each organization listed, enter ns received that were promptly an political action committee (PAC) | the amount paid fro d directly delivered | m the filing to a separat | organızatıon's i e political orga | funds Also enter the inization, such as a |
| | (a) Name | (b) Address | (c) EIN | filing or | unt paid from ganization's ione, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 - |
| | | | | | | |
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| | | | | | | |

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

f Grassroots lobbying expenditures

| Sch | nedule C (Form 990 or 990-EZ) 2013 | | | | | | Page 2 | | | | |
|-----------|---|-------------------------|-----------------------|----------------------|-----------------------------|---|------------------------------------|--|--|--|--|
| Pä | art III-A Complete if the organization | is exemp | t under | section 501(| c)(3) and fil | ed Form 5768 | (election | | | | |
| _ | under section 501(h)). Check ► If the filing organization belongs to a | on offiliated | aroup (and | List in Dort IV or | ah affiliated are | un mambaria nam | o addraca EIN | | | | |
| ^ | expenses, and share of excess lobb | | | iistiii Paitiv ea | ich ammateu gro | up member s nam | e, address, ETN | | | | |
| <u>B</u> | Check ► ☐ if the filing organization checked bo | x A and "lim | ited contro | ol" provisions ap | oly | | | | | | |
| | Limits on Lobbying E (The term "expenditures" means ar | | | l.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | |
| 1a | Total lobbying expenditures to influence public o | opinion (gras | s roots lob | bying) | | | | | | | |
| b | Total lobbying expenditures to influence a legisl | ative body (| direct lobb | yıng) | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1 | b) | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | |
| е | Total exempt purpose expenditures (add lines 1 | c and 1d) | | | | | | | | | |
| f | Lobbying nontaxable amount Enter the amount to | | | | | | | | | | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbyi | ing nontax | able amount is: | | | | | | | |
| | Not over \$500,000 | 20% of the | amount on lir | ne 1e | | | | | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plu | us 15% of the | e excess over \$500, | 000 | | | | | | |
| | Over \$1,000,000 but not over \$1,500,000 | e excess over \$1,00 | 0,000 | | | | | | | | |
| | Over \$1,500,000 but not over \$17,000,000 | excess over \$1,500 | 000 | | | | | | | | |
| | Over \$17,000,000 | \$1,000,000 | ;1,000,000 | | | | | | | | |
| | Grassroots nontaxable amount (enter 25% of lir | ne 1f) | | | | | | | | | |
| h | Subtract line 1g from line 1a If zero or less, ent | er-0- | | | | | | | | | |
| i | Subtract line 1f from line 1c If zero or less, ente | er-0- | | | | | | | | | |
| j | If there is an amount other than zero on either li section 4911 tax for this year? | ne 1h or line | 1ı, dıd the | organization file | Form 4720 rep | orting | ┌ Yes ┌ No | | | | |
| | 4-Year Av (Some organizations that made a columns below. See t Lobbying Exp | section 5 he instruc | 01(h) el ctions fo | r lines 2a thr | have to cor ough 2f on p | | ne five | | | | |
| | | | | | | | | | | | |
| | Calendar year (or fiscal year beginning in) | (a |) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total | | | | |
| <u>2a</u> | Lobbying nontaxable amount | | | | | | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | | | | | | |
| c | Total lobbying expenditures | | | | | | | | | | |
| d | Grassroots nontaxable amount | | | | | | | | | | |

85,703

85,703

Νo

Nο

Νo

Nο Nο

Νo

Νo

Nο

Νo

Yes

1

2a

2b 2c

3

4 5

| chedule C (Form 990 or 990-E2) 2013 | | | Page 3 | | | | | | |
|---|-----|----|---------------|--|--|--|--|--|--|
| 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 |) | (b) | | | | | | |
| or each "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying ctivity. | Yes | No | Amount | | | | | | |

- 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
- Volunteers?
- Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
- Media advertisements?
- Mailings to members, legislators, or the public?
- Publications, or published or broadcast statements?
- Grants to other organizations for lobbying purposes?
- Direct contact with legislators, their staffs, government officials, or a legislative body?
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
- Other activities?
- Total Add lines 1c through 1i
- 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- **b** If "Yes," enter the amount of any tax incurred under section 4912
- c If "Yes," enter the amount of any tax incurred by organization managers under section 4912
- If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

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

Part IV Supplemental Information

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

| Return Reference | Explanation |
|------------------|--|
| 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 |
| | |
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| Belledale e (Form 330 of | - | | rage -r |
|--------------------------|------------------------------------|-------------|--------------------|
| Part IV Suppler | nental Information <i>(continu</i> | ed) | |
| Return Referer | ce | Explanation | |
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Schedule D (Form 990) 2013

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

DLN: 93493180008375

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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. ► Information about Schedule D (Form 990) Open to Public

| tema | l Revenue Service | and its instru | ctions is at <u>www.irs.gov/form990</u> . | | Inspe | ction |
|---------|---|--|--|----------|--------------------------------|------------------------|
| | me of the organi | | | Emp | oloyer identification num | ber |
| IMI TIV | NNEAPOLIS JEWISH F | EDEKATION | | 41- | 0693866 | |
| Pa | | | dvised Funds or Other Similar Fu | | | ete ıf the |
| | organiz | zation answered "Yes" to Form 99 | | | (1) = 1 11 | |
| | Tatal number a | t and af war | (a) Donor advised funds | | (b) Funds and other acc | |
| L • | Total number a | | 229 | | | 661 |
| 2 | 33 3 | tributions to (during year) hts from (during year) | 4,682,075 | | | 1,111,702 |
| 3 ‡ | | ie at end of year | 5,301,411 27,844,605 | | | 2,967,375 0,888,034 |
| | | | | | | 7,000,034 |
| 5 | | | sors in writing that the assets held in done organization's exclusive legal control? | oradv | ✓ Yes | ┌ No |
| 5 | used only for c conferring impe | haritable purposes and not for the ben ermissible private benefit? | donor advisors in writing that grant funds efit of the donor or donor advisor, or for an | y othe | er purpose | • |
| Pa | rt III Conse | rvation Easements. Complete | if the organization answered "Yes" to | Forn | n 990, Part IV, line 7. | |
| 1 | Preservation Protection Preservation Complete lines | of natural habitat on of open space | on or education) Preservation of an | ertifie | d historic structure | a |
| | | ,, | | | Held at the End of ti | ne Year |
| а | Total number o | of conservation easements | | 2a | | |
| b | Total acreage | restricted by conservation easements | | 2b | | |
| С | Number of con | servation easements on a certified his | storic structure included in (a) | 2c | | |
| d | | servation easements included in (c) a ure listed in the National Register | cquired after 8/17/06, and not on a | 2d | | |
| 3 | Number of con | servation easements modified, transfe | erred, released, extinguished, or terminate | d by th | he organization during | |
| | the tax year 🛌 | | | | | |
| 1 | Number of stat | tes where property subject to conserva | ation easement is located 🛌 | | | |
| 5 | | nization have a written policy regarding f the conservation easements it holds? | g the periodic monitoring, inspection, hand ? | lling of | f violations, and ryes | ┌ No |
| 5 | Staff and volun | teer hours devoted to monitoring, insp | pecting, and enforcing conservation easem | nents o | during the year | |
| 7 | A mount of exp | enses incurred in monitoring, inspecti | ng, and enforcing conservation easements | durin | g the year | |
| 3 | Does each con and section 17 | | 2(d) above satisfy the requirements of sec | tion 17 | 70(h)(4)(B)(ı) Yes | ┌ No |
| • | balance sheet, | | onservation easements in its revenue and the footnote to the organization's financial nents | | | |
| ar | | | ons of Art, Historical Treasures, on "Yes" to Form 990, Part IV, line 8. | or Ot | her Similar Assets. | |
| la | works of art, hi | storical treasures, or other similar ass | 116 (ASC 958), not to report in its reven sets held for public exhibition, education, o e to its financial statements that describes | or rese | earch in furtherance of pu | |
| b | works of art, hi | | 116 (ASC 958), to report in its revenue s sets held for public exhibition, education, o ese items | | | blic |
| | (i) Revenues i | ncluded in Form 990, Part VIII, line 1 | | | ► \$ | |
| | (ii) Assets Inc | luded in Form 990, Part X | | | ► \$ | |
| 2 | If the organiza | tion received or held works of art, histo | orical treasures, or other similar assets fo S 116 (ASC 958) relating to these items | r finan | ncial gain, provide the | |
| а | Revenues incli | uded in Form 990, Part VIII, line 1 | | | - \$ | |

b Assets included in Form 990, Part X

| Part | Organizations Maintaining Co | llections of Art | <u>, His</u> | tori | <u>cal Tı</u> | reasui | es, or Ot | <u>ther</u> | Similar As | sets (d | continued) |
|----------|---|------------------------------|--------------|----------|------------------------|----------------------|-----------------------------|---------------|--------------------------------|--|-------------------------|
| 3 | Using the organization's acquisition, access collection items (check all that apply) | ion, and other record | ds, cł | neck a | any of | the follo | wing that a | re a s | significant use | of its | |
| а | Public exhibition | | d | Г | Loan | or exch | ange progra | ams | | | |
| b | Scholarly research | | е | Γ | Othe | r | | | | | |
| c | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and expla | ın hov | w they | y furthe | er the o | rganızatıon' | sexe | mpt purpose ı | n | |
| 5 | During the year, did the organization solicit | | | | | | | | | - | – |
| Dar | assets to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to be sold to | | | | | | | | ' | Yes | ☐ No |
| Pai | Part IV, line 9, or reported an ar | | | | | | answered | 1 16 | כ נט רטוווו פ | 90, | |
| 1a | Is the organization an agent, trustee, custoo included on Form 990, Part X? | | | | | | r other asse | ets no | | Yes | ✓ No |
| b | If "Yes," explain the arrangement in Part XI $$ | I and complete the | follov | vıng t | able | | _ | | | | |
| | | | | | | | | | An | nount | |
| С | Beginning balance | | | | | | | 1c | | | |
| d | Additions during the year | | | | | | <u> </u> : | 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 |
| b | If "Yes," explain the arrangement in Part XI | I Check here if the | expl | anatı | on has | been pr | ovided in P | art X | III | | ⊽ |
| Pai | t V Endowment Funds. Complete | | | | | | | | | | |
| 4. | Danimum of war halance | (a)Current year 5,622,087 | (b) | Prior y | ear 035,932 | b (c) Tw | o years back 4,709,239 | (d) Th | ree years back 4,353,255 | (e)Four | years back 4,151,231 |
| 1a L | Beginning of year balance | 797 | | | 101,807 | | 625 | | 6,213 | | 19,207 |
| b c | Net investment earnings, gains, and losses | 737 | | | 101,007 | | 023 | | 0,213 | | |
| · | wet investment earnings, gams, and losses | 841,849 | | | 591,281 | | 329,451 | | 590,334 | | 273,864 |
| d | Grants or scholarships | 493,721 | | | 206,933 | | | | | | |
| е | Other expenditures for facilities and programs | | | | | | 3,383 | | 240,563 | | 91,047 |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | 5,971,012 | | 5,6 | 522,087 | | 5,035,932 | | 4,709,239 | | 4,353,255 |
| 2 | Provide the estimated percentage of the cur | rent vear end balanc | e (lır | ne 1 a . | colum | ın (a)) h | eld as | | | | |
| а | Board designated or quasi-endowment ► | 0 % | | 5, | | (= // | | | | | |
| b | Permanent endowment ► 72 760 % | | | | | | | | | | |
| c | | 240 % | | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c sho | | | | | | | | | | |
| За | Are there endowment funds not in the posse | | ation | that a | are hele | d and a | dministered | for tl | he | | |
| | organization by | | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | • | | | | • | 3a(| - | No |
| b | (ii) related organizations | | | | | | | | 3a(| | No |
| 4 | Describe in Part XIII the intended uses of the | · · | | | | • • | | • | | <u>, </u> | |
| Par | t VI Land, Buildings, and Equipme | | | | | n answ | ered 'Yes' | to F | orm 990, Pa | rt IV, I | ine |
| | 11a. See Form 990, Part X, line | 10. | | 1 , | | | l (1.10 · | 1 | | | |
| | Description of property | | | | ı) Cost d sıs (ınve | or other estment) | (b)Cost or o basis (othe | | (c) Accumulate depreciation | d (d) | Book value |
| 1a | and | | • | | | | | | | | |
| | Buildings | | | 1 | | | 446 | ,900 | 405,8 | 395 | 41.005 |
| | | | | - | | | | | | | 41,005 |
| С | Leasehold improvements | | • | | | | | | | | 41,005 |
| d | Equipment | | | | | | 356 | ,450 | 304, | | 52,305 |
| d e | | | | Imp (1 | P) /:n= | 10(2) | | | · | | |

| Part VII Investments—Other Securities. Com See Form 990, Part X, line 12. | nplete if the organization a | answered 'Yes' to Form 990, Part IV, line 11b. |
|---|---------------------------------|--|
| (a) Description of security or category (including name of security) | (b)Book value | (c) Method of valuation Cost or end-of-year market value |
| (1)Financial derivatives | | · |
| (2)Closely-held equity interests (3)Other | | |
| (A) PRIVATE EQUITY AND HEDGE FUNDS | 10,907,051 | F |
| (B) REAL ESTATE | 3,582,986 | F |
| (C) INTEREST IN CHARITABLE TRUSTS HELD BY | 7 7 7 1 | _ |
| OTHERS | 7,731 | F |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | 14,497,768 | |
| Part VIII Investments—Program Related. Co | | answered 'Yes' to Form 990, Part IV, line 11c. |
| See Form 990, Part X, line 13. (a) Description of investment | (b) Book value | (c) Method of valuation |
| | | Cost or end-of-year market value |
| | | |
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| | _ | |
| Total (column (b) must equal to m 350, tute My col (b) mile 15) | an answered 'Yes' to Form 990 | Part IV, line 11d See Form 990, Part X, line 15 |
| (a) Descri | ption | (b) Book value |
| | | |
| | | |
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| | | |
| | | |
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| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the orga | | |
| Form 990, Part X, line 25. | ilization answered res to | o Form 990, Part IV, line The or Thi. See |
| 1 (a) Description of liability | (b) Book value | |
| OBLIGATIONS UNDER SPLIT-INTEREST | | |
| AGREEMENTS | 215,878 | |
| OTHER LIABILITIES | 480,509 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | the text of the footnote to the | o organization's financial statements that |

| Sched | dule D (Form 990) 2013 | | Page 4 |
|--------|---|---------|--------------------------|
| Par | Reconciliation of Revenue per Audited Financial Statements With Revenue | er R | eturn Complete If |
| 1 | the organization answered 'Yes' to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements | 1 | 26,723,049 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | _ | 20,723,013 |
| a | 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 | 6,063,693 |
| 3 | Subtract line 2e from line 1 | 3 | 20,659,356 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | 20,039,330 |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| a b | Other (Describe in Part XIII) | | |
| _ | | 4c | 420 743 |
| C | Add lines 4a and 4b | 4C 5 | 428,743 |
| 5 | t XII Reconciliation of Expenses per Audited Financial Statements With Expenses | _ | 21,088,099 |
| Fell | if the organization answered 'Yes' to Form 990, Part IV, line 12a. | y pei | Return. Complete |
| 1 | Total expenses and losses per audited financial statements | 1 | 17,481,785 |
| 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 | 2,511,026 |
| 3 | Subtract line 2e from line 1 | 3 | 14,970,759 |
| 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) | 1 | |
| c | Add lines 4a and 4b | 4c | 428,743 |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 15,399,502 |
| Par | t XIII Supplemental Information | | • |
| Part | vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2l t 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 rmation | | de any addıtıonal |
| 1 | Datama Datamana | | |

| 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 |
| PART V, LINE 4 | ENDOWMENT FUNDS ARE USED TO SUPPORT JEWISH LIFE IN THE GREATER MINNEAPOLIS AREA AND BEYOND |
| 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 2011-2013 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES |
| PART XI, LINE 2D - OTHER ADJUSTMENTS | CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 718,275 REVENUES OF AFFILIATES REPORTED ON OTHER RETURNS 2,161,374 |
| PART XI, LINE 4B - OTHER ADJUSTMENTS | ELIMINATED TRANSACTIONS WITH RELATED ORGANIZATIONS 428,743 |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | EXPENSES OF AFFILIATES REPORTED ON OTHER RETURNS 2,511,026 |
| PART XII, LINE 4B - OTHER ADJUSTMENTS | ELIMINATED TRANSACTIONS WITH RELATED ORGANIZATIONS 428,743 |

| • | <u> </u> | |
|-----------|-------------------|----------------------|
| Part XIII | Supplemental Info | ormation (continued) |
| Ret | turn Reference | Explanation |
| | | |
| | | |
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Schedule D (Form 990) 2013

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As Filed Data -

DLN: 93493180008375

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.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

No

| lame of the organization | |
|--------------------------|-----------|
| IINNEAPOLIS JEWISH FE | EDERATION |

(a) Region

SCHEDULE F

Department of the Treasury

Internal Revenue Service

(Form 990)

41-0693866

Employer identification number

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- **2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

| (-) roge. | offices in the region | employees, agents, and independent contractors in region | region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | a program service, describe specific type of service(s) in region | for and investments in region |
|--|-----------------------|--|---|---|----------------------------------|
| (1) CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | INVESTMENTS | | 10,920,186 |
| (2) SEE PART V FOR EXPLANATION ON PASSTHROUGH GRANTS OUTSIDE THE US | 0 | 0 | GRANTS (INDIRECT) | | 2,800,622 |
| (3) MIDDLE EAST AND NORTH AFRICA | 0 | 0 | GRANTS (DIRECT) | | 45,789 |
| (4) CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | OTHER ACTIVITIES | | 62,140 |
| (5) MIDDLE EAST AND NORTH AFRICA | 0 | 0 | OTHER ACTIVITIES | | 71,187 |
| 3a Sub-total | 0 | 0 | | | 13,899,924 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 13,899,924 |

(b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total expenditures

| (1) SEE PART V SEE PART V FOR MORE INFORMATION ON PASSTHROUGH GRANTS OUTSIDE THE US MIDDLE EAST AND NORTH AFRICA SEE PART V FOR 2,800,622 WIRE/CHECK 0 N/A 0 N/A | |
|--|--|
| | |
| | |
| (3) MIDDLE EAST AND NORTH AFRICA 10,000 WIRE/CHECK 0 N/A N/A | |
| (4) MIDDLE EAST AND NORTH AFRICA 25,789 WIRE/CHECK 0 N/A N/A | |

Schedule F (Form 990) 2013

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 addit | ional space is ne | eeded. | | | | |
|---------------------------------|---------------------|--------------------------|------------------------------|------------------------------------|--|--|---|
| (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) | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
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| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |
| | 1 | | | l . | | | |

Part IV Foreign Forms

| 1 | Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, 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 organization may 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 | ঘ | 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) | ∀ | Yes | Г | 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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) | 굣 | Yes | Γ | No |
| 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 | ত | No |
| 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 | ঘ | Νo |

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page **5**

Part V Supplemental Information

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).

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 2 | THE FEDERATION PRIMARILY USES JEWISH FEDERATIONS OF NORTH AMERICA (JFNA) TO PERFORM GRANT MAKING TO ORGANIZATIONS OUTSIDE THE UNITED STATES JFNA IS THE OVERSEAS GRANT MAKING ORGAN IZATION FOR 155 FEDERATIONS IN THE UNITED STATES JFNA PERFORMS ALL DUE DILIGENCE WITH RES PECT TO EVALUATING THE RECIPIENT ORGANIZATIONS TO ENSURE THEY MEET THE ELIGIBILITY CRITERI A REQUIRED TO MEET THE EQUIVALENCY OF 501(C)(3) STATUS IN THE UNITED STATES THE FEDERATIO N SPECIFIES CERTAIN PORTIONS FOR RECIPIENT ORGANIZATIONS IN ISRAEL AND THE FORMER SOVIET U NION, ALTHOUGH SPECIFIC DOLLAR AMOUNTS PER REGION CANNOT BE DETERMINED THE GRANT AMOUNTS REPORTED IN THE FEDERATION'S FORM 990 WILL ALSO BE REPORTED ON JFNA'S FORM 990, SCHEDULE F |

990 Schedule F, Supplemental Information

| Return Reference | Explanation | | | | | |
|------------------|--|--|--|--|--|--|
| PART I, LINE 3 | ACCRUAL METHOD TO ACCOUNT FOR EXPENDITURES | | | | | |

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DLN: 93493180008375

OMB No 1545-0047

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

Open to Public

| lame of the organization | | | • | ions is at <u>www.irs.gov/</u> | , 0, 1,1, 2, 20 , | Employer identification | Inspection on number |
|--|--|--|------------------------------|---|---|--|-------------------------------------|
| INNEAPOLIS JEWISH FEDERATION | I | | | | | 41-0693866 | on manibe. |
| Part I General Information | on Grants and | l Assistance | | | | 11 0033000 | |
| Does the organization maintain re the selection criteria used to awa Describe in Part IV the organizat Part II Grants and Other As Form 990, Part IV, line | ecords to substanting the grants or as ion's procedures for sistance to Go | ate the amount of the sistance? r monitoring the use o | f grant funds in the Unite | d States United States. Con | nplete if the organ | | ▽Yes □I |
| (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 gra or assistance |
| See Additional Data Table | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

(a)Type of grant or assistance

(b)Number of

recipients

FURTHER MONITORING OF THE FUNDS

(f)Description of non-cash assistance

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.

(d)A mount of

non-cash assistance

(e)Method of valuation (book,

FMV, appraisal, other)

(c)A mount of

cash grant

| (1) CAMP SCHOLARSHIPS | | 263 | 186,493 | 0 | N/A | N/A | | | |
|---|---|-----|---------|---|-----|-----|--|--|--|
| (2) MAKE IT HAPPEN GRANTS | | 7 | 9,000 | 0 | N/A | N/A | | | |
| (3) SCHOLARSHIPS TO TEACHER | RS | 17 | 10,283 | 0 | N/A | N/A | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. | | | | | | | | | |
| Return Reference | Explanation | | | | | | | | |
| PART I, LINE 2 | AT THE TIME A GRANT IS MADE, THE FEDERATION DESIGNATES THE INTENDED USE OF THE FUNDS THE FEDERATION CONDUCTS NO | | | | | | | | |

Schedule I (Form 990) 2013

Additional Data

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) | 15,000 | | N/A | | BABY CENTER GRANT AWARD, CARDIOVASCULAR SERVICES PROGRAM, PENNY GEORGE INST FOR HEALTH & HEALING |

| Form 990, Schedule 1, Part 11, 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 CONGREGATION 10500 HILLSIDE LANE WEST MINNETONKA,MN 55305 | 41-0693940 | 501(C)(3) | 94,838 | | 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 FOUNDATION 10500 HILLSIDE LANE WEST MINNETONKA,MN 55305 | 36-3529809 | 501(C)(3) | 25,000 | | N/A | | KANE FAMILY FUND FOR JEWISH EDUCATION AND CAMPING | | | |

| Form 990,Schedule 1, Part 11, 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 | | | |
| ADVOCATES FOR HUMAN RIGHTS 330 2ND AVE S SUITE 800 MINNEAPOLIS, MN 55401 | 36-3292374 | 501(C)(3) | 10,000 | | N/A | ' | EXPLOITED YOUTH PROJECT | | | |

| Form 990, Schedule 1, Part 11, 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 | | | |
| AISH - MINNESOTA 2830 INGLEWOOD AVE S MINNEAPOLIS,MN 55416 | 20-5474141 | 501(C)(3) | 11,800 | | N/A | , | GENERAL OPERATING SUPPORT | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOC MN & ND 7900 WEST 78TH SUITE 100 EDINA,MN 55439 | 41-1361624 | 501(C)(3) | 10,000 | | 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) 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 | | | |
| AMERICAN FRIENDS OF MAGEN 3175 COMMERCIAL AVE SUITE 101 NORTHBROOK,IL 60062 | 13-1790719 | 501(C)(3) | 18,773 | | N/A | , | GENERAL OPERATING SUPPORT | | | |

| Form 990, Schedule 1, Part 11, 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 | | | |
| AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC 711 THIRD AVE NEW YORK, NY 10017 | 13-1656634 | 501(C)(3) | 108,750 | | N/A | | GENERAL OPERATING SUPPORT, JEWISH SERVICE CORPS, HUNGER AND HUMANITARIAN RELIEF PROGRAMS | | | |

| Form 990, Schedule 1, Part 11, 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 | | | |
| AMERICAN RED CROSS 1201 W RIVER PKWY MINNEAPOLIS,MN 55454 | 53-0196605 | 501(C)(3) | 5,750 | | N/A | ' | GENERAL OPERATING SUPPORT | | | |

| Form 990, Schedule 1, 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 | | | |
| AMERICAN REFUGEE COMMITTEE WORLD HEADQUARTERS 615 1ST AVENUE NE SUITE 500 MINNEAPOLIS,MN 55413 | 36-3241033 | 501(C)(3) | 40,500 | | 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 | | | |
| AMOS AND CELIA HEILICHER MINNEAPOLIS JEWISH DAY SCHOOL 4330 CEDAR LAKE ROAD ST LOUIS PARK,MN 55416 | 41-1522634 | 501(C)(3) | 448,548 | | N/A | | GENERAL OPERATING SUPPORT, MUSIC PROGRAM SUPPORT, TEACHER TRAINING | | | |

| 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 | | | | |
| ANAPHYLAXIS AND FOOD ALLERGY ASSOCIATION OF MN 2200 HENDON AVE ST PAUL,MN 55108 | 05-0585572 | 501(C)(3) | 8,105 | | N/A | , | NON-ENGLISH SPEAKERS ACCESS TO ALLERGY INFORMATION | | | | |

| -orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------------|---|---|---|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) 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 | | | |
| ARZA - UNION FOR REFORM JUDAISM 633 3RD AVE NEWYORK,NY 10017 | 13-1663143 | 501(C)(3) | 20,000 | | N/A | | GENERAL OPERATING SUPPORT | | | |

| form 990,Schedule 1, Part 11, 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 | | |
| ATHLETES COMMITTED TO EDUCATING STUDENTS 1115 EAST HENNEPIN AVE MINNEAPOLIS,MN 55414 | 41-1789659 | 501(C)(3) | 5,000 | | N/A | | GENERAL OPERATING SUPPORT | | |

| Form 990, Schedule 1, Part 11, 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 | | | |
| BABY'S SPACE A PLACE TO GROW 2438 18TH AVENUE SOUTH MINNEAPOLIS,MN 55404 | 20-4502788 | 501(C)(3) | 60,000 | | N/A | | GENERAL OPERATING SUPPORT | | | |

| Form 990,Schedule 1, Part 11, 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 | | | |
| BAIS YAAKOV OF BALTIMORE 11111 PARK HEIGHTS AVE OWINGS MILLS,MD 21117 | | 501(C)(3) | 7,000 | | N/A | | GENERAL OPERATING SUPPORT | | | |

| Form 990, Schedule 1, Part 11, 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 | | | |
| BAIS YAAKOV SCHOOL 4221 SUNSET BOULEVARD MINNEAPOLIS,MN 55416 | | 501(C)(3) | 49,909 | | N/A | | GENERAL OPERATING SUPPORT | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) 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 | | | |
| BARATZ FAMILY FOUNDATION 326 WEST FERNDALE WAYZATA,MN 55391 | 41-1295774 | 501(C)(3) | 5,750 | | 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 | | | |
| BARRY FAMILY CAMPUS CORPORATION 4330 SOUTH CEDAR LAKE ROAD ST LOUIS PARK,MN 55416 | 20-2381049 | 501(C)(3) | 100,000 | | N/A | | GENERAL OPERATING SUPPORT | | | |

| Form 990,Schedule 1, Part 11, 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 | | |
| BET SHALOM CONGREGATION 13613 ORCHARD ROAD MINNETONKA,MN 55305 | 41-1409280 | 501(C)(3) | 163,336 | | N/A | | GENERAL OPERATING SUPPORT | | |

| Form 990, Schedule 1, Part 11, 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 | | | |
| BET SHALOM ENDOWMENT 13613 ORCHARD ROAD MINNETONKA,MN 55305 | 20-2829035 | 501(C)(3) | 10,000 | | N/A | , | SUPPORT ENDOWMENT | | | |

| Form 990,Schedule 1, Part 11, 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 | | | |
| BETH EL SYNAGOGUE 5225 BARRY STREET WEST MINNEAPOLIS, MN 55416 | 41-0711587 | 501(C)(3) | 320,920 | | N/A | | GENERAL OPERATING SUPPORT, YOUNG ADULT PROGRAM | | | |

| 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 | | | |
| CAMP FRIENDSHIPTRUE FRIENDS 10509 108TH STREET NW ANNANDALE, MN 55302 | 51-0157998 | 501(C)(3) | 36,500 | | N/A | | GENERAL OPERATING SUPPORT, UPGRADE OUTDOOR SPORT COURT | | | |

| Form 990, Schedule 1, Part 11, 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 | | | |
| CAMP RAMAH IN WI 65 EAST WACKER PLACE SUITE 1200 CHICAGO,IL 60601 | 36-6009250 | 501(C)(3) | 13,500 | | N/A | | GENERAL OPERATING SUPPORT | | | |

| Form 990,Schedule 1, Part 11, 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 | | | | |
| CAN DO CANINES 9440 SCIENCE CENTER DRIVE BROOKLYN PARK, MN 55428 | 41-1594165 | 501(C)(3) | 10,502 | | N/A | N/A | PRISON PUPPY TRAINING PROGRAM | | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) 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 | | | |
| CARLETON COLLEGE ONE NORTH COLLEGE STREET NORTHFIELD,MN 55057 | 41-0694747 | 501(C)(3) | 10,000 | | 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 | | | | |
| CHILDREN'S HEALTH CARE FOUNDATION 2910 CENTRE POINTE DRIVE ROSEVILLE,MN 55113 | 41-1814223 | 501(C)(3) | 25,500 | | N/A | | GRANT AWARD FOR GAITRITE SYSTEM, GENERAL OPERATING SUPPORT | | | | |

| Form 990, Schedule 1, Part 11, 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 | | | |
| CHILDRENS DISABILITY SERVICE ASSOC - FRIENDSHIP VENTURES 10509 108TH STREET NW ANNANDALE, MN 55302 | 41-1543013 | 501(C)(3) | 54,000 | | N/A | , | WATER FRONT UPGRADES, GENERATOR | | | |

| 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 | | | |
| COMMONBOND COMMUNITIES 328 KELLOGG BLVD WEST ST PAUL,MN 55102 | 41-1260469 | 501(C)(3) | 8,500 | | N/A | , | GENERAL OPERATING SUPPORT | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------------|---|---|--|---|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) 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 | | | |
| CORNERSTONE ADVOCACY SERVICE 1000 EAST 80TH STREET MINNEAPOLIS, MN 55420 | 41-1476268 | 501(C)(3) | 6,278 | | N/A | | DOMESTIC VIOLENCE PROGRAM 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 | | | |
| EDINA COMMUNITY FOUNDATION 5280 GRANDVIEW SQUARE EDINA,MN 55436 | 41-1315037 | 501(C)(3) | 5,000 | | N/A | | GENERAL OPERATING SUPPORT | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------------|---|---|--|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) 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, EDINA GIVE AND GO | | | | |

| Form 990, Schedule 1, Part 11, 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 | | | | |
| ENVIRONMENTAL DEFENSE INCORP 257 PARK AVENUE SOUTH NEW YORK,NY 10010 | 11-6107128 | 501(C)(3) | 8,000 | | N/A | | GENERAL OPERATING SUPPORT | | | | |

| Form 990, Schedule 1, Part 11, 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 | | | | |
| FRIENDS OF ARAVA INSTITUTE LTD 896 BEACON STREET BOSTON, MA 02215 | 11-3485736 | 501(C)(3) | 7,500 | | N/A | | GENERAL OPERATING SUPPORT | | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) 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 | | | |
| GREATER TWIN CITIES UNITED WAY 404 SOUTH EIGHTH STREET MINNEAPOLIS,MN 55404 | 41-1973442 | 501(C)(3) | 268,500 | | 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) 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 | | | |
| HADASSAH FOUNDATION INC 50 WEST 58TH STREET NEW YORK,NY 10019 | 13-4022483 | 501(C)(3) | 12,100 | | N/A | | GENERAL OPERATING SUPPORT | | | |

| Form 990,Schedule 1, Part 11, 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 | | | |
| HAROLD GRINSPOON FOUNDATION 67 HUNT STREET SUITE 100 AGAWAM,MA 01001 | 04-6685725 | 501(C)(3) | 36,452 | | 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 | | | |
| HEALTHFINDERS COLLABORATIVE INC PO BOX 731 NORTHFIELD,MN 55057 | 20-1805262 | 501(C)(3) | 10,000 | | N/A | N/A | DENTAL PROGRAM | | | |

| form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------------|---|---|---|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) 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 | | |
| HERZL CAMP 7204 WEST 27TH STREET SUITE 226 ST LOUIS PARK,MN 55426 | 41-6009136 | 501(C)(3) | 176,500 | | 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) 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 | | | |
| HILLEL FOUNDATION MINNESOTA 1521 UNIVERSITY AVENUE SE MINNEAPOLIS, MN 55414 | 41-6038613 | 501(C)(3) | 155,671 | | N/A | | MILGROM SHABBAT, GENERAL OPERATING SUPPORT | | | |

| Form 990, Schedule 1, Part 11, 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 | | | |
| INTERACT CENTER FOR THE VISUAL AND PERFORMING ARTS 212 3RD AVENUE NORTH MINNEAPOLIS,MN 55401 | 41-1802858 | 501(C)(3) | 5,000 | | N/A | | GENERAL OPERATING SUPPORT | | | |

| Form 990, Schedule 1, Part 11, 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 | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| ISRAEL TENNIS CENTERS FOUNDATION INC 3275 WEST HILLSBORO BOULEVARD SUITE 102 DEERFIELD BEACH,FL 33442 | 13-2961273 | 501(C)(3) | 5,500 | | N/A | , | GENERAL OPERATING SUPPORT, BOMB SHELTER | | |

| -orm 990,Schedule 1, Part 11, 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 | | | |
| JEREMIAH PROGRAM 1510 LAUREL AVENUE SUITE 100 MINNEAPOLIS,MN 55403 | 41-1801834 | 501(C)(3) | 15,000 | | N/A | | GENERAL OPERATING SUPPORT | | | |

| Form 990,Schedule 1, Pai | form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|---|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) 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 COMMITTEE ON SCOUTING OF MN 9416 WEST 14TH STREET ST LOUIS PARK,MN 55426 | 26-3949718 | 501(C)(3) | 5,000 | | 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) 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 | | | |
| JEWISH COMMUNITY ACTION 2375 UNIVERSITY AVENUE WEST SUITE 150 ST PAUL,MN 55114 | 41-1830619 | 501(C)(3) | 16,300 | | N/A | , | GENERAL OPERATING SUPPORT | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------------|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| JEWISH COMMUNITY RELATIONS COUNCIL OF MINNESOTA & DAKOTAS 12 NORTH 12TH STREET SUITE 480 MINNEAPOLIS, MN 55403 | 41-0826434 | 501(C)(3) | 257,735 | | N/A | | GENERAL OPERATING SUPPORT, HOLOCAUST EDUCATION | | | |

| 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 | | | |
| JEWISH FAMILY AND CHILDREN'S SERVICE 13100 WAYZATA BOULEVARD SUITE 400 MINNETONKA,MN 55305 | 41-0693860 | 501(C)(3) | 1,114,547 | | N/A | | GENERAL OPERATING SUPPORT, SUPPORT PROGRAMS FOR CHILDREN & YOUTH, YOUNG ADULTS, SENIORS, TRANSPORTATION, SCHOLARSHIPS, VOCATIONAL SERVICES, EMERGENCY FINANCIAL ASSISTANCE, PEOPLE WITH | | | |

DISABILITIES

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| JEWISH FEDERATION OF COLLIER COUNTY 2500 VANDERBILT BEACH ROAD SUITE 2201 NAPLES,FL 34109 | 59-2151725 | 501(C)(3) | 25,000 | | 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) 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 | | | | |
| 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 | | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|--|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| JEWISH FEDERATIONS OF NORTH AMERICA WALL STREET STATION PO BOX 157 NEW YORK,NY 10268 | 13-1624240 | 501(C)(3) | 535,492 | | N/A | | TAGLIT- BIRTHRIGHT, TYPHOON HAIYAN RELIEF | | | | |

| 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 | cash | (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 300 MINNETONKA,MN 55305 | 27-2033464 | 501(C)(3) | 34,250 | | N/A | | GENERAL OPERATING SUPPORT | | | |

| Form 990,Schedule 1, Part 11, 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 | | | | |
| JEWISH THEOLOGICAL SEMINARY 3080 BROADWAY NEW YORK, NY 10027 | 13-0887640 | 501(C)(3) | 5,000 | | N/A | | GENERAL OPERATING SUPPORT | | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------------|---|---|--|---|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) 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 | | | |
| KENESSETH ISRAEL SYNAGOGUE 4330 WEST 28TH STREET ST LOUIS PARK,MN 55416 | 41-0780896 | 501(C)(3) | 5,125 | | N/A | | GENERAL OPERATING SUPPORT, YOUTH ROOM FUND | | | |

| Form 990,Schedule 1, Part 11, 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 | | | |
| MASORTI FOUNDATION FOR CONSERVATIVE JUDAISM IN ISRAEL 475 RIVERSIDE DRIVE SUITE 832 NEWYORK,NY 10015 | 13-3137586 | 501(C)(3) | 22,500 | | 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) 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 | | | |
| MAYO CLINIC DEPARTMENT OF DEVELOPMENT 200 1ST STREET SOUTHWEST ROCHESTER, MN 55905 | 41-6011702 | 501(C)(3) | 5,250 | | N/A | | CENTER FOR THE SCIENCE OF HEALTH CARE DELIVERY, CANCER RESEARCH | | | |

| 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 | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| MAZON PO BOX 96119 WASHINGTON,DC 20090 | 22-2624532 | 501(C)(3) | 6,290 | | 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 | | | |
| MINNESOTA CENTER FOR ENVIRONMENTAL ADVOCACY 26 EXCHANGE STREET EAST SUITE 206 ST PAUL,MN 55101 | 23-7412105 | 501(C)(3) | 35,000 | | N/A | , | GENERAL OPERATING SUPPORT | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|---|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) 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 | | | |
| MINNESOTANS AGAINST TERRORISM PO BOX 368 HOPKINS,MN 55343 | 35-2162870 | 501(C)(3) | 15,000 | | 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 | | | |
| NATIONAL COUNCIL OF JEWISH WOMEN 13100 WAYZATA BOULEVARD SUITE 160 MINNETONKA,MN 55305 | 41-0675915 | 501(C)(3) | 6,750 | | N/A | , | STO W25702 - 05/12/15 09 28PM WORKSHEET SCHEDULE I | | | |

| Form 990, Schedule 1, Part 11, 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 | | | |
| NATIONAL COUNCIL OF YOUNG ISRAEL 9590 W SAHARA AVE LAS VEGAS,NV 89117 | 88-0348899 | 501(C)(3) | 1,000,000 | | 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 | | |
| NATIONAL TAY SACHS AND ALLIED DISEASES ASSOCIATION INC 2001 BEACON STREET SUITE 204 BOSTON, MA 02135 | 13-1912877 | 501(C)(3) | 5,000 | | 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 | | | |
| NEIGHBORHOOD HOUSE 179 ROBIE STREET EAST ST PAUL,MN 55107 | 41-0693916 | 501(C)(3) | 20,000 | | N/A | ' | TATTOO REMOVAL PROGRAM | | | |

| -orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) 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 | | | |
| NEW ISRAEL FUND 330 7TH AVENUE 11TH FLOOR NEW YORK, NY 10001 | 94-2607722 | 501(C)(3) | 15,250 | | N/A | | GENERAL OPERATING SUPPORT | | | |

| Form 990,Schedule 1, Part 11, 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 | | |
| PEOPLE FOR PARKS PO BOX 24901 MINNEAPOLIS,MN 55424 | 36-3339180 | 501(C)(3) | 25,000 | | 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) 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 | | | |
| PLANNED PARENTHOOD OF MNSD 671 VANDALIA STREET ST PAUL,MN 55114 | 41-0948382 | 501(C)(3) | 9,000 | | N/A | N/A | ANNUAL CAMPAIGN | | | |

| Form 990, Schedule 1, Part 11, 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 | | | |
| SABES JEWISH COMMUNITY CENTER 4330 SOUTH CEDAR LAKE ROAD ST LOUIS PARK,MN 55416 | 41-0833543 | 501(C)(3) | 674,887 | | N/A | | GENERAL OPERATING SUPPORT, INCLUSION PROGRAM, CAMP SCHOLARSHIPS, PLAYGROUND | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) 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 | | | |
| SCHECHTER INSTITUTES INC BOX 3566 PO BOX 8500 PHILADELPHIA,PA 19178 | 22-3342043 | 501(C)(3) | 12,500 | | N/A | | GENERAL OPERATING SUPPORT | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|---|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) 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 | | | |
| SECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE ST PAUL,MN 55109 | 23-7417654 | 501(C)(3) | 20,750 | | N/A | | GENERAL OPERATING SUPPORT | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| SHA'ARIM 4820 MINNETONKA BOULEVARD SUITE 300 300 ST LOUIS PARK,MN 55416 | 41-1917521 | 501(C)(3) | 117,657 | | N/A | , | GENERAL OPERATING SUPPORT | | |

| Form 990,Schedule 1, Part 11, 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 | | |
| SHIR TIKVAH CONGREGATION 5000 GIRARD AVENUE SOUTH MINNEAPOLIS,MN 55419 | 41-1632627 | 501(C)(3) | 69,202 | | N/A | , | GENERAL OPERATING SUPPORT | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) 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 COMMUNITY ALLIANCE 3620 PHILLIPS PARKWAY SOUTH ST LOUIS PARK,MN 55426 | 41-1837022 | 501(C)(3) | 37,686 | | N/A | | GENERAL OPERATING SUPPORT | | |

| Form 990,Schedule 1, Part 11, 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 | | |
| SHOLOM FOUNDATION 3610 PHILLIPS PARKWAY ST LOUIS PARK,MN 55426 | 36-3411361 | 501(C)(3) | 10,540 | | 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 | | | |
| SOCIAL VENTURE PARTNERS MN 14451 HIGHWAY 7 SUITE 209 MINNETONKA,MN 55345 | 03-0612359 | 501(C)(3) | 6,000 | | N/A | | GENERAL OPERATING SUPPORT | | | |

| Form 990, Schedule 1, Part 11, 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 | | | |
| SOUTHSIDE FAMILY NUTURING CENTER 2448 18TH AVENUE SOUTH MINNEAPOLIS, MN 55404 | 41-1274177 | 501(C)(3) | 8,600 | | N/A | , | GENERAL OPERATING SUPPORT, GROSS MOTOR ENHANCEMENT PROGRAM SUPPORT | | | |

| -orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| STEP-ST LOUIS PARK EMERGENCY PROGRAM 6812 WEST LAKE STREET ST LOUIS PARK,MN 55426 | 51-0188692 | 501(C)(3) | 5,950 | | 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) 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 | | | |
| TALMUD TORAH OF MINNEAPOLIS 4330 SOUTH CEDAR LAKE ROAD ST LOUIS PARK,MN 55416 | 41-0714419 | 501(C)(3) | 269,236 | | N/A | | LEGACY OF EXCELLENCE CAMPAIGN | | | |

| 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 | | | |
| TEMPLE ISRAEL 2324 EMERSON AVENUE MINNEAPOLIS, MN 55405 | 41-0705807 | 501(C)(3) | 272,570 | | N/A | | GENERAL OPERATING SUPPORT, RABBIS DISCRETIONARY FUNDS | | | |

| Form 990, Schedule 1, Part 11, 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 | | | |
| THE BLAKE SCHOOL SDS 12-2577 PO BOX 86 MINNEAPOLIS,MN 55486 | 23-7243247 | 501(C)(3) | 11,300 | | 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) 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 | | | |
| TORAH ACADEMY OF MINNEAPOLIS 2800 JOPPA AVENUE SOUTH ST LOUIS PARK,MN 55416 | 41-6007486 | 501(C)(3) | 239,980 | | N/A | , | GENERAL OPERATING SUPPORT, CHAPEL REMODELING | | | |

| Form 990, Schedule 1, Part 11, 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 | | | |
| UNITED WAY - GREATER TWIN CITIES 404 SOUTH EIGHTH STREET MINNEAPOLIS,MN 55404 | 41-1973442 | 501(C)(3) | 21,700 | | 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) 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 | | | |
| UNIVERSITY OF MINNESOTA - INSTITUTE ON THE ENVIRONMENT PO BOX 70870 ST PAUL,MN 55170 | 41-6042488 | 501(C)(3) | 115,000 | | N/A | | GENERAL OPERATING SUPPORT | | | |

| -orm 990,Schedule 1, Part 11, 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 | | |
| WILDERNESS INQUIRY INC 808 14TH AVENUE SOUTHEAST MINNEAPOLIS,MN 55414 | 93-0708637 | 501(C)(3) | 15,250 | | N/A | | GENERAL OPERATING SUPPORT, 24 FOOT VOYAGER CANOE, YELLOWSTONE NAT'L PARK TRIP | | |

| Form 990,Schedule 1, Part 11, 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 | | |
| YESHIVA OF MINNEAPOLIS 4401 WEST 25TH STREET MINNEAPOLIS,MN 55416 | | 501(C)(3) | 5,750 | | N/A | , | GENERAL OPERATING SUPPORT | | |

| Form 990, Schedule 1, Part 11, 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 | | | |
| YOUNG JUDAEA GLOBAL INC 575 8TH AVENUE 11TH FLOOR NEWYORK,NY 10038 | 45-2640858 | 501(C)(3) | 50,000 | | N/A | | GENERAL OPERATING SUPPORT | | | |

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DLN: 93493180008375

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Internal Revenue Service Name of the organization MINNEAPOLIS JEWISH FEDERATION

Employer identification number

41-0693866

| Pai | t I Questions Regarding Compensation | | | | | |
|-----|--|----------|--|----|-----|----|
| | | | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III | | | | | |
| | First-class or charter travel | Γ | Housing allowance or residence for personal use | | | |
| | Travel for companions | | Payments for business use of personal residence | | | |
| | Tax idemnification and gross-up payments | | Health or social club dues or initiation fees | | | |
| | Discretionary spending account | Г | Personal services (e g , maid, chauffeur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the org reimbursement or provision of all of the expenses des | | | 1b | | |
| 2 | Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Execu | | | _ | | |
| | | | nector, regulating the recine effected in time 14 | 2 | | |
| 3 | Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all the used by a related organization to establish compensa | at appl | y Do not check any boxes for methods | | | |
| | ▼ Compensation committee | <u></u> | Written employment contract | | | |
| | ☐ Independent compensation consultant | ~ | Compensation survey or study | | | |
| | Form 990 of other organizations | | Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, P or a related organization | art VII | , Section A, line 1a with respect to the filing organization | | | |
| а | Receive a severance payment or change-of-control p | aymen | t? | 4a | | No |
| b | Participate in, or receive payment from, a supplement | tal non | qualified retirement plan? | 4b | | Νo |
| C | Participate in, or receive payment from, an equity-ba | sed co | mpensation arrangement? | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and pro | vide th | e applicable amounts for each item in Part III | | | |
| | Only 501(c)(3) and 501(c)(4) organizations only mus | t com | olete lines 5-9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of | | | | | |
| а | The organization? | | | 5a | | Νo |
| b | Any related organization? | | | 5b | | Νo |
| | If "Yes," to line 5a or 5b, describe in Part III | | | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of | lıne 1a | , did the organization pay or accrue any | | | |
| а | The organization? | | | 6a | | No |
| b | Any related organization? | | | 6b | | Νo |
| | If "Yes," to line 6a or 6b, describe in Part III | | | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," de | | | 7 | | No |
| 8 | Were any amounts reported in Form 990, Part VII, pa | aid or a | ccured pursuant to a contract that was | | | |
| | subject to the initial contract exception described in | | | | | |
| | ın Part III | | | 8 | | No |
| 9 | If "Yes" to line 8, did the organization also follow the section 53 $4958\text{-}6(c)^{\circ}$ | rebutt | 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) | 210,174 0 | 0 | 6,226 0 | 15,004 0 | 28,308 0 | 259,712 0 | 0 | |

Schedule J (Form 990) 2013

Part III Supplemental Information

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

Return Reference Explanation

Schedule J (Form 990) 2013

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DLN: 93493180008375

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

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

| Name of the organization MINNEAPOLIS JEWISH FEDERATION | | | | | | Employer identification number | | | | |
|--|---|----------------------------------|--|---|----------|--|--------|-------|----|--|
| | EN GLIS SEWISH I EBEKANIGH | | | | 41-06 | 593866 | | | | |
| Pa | rt I 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 1g | n | (d] Method of de oncash contrib | etermi | | ts | |
| 1 | Art—Works of art | | | | | | | | | |
| 2 | Art—Historical treasures . | | | | | | | | | |
| 3 | Art—Fractional interests | | | | | | | | | |
| 4 | Books and publications | | | | <u> </u> | | | | | |
| 5 | Clothing and household goods | | | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | | |
| 7 | Boats and planes | | | | | | | | | |
| 8 | Intellectual property | | | | | | | | | |
| 9 | Securities—Publicly traded . | X | 115 | 4,621,583 | STO | CK MARKET Q | UOTE | S | | |
| 10 | Securities—Closely held stock . | | | , , | | | | | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | | | | | | | |
| 12 | Securities—Miscellaneous | | | | | | | | | |
| | Qualified conservation contribution—Historic structures | | | | | | | | | |
| 14 | Qualified conservation contribution—Other | | | | | | | | | |
| 15 | Real estate—Residential . | Х | 1 | 900,000 | APPF | RAISAL | | | | |
| 16 | Real estate—Commercial | | | | | | | | | |
| 17 | Real estate—O ther | | | | | | | | | |
| 18 | Collectibles | | | | | | | | | |
| 19 | Food inventory | | | | | | | | | |
| 20 | Drugs and medical supplies . | | | | | | | | | |
| 21 | Taxıdermy | | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | | |
| 24 | Archeological artifacts | | | | <u> </u> | | | | | |
| 25 | O ther ► () | | | | <u> </u> | | | | | |
| 26 | O ther ▶() | | | | <u> </u> | | | | | |
| 27 | O ther ▶() | | | | | | | | | |
| 28 | O ther ▶ () | | | 1 | <u> </u> | | | | | |
| 29 | Number of Forms 8283 received for which the organization comple | | | | 29 | | | | 0 | |
| | | | | | | | | Yes | No | |
| 30a | During the year, did the organiza | | | | | | | | | |
| | it must hold for at least three ye | ars from th | e date of the initial contribu | tion, and which is not requi | red to | be used | | | | |
| | for exempt purposes for the enti | re holdıng p | period? | | | | 30a | | Νo | |
| ь | If "Yes," describe the arrangem | ent in Part : | II | | | | | | | |
| 31 | Does the organization have a gif | t acceptan | ce policy that requires the r | eview of any non-standard | contr | ıbutıons? | 31 | Yes | | |
| 32a | Does the organization hire or us | • | = | to solicit, process, or sell | nonca | sh | | | | |
| | | | | | • | • • | 32a | | Νo | |
| b | If "Yes," describe in Part II | | | | | | | | | |
| 33 | If the organization did not report | an amount | : in column (c) for a type of [| property for which column (| (a) is d | hecked, | | | | |

describe in Part II

| Part II | Supplemental Information. Provide the information required by Part I, lines 30b, | | |
|---------|--|--|--|
| | 32b, and 33, and wl | nether the organization is reporting in Part I, column (b), the number of contributions, the | |
| | number of items red | ceived, or a combination of both. Also complete this part for any additional information. | |
| Re | turn Reference | Explanation | |

| Return Reference | Explanation |
|--------------------|---|
| PART I. COLUMN (B) | THE FEDERATION REPORTS THE NUMBER OF CONTRIBUTORS ON PART I. COLUMN B |

Schedule M (Form 990) (2013)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493180008375

Employer identification number

41-0693866

SCHEDULE 0 (Form 990 or 990-EZ)

Name of the organization MINNEAPOLIS JEWISH FEDERATION

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

OMB No 1545-0047 2013

Open to Public Inspection

| 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 |

| Return Reference | Explanation |
|--------------------------------------|---|
| FORM 990, PART VI, SECTION A, LINE 2 | BRAD AND LORI FRITZ - FAMILY RELATIONSHIP |

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 6 | 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 |

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION A, LINE 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, 5 FIVE DIRECTORS-AT-LARGE 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 |

| 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 AND INDIVIDUAL LAY LEADERS OF THE COMMUNITY THE PUBLIC INSPECTION COPY OF THE 990 IS THEN PROVIDED TO ALL BOARD MEMBERS PRESENT AT A BOARD MEETING PRIOR TO THE FILING |

| Return Reference | Explanation |
|---|---|
| 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 MJF OVERSIGHT 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 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 |

| 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 2013-2014 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 2013-2014 YEAR |

| 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 |

| Return Reference | Explanation |
|---------------------------|--|
| FORM 990, PART XI, LINE 9 | CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 718,275 |

DLN: 93493180008375

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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

| | | | | 41-06938 | 00 | | |
|---|--|---|----------------------------|--|--------------------------------------|---|------|
| Part I Identification of Disregarded Entities Com | plete if the organization | answered "Yes" o | n Form 990, Pai | rt IV, line 33. | | | |
| (a) Name, address, and EIN (ıf applıcable) of dısregarded entıty | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity | | |
| | | | | | | | _ |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during | anizations Complete if ig the tax year. | the organization a | nswered "Yes" (| on 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 | n Public charity st (if section 501(c | | (g) Section 51 (13) contro entity? | olle |
| (1) JEWISH COMMUNITY BUILDING CORPORATION | HOLDING REAL ESTATE TO | MN | 501(C)(25) | N/A | MINNEAPOLIS JEWISH | Yes N | No |
| 13100 WAYZATA BOULEVARD 200 | SUPPORT THE JEWISH COMMUNITY | | (,(, | | FEDERATION | | |
| MINNETONKA, MN 55305 41-1933056 | | | | | | | |
| (2) KELEN FAMILY FOUNDATION | SUPPORT MINNEAPOLIS JEWISH FEDERATION | MN | 501(C)(3) | LINE 11C, III-FI | MINNEAPOLIS JEWISH FEDERATION | Yes | |
| 4900 IDS TOWER 80 S EIGHTH STREET | | | | | | | |
| MINNEAPOLIS, MN 55402 41-1854293 | | | | | | | |
| (3) EFFRESS-MILLER FAMILY FOUNDATION | SUPPORT MINNEAPOLIS JEWISH FEDERATION | MN | 501(C)(3) | LINE 11C, III-FI | MINNEAPOLIS JEWISH FEDERATION | Yes | |
| 8545 AVENIDA DE LAS ONDAS | | | | | | | |
| LA JOLLA, CA 92037 41-1781993 | | | | | | | |
| (4) THE JUDITH AND MICHAEL BERMAN FOUNDATION | SUPPORT MINNEAPOLIS JEWISH FEDERATION | MN | 501(C)(3) | LINE 11A, I | MINNEAPOLIS JEWISH FEDERATION | Yes | |
| 13100 WAYZATA BOULEVARD 200 | JEWISH FEDERATION | | | | ILDERATION | | |
| MINNETONKA, MN 55305 26-0181739 | | | | | | | |
| (5) OREN AND SHARRON STEINFELDT FOUNDATION | SUPPORT MINNEAPOLIS JEWISH FEDERATION | MN | 501(C)(3) | LINE 11C, III-FI | MINNEAPOLIS JEWISH FEDERATION | Yes | |
| 240 BRIDLE LANE | | | | | | | |
| HOPKINS, MN 55305 13-4228266 | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| (a) Name, address, and E | | (b) | (c) | (d) | | ≘) . | (f) | (g) | _ (h | 1) | (i) | C (d | i) _ | (k) |
|---|--------------------------------|---|---|-------|--|--|---|--|---------------------------------|------------------------------------|---|--------------|--------|---|
| Name, address, and E related organizatio | EIN of on | Primary activity | Legal domicile (state or foreign country) | entit | Ing Income(/ unrel exclude tax to section | edominant ome(related, inrelated, cluded from fax under ctions 512- 514) | m total income | Share of end-of-year assets | Disproprtionate allocations? | | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | mana part | agıng | Percentage ownership |
| | | | | | 51 | 4) | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | | |
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| Identification of Related line 34 because it had one of | | | | | | | | | wered | d "Yes | " on Form | 990, | Part 1 | IV, |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Lega domic (state or t counti | il ile oreign | | (d) Direct controllin entity | (C co | (e) of entity rp, S corp, trust) | (f) Share of total Income | | (g) e of end- year assets | -of- Percen owner | ıtage | | (i) ection 512 (b)(13) controlled entity? |
| | | | | | | | | | | | | | | es No |
|) SPLIT INTEREST TRUSTS 0) | INVESTMENT | MN | | | | T | | | | | | | | No |
| :100 WAYZATA BOULEVARD 0 INNETONKA, MN 55305 | | | | | | | | | | | | | | |
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| | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | - | | | Yes | No | | | | |
|--|--|-------------------------|---------------------------------------|------------------|------------|-----|----|--|--|--|--|
| 1 D | uring the tax year, did the orgranization engage in any of the following transactions with one or more r | elated organizations li | sted in Parts II-IV? | > | | | | | | | |
| а | Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | | | 1a | | No | | | | |
| b | b Gift, grant, or capital contribution to related organization(s) | | | | | | | | | | |
| 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) | | | | | | | | | | | |
| ı | l Performance of services or membership or fundraising solicitations for related organization(s) | | | | | | | | | | |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | | No | | | | |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | Yes | | | | | |
| 0 | Sharing of paid employees with related organization(s) | | | | 10 | Yes | | | | | |
| | | | | | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1р | Yes | | | | | |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1 q | Yes | | | | | |
| | | | | | | | | | | | |
| 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 | 1 | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| (a) (b) (c) (d) Name of related organization Transaction type (a-s) | | | | | | | d | | | | |
| (1) J | EWISH COMMUNITY BUILDING CORPORATION | К | 96,950 | CASH TRANSFERRED | | | | | | | |
| (2) | REN AND SHARRON STEINFELDT FOUNDATION | С | 215,000 | CASH TRANSFERRED | | | | | | | |
| | | | | 1 | | | | | | | |
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| | | 1 | 1 | | | | | | | | |

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

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

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

| revenue) that was not a related organization. See instructions i | | | | | | | | | | | | | |
|--|-------------------------|---|--|-----|--|------------------------------------|--|--|----|--|---|----------|---------------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | | (e) all partners section 501(c)(3) anizations? | (f) Share of total Income | (g) Share of end-of-year assets | (h) Disproprtiona allocations ⁷ | _ | (i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | _ | (k) Percentage ownership |
| | | | 314) | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | 1 | |
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Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013