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DLN: 93493186007407

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)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www.IRS.gov/foim990

OMB No 1545-0047

Open to Public Inspection

A F	or the	2015 ca	lendar year, or tax year begi	nning 09-01-2015 , and ending 08-31-20	16						
B Ch	eck ıf a	applicable	C Name of organization MINNEAPOLIS JEWISH FEDERAT	TION		D Empl	oyer id	entification number			
		change				41-0	6938	66			
_	ame ch	-	Doing business as			_					
_	iitial ret	turn				E Talank					
Fı return,	naı /termın	nated		if mail is not delivered to street address) Room/si	uite	E Teleph	ione nu	mber			
An	nended	l return	13100 WAYZATA BLVD NO 200			(612) 593-	-2600			
Ap	plicatio	n pending	City or town, state or province, MINNETONKA, MN 55305	country, and ZIP or foreign postal code							
						G Gross	receipts	s \$ 23,046,741			
			F Name and address of pri	ncıpal officer	H(a) Is	this a grou	p retur	n for			
			MYRA L GIESENER 13100 WAYZATA BLVD N	O 200	l .	ibordinates 7)	⊤ Yes 🗸			
			MINNETONKA, MN 5530	5		lo re all suborc	linates	5 – – .			
I Ta	x-exen	npt status	√ 501(c)(3)	◄ (insert no)		cluded?		Yes No			
J W	ebsite	e:▶ WV	VW JEWISHMINNEAPOLIS C) RG		•		t (see instructions)			
						roup exemp					
K For	m of or	ganızatıon	Corporation Trust As	sociation Other >	L Year o	f formation 1		M State of legal domicile MN			
Da	rt I	Sum	ımary								
FG	1			sion or most significant activities							
				THE WELFARE OF JEWS EVERYWHERE,	& MAXIMIZ	'E PARTICI	PATI	ON IN JEWISH LIFE			
e e	_										
Governance	_										
Ē]	C b 1. +b				- 2 F 0/ - 5 - 1					
Š	~ '	Спеск п	iis box 🕨 II the organizatio	n discontinued its operations or disposed	or more tha	111 25% 01 11	s net	assets			
	3 1	Number	of voting members of the gov	erning body (Part VI, line 1a)			3	32			
~ ~			-	ers of the governing body (Part VI, line 1b			4	32			
Ĕ			•	ın calendar year 2015 (Part V, line 2a)			5	63			
Activities &			• •	ıf necessary)			6	750			
⋖			·	n Part VIII, column (C), line 12			7a	-140,394			
				e from Form 990-T, line 34			7b	-141,394			
						Prior Year	1 1 1	Current Year			
	8	Contr	ibutions and grants (Part VII	I, line 1h)		23,416	.861	12,623,898			
얔	9		-	I, line 2g)			0	0			
Ravenua	10	_	•	umn (A), lines 3, 4, and 7d)		1,695	,663	1,823,099			
æ	11	· · · · · · · · · · · · · · · · · · ·						483,495			
	12		,	11 (must equal Part VIII, column (A), lir	ne 🗀	25 224	252	· · · · · · · · · · · · · · · · · · ·			
		12)				25,224	,332	14,930,492			
	13	Grant	s and sımılar amounts paıd (F	Part IX, column (A), lines 1-3)		10,747	,985	10,207,696			
	14	Benef	its paid to or for members (Pa	art IX, column (A), line 4)			0	0			
S	15			loyee benefits (Part IX, column (A), lines		2,093	,798	2,737,751			
Expenses		5-10	•	77/ 1 /4 / 1 / 4		<u> </u>					
D G	16a		- '	: IX, column (A), line 11e)	•		0	0			
፭	Ь		undraising expenses (Part IX, colum								
	17		. , , , , ,	A), lines 11a-11d, 11f-24e)	·	1,423		1,888,576			
	18		•	(must equal Part IX, column (A), line 25)		14,265	` 	14,834,023			
	19	кечег	iue iess expenses. Subtract l	ine 18 from line 12	+	10,958	,852	96,469			
7C Q					Beginnin	g of Current	Year	End of Year			
afa	20	Total	assets (Part X, line 16) .			111,316	,370	116,598,924			
Net Assets or Fund Balances	21		liabilities (Part X, line 26) .			31,069		35,110,131			
žĪ	22			act line 21 from line 20		80,246	,534	81,488,793			
Pai	rt II	Sign	nature Block		<u>'</u>						
my ki	nowle	dge and		examined this return, including accompai complete Declaration of preparer (other t							
		***	* * *			2017-06-28					
Sigr			ature of officer			Date					
Her		MYD	A L GIESENER COO/CFO								
			e or print name and title								
			Print/Type preparer's name		Date	Check I if	PTIN				
Paid	d		AMY HENDLEY	AMY HENDLEY		cneck if self-employed	P013	00654			
	 pare	?r ⊢	Firm's name			Fırm's EIN 🟲 4	41-0746	5749			
	On		Firm's address ► 220 SOUTH SIXTH	STREET SUITE 300		Phone no (61	one no (612) 376-4500				
	11	עיי	MINNEAPOLIS, MN	MINNEAPOLIS, MN 55402							

Par	Checklist of Required Schedules			1
	r		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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 V 🕏	10	Yes	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	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	
	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 3	11b	Yes	
	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 2	11c		No
	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 2	11 d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	<u> </u>
	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	12 a		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 $11e^7$ 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? <i>If "Yes," complete Schedule G, Part II</i>	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		1

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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 domestic 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 or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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 "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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	28 c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
			arm 000	(201E)

	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 45		res	NO
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1 b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
٠	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	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	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ►			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6 b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
d	file Form 8282?	7 c		No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
Q2	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			110
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	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		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand	Į		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 32			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)
			Yes	No
.0a	Did the organization have local chapters, branches, or affiliates?	10 a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
.2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
.3	Did the organization have a written whistleblower policy?	13	Yes	
.4	Did the organization have a written document retention and destruction policy?	14	Yes	
L 5	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15 b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Se	ction C. Disclosure			
L 7	List the States with which a copy of this Form 990 is required to be filed MN , CA			
L 8	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.			
L9	▼ Own website ▼ Another's website ▼ Upon request □ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	c		

►MYRA L GIESENER COOCFO OF MJF 13100 WAYZATA BLVD NO 200 MINNETONKA, MN 55305 (952) 417-2348

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

- 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	more than one box, unless person is both an officer and a director/trustee)				unless officer	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the			
	for related organizations below dotted line)	Individual trustee or director	entrovee key employee Officer Institutional Trustee		fficer nstitutional Trustee idividual trustee		Institutional Trustee Individual trustee Indirector		Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table													
			_										
										Form 990 (2015)			

ITT VIII Section A. Officer	s, Directors,	Trustees, K	(ey Emplo	yees, and	d Highest Com	pensated Emplo	yees	(continued)
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	(A) Name and Title	(B) A verage hours per week (list any hours	more t	han on is	one both	oox, an	heck unless officer stee)	5	(D Report compen from organizat	able sation the ion (W-	(E) Reportable compensation from related organizations (W	/-	(F) Estima imount o compens	ited f other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-	MISC)	2/1099-MISC)		rganizat relat organiza	ed
See	Addıtıonal Data Table													
							<u> </u>							
							+							
							+							
							-					_		
							1							
							1							
1b	Sub-Total						. •		•		•			
c d	Total from continuation sheet Total (add lines 1b and 1c) .	s to Part VII, S	ection A	٠.	•	•	· 🟲		498	,806	0			60,601
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w			nan	1		<u> </u>
													Yes	No
3	Did the organization list any fo					key	emplo	yee,	, or highest	compen	sated employee			
_	on line 1a? If "Yes," complete S					•		•		• •		3		No
4	For any individual listed on line organization and related organ													
	ındıvıdual		•		•	•	•	•				4	Yes	
5	Did any person listed on line 1 services rendered to the organ								_	anızatıon • •	or individual for	5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your fix	ve highest comp											tav u==::	
	compensation from the organiz	(A)	•	ation	101	ne c	.arenda	ai ye	ar ending v		(B)	10115	, (C)
	N	lame and business	address							Des	scription of services	+	Comper	sation
												-+		
	Tatal number 6 1		4					- 1						
	Total number of independent co \$100,000 of compensation fron			not	ıımıt	ed t	o tnose	elist	ed above)	wno rece	eived more than			

Part V	* + + +	Statement o	f Revenue					
		Check if Schedi	ule O contains a respor	se 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 512-514
s	1a	Federated cam	paigns 1a	2,384				
ints Int	Ь	Membership du	ıes 1b					
Gra	c	Fundraising eve						
ons, Gifts, Grants Similar Amounts		_		262.000				
Giff	d	Related organiz	zations 1d	262,000				
i. i.	e	Government grant	s (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f	12,359,514				
tributic Other	_		ons included above					
Ē O	g	1a-1f \$	ons included in lines	2,788,839				
Cont	h	Total. Add lines	s 1a-1f	· · · •	12,623,898			
				Business Code				
Program Service Revenue	2a							
<u>خ</u> لاح	ь							
<u>۔</u> د	C C							
Ę	d							
S E	e							
grar	f	All other progra	am service revenue					
ě	_	Total Add line	s 2a-2f					
	g 3		ome (including dividend					
			ar amounts)		1,105,681		-140,394	1,246,075
	4	Income from inves	stment of tax-exempt bond p	proceeds >				
	5	Royalties		•				
		C	(ı) Real	(II) Personal				
	6a	Gross rents						
	Ь	Less rental expenses						
	c c	Rental income						
	d	or (loss) Net rental inco	me or (loss)					
	-		(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	8,833,667	.,				
	ь	Less cost or other basis and sales expenses	8,116,249					
	C	Gain or (loss)	717,418					
	d		ss)	· · · · •	717,418			717,418
Other Revenue	8a		luding s reported on line 1c)					
<u>L</u>		See Part IV, lir	ne 18 a					
the	ь	Less directex	penses b					
0	С .		(loss) from fundraising (events ►				
	9a		rom gaming activities ne 19 a					
	b c		penses b (loss) from gaming activ					
	10a	Gross sales of	inventory, less	•				
		returns and allo	owances .					
			a					
	b	_	oods sold b [ntory				
	├	Miscellaneous	(loss) from sales of inve	Business Code				
	11a			900099	246,830			246,830
	ь		_	900099	168,978			168,978
	, c	MISCELLANEO MISSIONS IN		900099	67,687			67,687
	d		ue	200033	3,,007			27,007
	e e		ue	•				
					483,495			
	12	iotai revenue.	See Instructions	· · · •	14,930,492	0	-140,394	2,446,988

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX								
Γ								

domesti Grants a individu Grants a governmand 16 Benefits Comper (as defindescribe) Other s. Pension and 403 Other e Payroll Fees for a Manage b Legal Lobbyin e Profess f Investm g Other (I amount, 12 Advertis) Advertis Office e Informa	and other assistance to domestic organizations and cic governments. See Part IV, line 21	7,040,264 239,341 2,928,091	7,040,264 239,341		
and roll of the ro	and other assistance to foreign organizations, foreign ments, and foreign individuals See Part IV, lines 15	·	239,341		
governn and 16 4 Benefits 5 Comper key emp 6 Comper (as defindescribe 7 Other s. 8 Pension and 403 9 Other e 10 Payroll	ments, and foreign individuals See Part IV, lines 15	·	239,341		
4 Benefits 5 Comper key emp 6 Comper (as defindescribe) 7 Other s. 8 Pension and 403 9 Other e 10 Payroll 11 Fees for a Manage b Legal c Account d Lobbyin e Profess f Investri g Other (I amount, 12 Advertis) 13 Office e 14 Informa	s paid to or for members	2,928,091			
5 Comperkey employments of the service of the servi	nsation of current officers, directors, trustees, and		2,928,091		
key emp Comper (as defin describe Comper (as defin describe Comper (as defin describe Pension and 403 Cother e Manage b Legal c Account d Lobbyin e Profess f Investm g Other (I amount, Advertis Coffice e Informa					
(as defin describe de	ployees	442,090	177,661	91,054	173,375
8 Pension and 403 9 Other e 10 Payroll 1 11 Fees for a Manage b Legal c Account d Lobbyin e Profess f Investin g Other (I amount, 12 Advertis 13 Office e 14 Informa	nsation not included above, to disqualified persons ined under section 4958(f)(1)) and persons ied in section 4958(c)(3)(B)				
and 403 9 Other e 10 Payroll i 11 Fees for a Manage b Legal c Account d Lobbyin e Profess f Investm g Other (I amount, 12 Advertis 13 Office e 14 Informa	salarıes and wages	1,910,582	767,798	393,508	749,276
10 Payroll 1 11 Fees for a Manage b Legal c Account d Lobbyin e Profess f Investm g Other (I amount, 12 Advertis 13 Office e 14 Informatic 15 c 15	n plan accruals and contributions (include section 401(k) 3(b) employer contributions)	47,087	18,923	9,698	18,466
11 Fees for a Manage b Legal c Account d Lobbyin e Profess f Investr g Other (I amount, 12 Advertis 13 Office e 14 Informa	employee benefits	177,186	71,205	36,494	69,487
 11 Fees for a Manage b Legal c Account d Lobbyin e Profess f Investm g Other (I amount, 12 Advertis 13 Office e 14 Informa 	taxes				
 a Manage b Legal c Account d Lobbyin e Profess f Investm g Other (I amount, 12 Advertis 13 Office e 14 Informa 		160,806	64,622	33,120	63,064
 b Legal c Account d Lobbyin e Profess f Investm g Other (I amount, 12 Advertis 13 Office e 14 Informa 	r services (non-employees)				
c Account d Lobbyin e Profess f Investm g Other (I amount, 12 Advertis 13 Office e 14 Informa	ement	202.212	10.142	121 571	
d Lobbyin e Profess f Investm g Other (I amount, 12 Advertis 13 Office e 14 Informa		203,313	19,142	131,571	52,600
 e Profess f Investm g Other (I amount, 12 Advertis 13 Office e 14 Informa 	nting	52,706		52,706	
f Investm g Other (I amount, 12 Advertis 13 Office e 14 Informa	sional fundraising services See Part IV, line 17				
g Other (I amount,12 Advertis13 Office e14 Informa	ment management fees				
amount, 12 Advertis 13 Office e 14 Informa	If line 11g amount exceeds 10% of line 25, column (A)				
13 Office e14 Informa	t, list line 11g expenses on Schedule O)	268,543	30,246	155,185	83,112
14 Informa	ising and promotion	120,199	39,943	3,286	76,970
	expenses	159,630	16,511	88,797	54,322
4E Davidhia	ation technology				
15 Royaltie	es				
16 Occupa	ancy	153,079	59,166	93,913	
17 Travel		177,812	176,427	101	1,284
•	nts of travel or entertainment expenses for any federal, or local public officials				
19 Confere	ences, conventions, and meetings	452,466	261,198	16,406	174,862
20 Interest	t	3,789		3,789	
,	nts to affiliates				
•	iation, depletion, and amortization	29,306		29,306	<u> </u>
24 Other e. miscella	expenses Itemize expenses not covered above (List aneous expenses in line 24e If line 24e amount exceeds fline 25, column (A) amount, list line 24e expenses on	53,950	5,079	34,913	13,958
	LLANEOUS	185,318	132,584	874	51,860
	MENT & REPAIRS	37,475	9,675	21,570	6,230
	SION FOR BAD DEBTS	-9,010	2,2.0	-9,010	
d		-,,,,,,		-,	
e All othe	er expenses				
25 Total fu	unctional expenses. Add lines 1 through 24e	14,834,023	12,057,876	1,187,281	1,588,866
reported education	osts.Complete this line only if the organization d in column (B) joint costs from a combined ional campaign and fundraising solicitation here				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any li	ne in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1,806,924	1	3,180,704
	2	Savings and temporary cash investments			2	
Assets	3	Pledges and grants receivable, net		13,168,734	3	6,085,091
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former offitrustees, key employees, and highest compensated emp II of Schedule L			5	
sets	6	Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see insepart II of Schedule L	(c)(3)(B), and section 501(c)(9)		6	
AS:	,	Notes and leans resourable not			7	
	7	Notes and loans receivable, net				
	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			
	b	Less accumulated depreciation	10b 771,029	61,627	10 c	32,321
	11	Investments—publicly traded securities		76,309,949	11	88,979,813
	12	Investments—other securities See Part IV, line 11 .	14,693,417	12	15,061,387	
	13	Investments—program-related See Part IV, line 11 $$.		1,448,900	13	1,354,174
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		3,826,819	15	1,905,434
	16	Total assets.Add lines 1 through 15 (must equal line 34)	111,316,370	16	116,598,924
	17	Accounts payable and accrued expenses		358,452	17	276,647
	18	Grants payable		7,120,958	18	9,499,214
	19	Deferred revenue		186,004	19	76,789
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV	of Schedule D	22,553,876	21	24,142,812
iabilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and d				
<u>.</u>		persons Complete Part II of Schedule L			22	
Ë	23	Secured mortgages and notes payable to unrelated third	parties		23	
	24	Unsecured notes and loans payable to unrelated third pa	rties	0	24	356,745
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to related third parties,			
				850,546	25	757,924
	26	Total liabilities. Add lines 17 through 25		31,069,836	26	35,110,131
ses		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere ▶ 🔽 and complete			
lan	27	Unrestricted net assets		64,374,373	27	74,159,427
ထိ	28	Temporarily restricted net assets		11,527,629	28	2,984,609
P	29	Permanently restricted net assets		4,344,532	29	4,344,757
or Fu		Organizations that do not follow SFAS 117 (ASC 958), c complete lines 30 through 34.				
Assets or Fund Balance	30	Capital stock or trust principal, or current funds			30	
Se	31	Paid-in or capital surplus, or land, building or equipment			31	
Ä	32	Retained earnings, endowment, accumulated income, or			32	
Net	33	Total net assets or fund balances		80,246,534	33	81,488,793
_	34	Total liabilities and net assets/fund balances		111,316,370	34	116,598,924
						<u> </u>

orm	990 (2015)		Page 12
Par	t XI Reconcilliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,930,492
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,834,023
3	Revenue less expenses Subtract line 2 from line 1	3	96,469
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	80,246,534
5	Net unrealized gains (losses) on investments	5	1,101,328
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	44,462
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	81,488,793

	Check if Schedule O contains a response or note to any line in this Part XII			
	eneek in benediate of contains a response of noce to any line in this fate xii		Yes	No
	Accounting method used to prepare the Form 990			
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 reviewed on a separate basis, consolidated basis, or both			
	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 separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID: Software Version:

EIN: 41-0693866

Name: MINNEAPOLIS JEWISH FEDERATION

Form 990, Part III, Line 4a

4a	(Code) (Expenses \$	12,057,876	including grants of \$	10,207,696) (Revenue \$	0)
	MINNEAPOLIS AREA ANI PROVIDE MONIES FOR	O IN NATIONAL AND INTERNAT BENEFICIARY AGENCIES TO BL GRANTS ARE MADE TO VARIOU	IONAL COMMUN	NITIES THE FEDERATION UPGRADE EXISTING PROG	HAT BENEFIT APPROXIMATELY 33,000 JEWS RAISES FUNDS THROUGH ANNUAL AND DIRE GRAMMING AND INFRASTRUCTURES IN THE C D STATES THROUGH ADVISED FUND RECOMM	CTED CAMPAIGNS TO GREATER MINNEAPOLIS

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

(F) Estimated amount

of other

compensation from the

organization and related organizations

0

0

0

0

0

Compensated Employees, and Inde	pendent Cor	ntracto	rs			, -	,	p.:0,000,g	
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more ti perso and a	ion (han o n is b	ne b ooth	ox, ι an o	unles s fficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-
	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)
LINDA KETOVER PRESIDENT	20 00	×		x				0	0
MICHAEL BARRY IMMEDIATE PAST PRESIDENT	5 00	×		x				0	0
JEREL SHAPIRO TREASURER	1 00	×		x				0	0
MARK APPLEBAUM ASSISTANT TREASURER	1 00	×		x				0	0
HOWARD ZACK SECRETARY/AT-LARGE	1 00	×		x				0	0
SHANE BORODITSKY	1 00	×						0	0

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DIRECTOR

DIRECTOR

BRAD FRITZ

DIRECTOR

DIRECTOR

DIRECTOR

JASON GRAIS

RABBI ALEXANDER DAVIS

DEBBIE GOLDENBERG

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

(F) Estimated amount

of other

compensation from the

organization and related organizations

0

0

0

0

0

0

Compensated Employees, and Inde	pendent Cor	ntracto	rs			-	_		
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more the perso and a	ion (han o n is b	ne b ooth	ox, an o	unles s ifficer	5	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)
MICHAEL HARAD	1 00	х						0	0
DIRECTOR	0 00	^						Ü	Ů
HOWARD KAMINSKY DIRECTOR	0 00	×						0	0
BENJIE KAPLAN DIRECTOR	1 00	×						0	0
ROBERT KELEN DIRECTOR	1 00	х						0	0
BETH LEONARD DIRECTOR	1 00	х						0	0
TODD LEONARD	1 00							_	_

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0 00 1 00

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

JOSHUA MANN

DAN LIEBERMAN

BRIAN LIPSCHULTZ

KRIS MACDONALD

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

(F) Estimated amount

of other

compensation from the

organization and related organizations

0

0

0

0

Compensated Employees, and Inde	pendent Cor	ntracto	rs					i	ı
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more the perso and a	ion (han o n is b	ne b oth	ox, i an o	unles s ifficer	5	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)
HOWARD MILSTEIN DIRECTOR	1 00	×						0	0
SUSAN MINSBERG DIRECTOR	1 00	×						0	0
ROBIN NEIDORF DIRECTOR	1 00	х						0	0
DAVID ORBUCH DIRECTOR	1 00	х						0	0
ANDREW PARKER DIRECTOR	1 00 0 00	х						0	0
PHIL ROSENBLOOM	1 00	×						0	0

0 00 1 00

0 00 1 00

0 00 1 00

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DAVID SEGAL

BECKIE SKELTON

RHONDA STEIN

TOM SANDERS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (C) (E) (B) (D)

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0 00 40 00

0 00

FOUNDATION DIRECTOR

MORTON NAIMAN

CHIEF DEVELOPMENT OFFICER

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(~)	(2)			(-)				(5)	\ - /	ν.,
Name and Title	A verage hours per week (list any hours	Posit more th perso and a	han o n is b	ne b oth	ox, ι an o	inless fficer	5	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
ALENE SUSSMAN	1 00	.,								
DIRECTOR	0 00	X						0	0	0
RACHAEL VEGAS DIRECTOR	1 00	Х						0	0	0
STUART SILBERMAN CEO THROUGH 07/16	1 00			х				106,361	0	14,271
MYRA GIESENER COO/CFO	40 00 0 50			х				124,831	0	13,387
TAMAR KOHN MARKS	40 00									

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141,930

125,684

(F)

25,175

7,768

0

0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493186007407

SCHEDULE A (Form 990 or 990EZ) **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.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**. A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.qov/form990.

2015

Open to Public

Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization

MINNEAPOLIS JEWISH FEDERATION

Employer identification number

41-0693866

3	<u> </u>	A hospital or a cooper	ative hospital	service organization of	described in sec	tion 170(b)(1)(A)(iii).	
4	<u> </u>	A medical research or	ganızatıon ope	erated in conjunction v	vith a hospital d	lescribed in se	ction 170(b)(1)(A)(iii). Enter the
4 5 6 7 8 9		hospital's name, city, An organization opera 170(b)(1)(A)(iv). (Co A federal, state, or loc An organization that n described in section 1 A community trust des An organization that receipts from activities	and state	nefit of a college or un I) t or governmental unit res a substantial part ri). (Complete Part II rion 170(b)(1)(A)(vi) ves (1) more than 33 s exempt functions—sunrelated business ta: eesection 509(a)(2).	versity owned described in second its support fr) (Complete Par 1/3% of its support to certa a vable income (lo	or operated by ection 170(b)(om a governm t II) port from conti in exceptions, ess section 51 III)	r a governmental unit d 1)(A)(v). ental unit or from the g ributions, membership and (2) no more than 3	lescribed in section reneral public fees, and gross 331/3% of its suppor
11	Ë	An organization organione or more publicly s	upported orga	nızatıons described in	section 509(a)(1) or section		n 509(a)(3). Check
a	Γ	Type I. A supporting o supported organization organization You mus	rganization op n(s) the power t complete Pa	erated, supervised, or to regularly appoint o rt IV, Sections A and I	r controlled by 1 r elect a major1 B.	ts supported o	organization(s), typical tors or trustees of the	ly by giving the supporting
b	Γ	management of the su must complete Part IV	pporting orgar /, Sections A a	nization vested in the sand C.	same persons t	hat control or		organization(s) You
c		Type III functionally i supported organization						grated with, its
d e	Г Г	Type III non-function not functionally integra (see instructions) You Check this box if the o	ally integrated ated The orga u must comple organization re	d. A supporting organi inization generally mu te Part IV, Sections A ceived a written deter	zation operated st satisfy a dist and D, and Pai mination from t	in connection ribution requir t V. he IRS that it	with its supported org	eness requirement
f	Ente	integrated, or Type III r the number of support		, , , , , , , , , , , , , , , , , , , ,				
g	LIIC	Provide the following in	_					
Nam	ie of s	(i) supported organization	(ii)EIN	(iii) Type of organization (described on lines 1 - 9 above (see instructions))	(iv) Is the organ listed in your docume	nızatıon governıng	A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
					Yes	No		
Total								
							1	

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 (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 16,303,438 14,980,461 23,416,861 14,899,259 12,623,898 82,223,917 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 16,303,438 14,899,259 14,980,461 23,416,861 12,623,898 82,223,917 The portion of total contributions by each person (other than a governmental unit or publicly 12.649.619 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 69,574,298 from line 4 Section B. Total Support Calendar year (a)2011 (b)2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 16,303,438 14,899,259 14,980,461 23,416,861 12,623,898 82,223,917 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, 1,157,036 1,205,898 1,537,588 1,230,620 1,246,075 6,377,217 royalties 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 225,660 398,325 239,473 483,495 111.828 1.458.781 capital assets (Explain in Part VI) 11 Total support. Add lines 7 90,068,027 through 10 **12** Gross receipts from related activities, etc. (see instructions.) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 77 250 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 82 030 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ▶▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2014. 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 - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ b 10%-facts-and-circumstances test - 2014. 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 VI 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

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	1 fails to qualify	y under the tes	ts listed below	<u>, piease compie</u>	ete Part .	11.)	
_Se	ction A. Public Support	T	1	1	1			_
/ a = 6	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)20	15	(f) ⊤otal
(OF 1	iscal year beginning in) ► Gifts, grants, contributions, and							
-	membership fees received (Do							
	not include any "unusual grants ")							
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished							
	in any activity that is related to							
	the organization's tax-exempt purpose							
3	Gross receipts from activities							
-	that are not an unrelated trade or							
	business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either							
5	paid to or expended on its behalf The value of services or facilities							
5	furnished by a governmental unit							
	to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2,							
	and 3 received from disqualified							
	persons							
b	Amounts included on lines 2 and 3 received from other than							
	disqualified persons that exceed							
	the greater of \$5,000 or 1% of							
	the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
_	from line 6)							
	ction B. Total Support							
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)20	15	(f) Total
9	iscal year beginning in) ► A mounts from line 6							
10a	Gross income from interest,							
10a	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
b	Unrelated business taxable							
	income (less section 511 taxes)							
	from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated							
	business activities not included							
	ın lıne 10b, whether or not the							
	business is regularly carried on							
12	Other income Do not include							
	gain or loss from the sale of capital assets (Explain in Part							
	VI)							
13	Total support. (Add lines 9, 10c,							
	11, and 12)	ion the commit	l nia fir-t - '	threat formal	64h +a		017.30	
14	First five years.If the Form 990 is f	or the organization	on's first, second	, tnira, fourth, or	ππ tax year as a	section	01(c)(.	· · · · · · · · · · · · · · · · · · ·
	check this box and stop here	lia Cummant D						<u>▶</u>
	ction C. Computation of Pub			4.2 1 (0)				
15	Public support percentage for 2015			13, column (f))		15		
16	Public support percentage from 20:	14 Schedule A, P	art III, line 15			16		
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge				
17	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colur	mn (f))	17		
18	Investment income percentage from	n 2014 Schedule	A, Part III, line 1	١7		18		
	33 1/3% support tests—2015. If the				t line 15 is more t		3% and	line 17 is not
1 7 a	more than 33 1/3%, check this box	•		•			•	↑ IIIIe 17 is not
h	33 1/3% support tests—2014. If the							•
	18 is not more than 33 1/3%, check	-						
20	Private foundation. If the organization		-	· ·		•	_	▶ □

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

_	I, complete Sections A and D, and complete Part V)			
Se	ection A. All Supporting Organizations	1	Voc	No.
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	1	ı	
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
D	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?			
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
5a	organization was used exclusively for section 170(c)(2)(B) purposes Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

11c

Par	rt IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions restrictions, if any, applied to such powers during the tax year			
2	Did the organization operate for the benefit of any supported organization other than the supported organization that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) to operated, supervised or controlled the supporting organization	`		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors of trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same per that controlled or managed the supported organization(s)			
Se	ection D. All Type III Supporting Organizations			
	·		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prictax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies the organization's governing documents in effect on the date of notification, to the extent not previously provided.	of		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 b	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how to organization determined that these activities constituted substantially all of its activities			
Ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or truster each of the supported organizations? <i>Provide details in Part VI</i>	es of 3a		
ь	• Did the organization exercise a substantial degree of direction over the policies, programs and activities of ear of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

. С	heck here if the organization satisfied the Integral Part Test as a qualifying t	rust on N	ov 20,1970 See inst	ructions. All other
Т	ype III non-functionally integrated supporting organizations must complete :	Sections	A through E	Г
				(B) C
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Coultry C. Dist III, table Annual	T		
	Section C - Distributable Amount			Current Year
	A djusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	heck here if the current year is the organization's first as a non-functionally- structions)	ıntegrate	d Type III supporting o	organization (see

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	auıred)		
6 Other distributions (describe in Part VI) See instru	. ,		
<u> </u>	30013		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
<u>b</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
c Excess from 2013			
d From 2014			
e From 2015			

Facts And Circumstances Test

Return Reference Explanation SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME INCOME FROM VARIOUS SOURCES - 2011 AMOUNT \$ 225,660 2012 AMOUNT \$ 398,325 2013 AMOUNT \$ 239,473 2014 AMOUNT \$ 111,828 2015 AMOUNT \$ 483,495

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493186007407

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, 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" on 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 IL-R. Do not complete Part IL-R.

lf th line	e organization answered "Ye 35c (Proxy Tax) (see separat	• •			
Na	Section 501(c)(4), (5), or (6) orgains of the organization NEAPOLIS JEWISH FEDERATION	anizations Complete Part III		Employer iden	tification number
D -	Constitution of the con-			41-0693866	
Par	t I-A Complete if the or	ganization is exempt under	r section 501(c) or is a section 527	organization.
1	Provide a description of the or	ganization's direct and indirect poli	tical campaign act	civities in Part IV	
2	Political expenditures			>	\$0
3	Volunteer hours				0
Par	t I-B Complete if the or	ganization is exempt under	r section 501(c)(3).	
1	Enter the amount of any excis	e tax incurred by the organization u	nder section 4955	5	\$0
2	Enter the amount of any excis	e tax incurred by organization mana	gers under sectio	n 4955 >	\$ 0
3	If the organization incurred a s	section 4955 tax, did it file Form 47	'20 for this year?		☐ Yes ☐ No
4a	Was a correction made?		·		⊤ Yes
ь	If "Yes," describe in Part IV				165 160
	•	ganization is exempt under	r section 501(c), except section 50	1(c)(3).
1	Enter the amount directly exp	ended by the filing organization for s	section 527 exem	pt function activities >	\$
2		organization's funds contributed to o			\$
3	Total exempt function expend	itures Add lines 1 and 2 Enter here	e and on Form 112	0-POL, line 17b ►	
4	Did the filing organization file			,	\$
5	Enter the names, addresses a organization made payments amount of political contributio	nd employer identification number (For each organization listed, enter t ns received that were promptly and political action committee (PAC) I	he amount paid fro directly delivered	om the filing organization's to a separate political orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					

Sch	edule C (Form 990 or 990-EZ) 2015						Page :
Pa	rt II-A Complete if the organization under section 501(h)).	n is ex	empt under	section 501(c)(3) and file	ed Form 5768	(election
	Check Inf the filing organization belongs to expenses, and share of excess lob	bying e	xpenditures)		_	up member's nam	ne, address, EI
В	Check Fifthe filing organization checked b				ply	(a) Filing	(b) Affiliated
	Limits on Lobb (The term "expenditures" n		•			(a) riling organization's totals	group totals
1a	Total lobbying expenditures to influence public	opinion	(grass roots				
b	lobbying) Total lobbying expenditures to influence a legis	lative b	ody (direct lobby	/ing)			
c	Total lobbying expenditures (add lines 1a and 1	lb)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures (add lines	1 c and 1	.d)				
f	Lobbying nontaxable amount Enter the amount	from th	e following table	ın both columns			
	If the amount on line 1e, column (a) or (b) is:	The I	obbying nontaxal	ole 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 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,	000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,	000 plus 5% of the	excess over \$1,500,	000		
	Over \$17,000,000	\$1,00	0,000				
g	Grassroots nontaxable amount (enter 25% of li	•					
h	Subtract line 1g from line 1a If zero or less, en	ter -0-					
i	Subtract line 1f from line 1c If zero or less, ent	ter -0-					
j	If there is an amount other than zero on either I reporting section 4911 tax for this year?	ine 1h d	or line 11, did the	_	Form 4720 Yes No)	
	4-Year A (Some organizations that made a columns below. See	secti	on 501(h) ele		have to con		ne five
	Lobbying Exp	endit	ures During (4-Year Avera	ging Period	_	
	Calendar year (or fiscal year beginning in)		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
				I	1	1	l

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)).	

	filed Form 5768 (election under section 501(h)).					
For a	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	.—	(b)	
activ	, , , , , , , , , , , , , , , , , , , ,		No	1	A moun	t
		Yes		1		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	1		
c	Media advertisements?		No	1		
d	Mailings to members, legislators, or the public?		No			
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?	Yes				85,703
j	Total Add lines 1c through 1i					85,703
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501 (c)(5), ()r se	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	لـِــــا	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'Iine 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				

Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information

political expenditure next year?

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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and

Return Reference	Explanation	
PART II-B, LINE 1, LOBBYING	THE FEDERATION PAID \$85,703 TO THE JEWISH COMMUNITY RELATIONS COUNCIL FOR A	
	GOVERNMENT RELATIONS POSITION FOR LOBBYING ON BEHALF OF THE JEWISH	
	COMMUNITY AS A WHOLE	

4

5

DLN: 93493186007407

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

Open to Public Inspection

Na	me of the organization NNEAPOLIS JEWISH FEDERATION		Employer identifi	cation numbe	er
14121	VIVEAFOLD SEWISH I EDERALION		41-0693866		
Pa		r Advised Funds or Other Similar I ed "Yes" on Form 990, Part IV, line 6.	Funds or Accoun	ts.	
		(a) Donor advised funds	(b) Funds and o	ther accounts	;
1	Total number at end of year	241			721
2	Aggregate value of contributions to (during year)	2,039,704		17,	638,850
3	Aggregate value of grants from (during year)	3,306,312		6,	625,693
4	Aggregate value at end of year	24,987,042		77,	445,773
5	Did the organization inform all donors and donor funds are the organization's property, subject to		onor advised	✓ Yes	∏ No
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or for	any other purpose	√ Yes	┌ No
Pa	rt II Conservation Easements. Comple	ete if the organization answered "Yes"	on Form 990, Part	IV, line 7.	
L	Purpose(s) of conservation easements held by th				
	Preservation of land for public use (e g , recreducation)		an historically import	ant land area	
	Protection of natural habitat	' '	a certified historic st		
	Preservation of open space	·			
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in	the form of a conserv	vation	
			Held at t	he End of the	Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easeme		2b		
c	Number of conservation easements on a certified	, ,	2c		
d	Number of conservation easements included in (in historic structure listed in the National Register		2d		
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or termina	ted by the organization	n during the	
	tax year >				
4	Number of states where property subject to cons	ervation easement is located 🟲			
5	Does the organization have a written policy regard violations, and enforcement of the conservation of		_	Yes N	o
5	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enfor	cing conservation eas	sements duru	ng the
	•				
7	Amount of expenses incurred in monitoring, inspi	ecting, handling of violations, and enforcing	conservation easeme	ents during th	e year
В	Does each conservation easement reported on Ii (B)(I) and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy the requirements of se		Yes □ N	0
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financi	•	•	
a r		ctions of Art, Historical Treasures	, or Other Simila	r Assets.	
1a	If the organization elected, as permitted under Si works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	assets held for public exhibition, education	, or research in furthe		
b	If the organization elected, as permitted under Si works of art, historical treasures, or other similar	FAS 116 (ASC 958), to report in its revenue assets held for public exhibition, education	e statement and balar		lıc
	service, provide the following amounts relating to				
	(i) Revenue included on Form 990, Part VIII, line	1	▶ \$		
(i	ii) Assets included in Form 990, Part X		> \$		
2	If the organization received or held works of art, looking amounts required to be reported under s			vide the	

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	100	Organizations Maintaining (continued)	Collections of A	rt, Hist	torica	l Trea	sures, o	or Ot	her Similar	Asse	ets	
		the organization's acquisition, acc tion items (check all that apply)	ession, and other reco	ords, che	eck any	of the f	ollowing t	hat an	e a significant	use of	ıts	
а		Public exhibition		d		oan or e	exchange	progra	ims			
b	<u> </u>	Scholarly research		e	Г	ther						
c	\Box	Preservation for future generations										
	Provid Part >	de a description of the organization (III	's collections and exp	laın how	they fu	irther th	e organiza	ation's	exempt purpo	se in		
		g the year, did the organization soli s to be sold to raise funds rather th								⁄es	☐ No	<u>, </u>
Part	IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		Form 9	90, Pa	art IV, I	line 9, or	repo	rted an amo	unt o	n Forn	n 990,
		e organization an agent, trustee, cu led on Form 990, Part X?	stodian or other intern	nediary i	for cont	rıbutıon	s or othei	asse	ts not	⁄es	√ No	•
b	If"	Yes," explain the arrangement in P	art XIII and complete	the follo	owing t	able			A	moun	t	
c		jinning balance	•		,		- 1	1 c				
d		ditions during the year					Ī	1d				
e		tributions during the year					Ī	1e				
f		ding balance					Ī	1f				
2 a		ne organization include an amount o	n Form 990. Part X. lı	ne 21. fi	or escr	ow or cu	ے Istodial ac	count	liability?		No	
				,					, 14	es	140	,
b	If"Ye	s," explain the arrangement in Part	XIII Check here if th	ne expla	nation l	has bee	n provideo	d in Pa	rt XIII			✓
Par		Endowment Funds. Comple										
		·	(a)Current year	(b)Prior	year	b (c)⊺	wo years b	ick (c	Three years bac	k (e)) Four ye	ars back
1 a	Begin	ning of year balance	5,471,914	!	5,971,01	2	5,622,	087	5,035,93	32		4,709,239
b	Contr	ributions · · · · · · ·	225		30	0		797	101,80	07		625
С	Net ir losse	nvestment earnings, gains, and s	242,312		-182,10	3	841,	349	691,28	31		329,451
d	Grant •	s or scholarships · · · ·	3,954		257,77	5	493,	721	206,93	33		
e		r expenditures for facilities rograms 										3,383
f	A dmı	nistrative expenses	54,334		59,52	0						
g	End o	f year balance	5,656,163	!	5,471,91	4	5,971,	012	5,622,08	37	!	5,035,932
2	Provid	de the estimated percentage of the	current year end bala	nce (lıne	. 1g, co	lumn (a)) held as	•		•		
а	Board	designated or quasi-endowment >	. 0 %									
ь	Perma	anent endowment ▶ 76800 %										
			23 200 %									
		ercentages on lines 2a, 2b, and 2c										
	•	nere endowment funds not in the po	•	ization t	hat are	held an	d adminis	tered :	for the			
		ization by	sacsaron or the organi	Lacion	nac are	nera an	a aanning	corca	_		Yes	No
	(i) un	related organizations								3a(i)		No
		lated organizations								3a(ii)		No
		s" on 3a(II), are the related organiz						•		3b		
		ribe in Part XIII the intended uses		endowme	nt fund	S						
Part	.VI	Land, Buildings, and Equip Complete if the organization		orm 99	n Par	t IV lir	ne 11a S	ee Fo	rm 990 Part	· X III	ne 10	
		Description of property	answered res to r	Co	(a) st or oth (investm	er basıs	(b) Cost or oth) ier basi	Accumula	ted		ok value
1 a L	and							-				
b B	uıldın	gs						446,900	44	5,584		1,316
c L	easet	old improvements		. $ abla$								
d E	quipn	nent		. \square				75,993	3 4	4,988		31,005
	ther							280.45	7 28	0.457		0

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

32,321

See Form 990, Part X, line 12. (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		10,780,256	F
(B) REAL ESTATE		4,276,708	F
(C) INTEREST IN CHARITABLE TRUSTS HELD BY OTHER	S	4,423	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	15,061,387	
Part VIII Investments—Program Related. Complete if the organization answered 'Y	es' on Form 99	0, 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
			·
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization a (a) Descript		Form 990, Part IV, line 1:	1d See Form 990, Part X, line 15 (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ; Part X Other Liabilities. Complete if the organise Form 990, Part X, line 25.		d 'Yes' on Form 990, Pa	▶ art IV, line 11e or 11f.
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.			▶ art IV, line 11e or 11f.
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.	ization answere		art IV, line 11e or 11f.
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability	ization answere	e	▶ art IV, line 11e or 11f.
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	(b) Book valu	e 824	art IV, line 11e or 11f.
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes OBLIGATIONS UNDER SPLIT-INTEREST AGREEMENTS	(b) Book valu	e 824	▶ art IV, line 11e or 11f.
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes OBLIGATIONS UNDER SPLIT-INTEREST AGREEMENTS	(b) Book valu	e 824	▶ art IV, line 11e or 11f.
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes OBLIGATIONS UNDER SPLIT-INTEREST AGREEMENTS	(b) Book valu	e 824	▶ art IV, line 11e or 11f.
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes OBLIGATIONS UNDER SPLIT-INTEREST AGREEMENTS	(b) Book valu	e 824	▶ art IV, line 11e or 11f.
See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes OBLIGATIONS UNDER SPLIT-INTEREST AGREEMENTS	(b) Book valu	e 824	art IV, line 11e or 11f.
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes OBLIGATIONS UNDER SPLIT-INTEREST AGREEMENTS	(b) Book valu	e 824	art IV, line 11e or 11f.
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes OBLIGATIONS UNDER SPLIT-INTEREST AGREEMENTS	(b) Book valu	e 824	art IV, line 11e or 11f.
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes OBLIGATIONS UNDER SPLIT-INTEREST AGREEMENTS	(b) Book valu	e 824 100	art IV, line 11e or 11f.

Par	TXI Reconciliation of Revenue per Audited Financial Statements With Revenue Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a.	e per Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	19,242,493
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a 1,101,32	.8	
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
		6	
e	Add lines 2a through 2d	2e	4,705,214
3	Subtract line 2e from line 1	3	14,537,279
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	3	
c	Add lines 4a and 4b	4c	393,213
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	14,930,492
Par	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	ses per R	eturn.
1	Total expenses and losses per audited financial statements	1	17,718,662
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) 2d 3,277,8	5 2	
e	Add lines 2a through 2d	2e	3,277,852
3	Subtract line 2e from line 1	3	14,440,810
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) 4b 393,2	L 3	
c	Add lines 4a and 4b	4c	393,213
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	14,834,023
Par	t XIII Supplemental Information		
	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and		
Part	: V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this par rmation		any additional
	'		
see A	Additional Data Table		

Page 5		hedule D (Form 990) 2015	chedule D (F
	ormation (continued)	art XIII Supplemental Info	Part XIII
	Explanation	Return Reference	

Additional Data

Software ID: Software Version:

BUT FOR WHICH DISTRIBUTIONS HAVE NOT YET BEEN MADE

EIN: 41-0693866

Name: MINNEAPOLIS JEWISH FEDERATION

THE FEDERATION HOLDS FUNDS FOR WHICH DONORS HAVE SPECIFIED THE ULTIMATE BENEFICIARY,

PART IV,

LINE 2B

Supplemental Information Return Reference Explanation

Supplemental Information	
Return Reference	Explanation
PART V, LINE	ENDOWMENT FUNDS ARE USED TO SUPPORT JEWISH LIFE IN THE GREATER MINNEAPOLIS AREA AND

BEYOND

Return Reference	Explanation
PART X, LINE	THE ORGANIZATION RECEIVED AUTHORITY FROM THE INTERNAL REVENUE SERVICE (IRS) TO OPERATE AS
2	A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND
	HE 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 SECTIO
	N 501(C)(3) OF THE IRC THE ORGANIZATION HAS ADOPTED A POLICY THAT CLARIFIES THE ACCOUNTIN G FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS TH
	E POLICY DESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR THE FINANCIAL ST
	ATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TA
	X RETURN THAT ARE NOT CERTAIN TO BE REALIZED THE IMPLEMENTATION OF THIS POLICY HAD NO
	ACT ON THE OPERANIZATIONS! CONSOLIDATED FINANCIAL STATEMENTS

Supplemental Information

Supplemental Information	
Return Reference	Explanation
	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 44,462 REVENUES OF AFFILIATES REPORTED ON OTHER RETURNS 3,559,424

ADJUSTMENTS

Supplemental Information							
Return Reference	Explanation						
PART XI, LINE 4B - OTHER ADJUSTMENTS	ELIMINATED TRANSACTIONS WITH RELATED ORGANIZATIONS 393,213						

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES OF AFFILIATES REPORTED ON OTHER RETURNS 3,277,852

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	ELIMINATED TRANSACTIONS WITH RELATED ORGANIZATIONS 393,213

efile GRAPHIC print -	DO NOT	PROCESS	As Filed Da	ta -	DLN:	93493186007407	
SCHEDULE F (Form 990)	Statement of Activities Outside the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.						
Department of the Treasury Internal Revenue Service	Informatio	on about Schedu	► Attach t	14b, 15, or 16. to Form 990. and its instructions is at wi	vw.irs.gov/form990.	Open to Public Inspection	
Name of the organization MINNEAPOLIS JEWISH FED	ERATIO	N			Employer iden 41-0693866	tification number	
				he United States. orm 990, Part IV, line	14b.		
and other assistance used to award the gr	, the gra ants or a escribe in	ntees' eligibili issistance? i Part V the or	ity for the grai	Is to substantiate the and or assistance, and or assistance, and or	the selection criteria	⊤ Yes √ No ts and other	
3 Activites per Region (1	The follow	ing Part I, line 3	B table can be d	uplicated if additional spa	ice is needed)		
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region		
(1) CENTRAL AMERICA A CARIBBEAN	ND THE	0		INVESTMENTS	N/A	11,484,955	
(2) SEE PART V FOR EXPLANATION ON PASSTHROUGH GRAN OUTSIDE THE US	NTS	0	0	GRANTS (INDIRECT)	N/A	2,908,091	
(3) MIDDLE EAST AND NO AFRICA	ORTH	0	0	GRANTS (DIRECT)	N/A	20,000	
(4)							
(5)							
3a Sub-total b Total from continuation to Part I	-	0	0			14,413,046	
c Totals (add lines 3a an For Paperwork Reduction Act N		0	for Form 200		 No 50082W Sched	14,413,046 Jule F (Form 990) 2015	

organization	and EIN (if applicable)		grant	cash grant	disbursement	assistance	assistance	(book, FMV, appraisal, other)
(1)		SEE PART V	SEE PART V FOR MORE INFORMATION ON PASSTHROUGH GRANTS OUTSIDE THE US	2,908,091	WIRE/CHECK		N/A	N/A
(2)		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	20,000	WIRE/CHECK		N/A	N/A
(3)								
(4)								

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Page 2

	ther Assistance duplicated if addit			ed States. Complete	if the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(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)							
(5)							
(6)							

(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(42)				

(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
			Schedu	lle F (Form 990) 2015

(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				,
(17)				
(18)				
			Schedu	ıle F (Form 990) 2015

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 E. Sunnlemental 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

ACCRUAL METHOD TO ACCOUNT FOR EXPENDITURES

PART I. LINE 3

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493186007407 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number MINNEAPOLIS JEWISH FEDERATION 41-0693866 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

105

		Domestic Individuals. Co tional space is needed	mplete if the organization	n answered "Yes" on Fol	rm 990, Part IV, line 22	Page 2
(a)Type of grant or assista	nce	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book FMV, appraisal, other)	, (f) Description of non-cash assistance
(1) CAMP SCHOLARSHIPS		292	217,496		N/A	N/A
(2) SCHOLARSHIPS TO TEACH	ERS	18	21,845		N/A	N/A
Part IV Supplemental	Informat	t ion. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	ı r addıtıonal ınformatıon.
Return Reference	Explanati	on				
PART I, LINE 2		IME A GRANT IS MADE MONITORING OF THE		SIGNATES THE INTEN	NDED USE OF THE FUNDS T	HE FEDERATION CONDUCTS NO

Additional Data

Software ID: Software Version:

EIN: 41-0693866

Name: MINNEAPOLIS JEWISH FEDERATION

Form 990,Schedule I,	Part II, Gran	ts and Other A	ssistance to D	omestic Orga	nizations and	Domestic Gover	nments.
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 OFFICE OF PHILANTHROPY MINNEAPOLIS, MN 55407	04-3643816	501(C)(3)	15,506		N/A		MOTHER BABY CENTER- PANDA WARMER/SPACELABMON/BLANKETWARMER
ADATH JESHURUN CONGREGATION 10500 HILLSIDE LANE WEST MINNETONKA, MN 55305	41-0693940	501(C)(3)	181,303		N/A		GENERAL OPERATING SUPPORT
ADVOCATES FOR HUMAN RIGHTS 330 SECOND AVENUE SOUTH SUITE 800 MINNEAPOLIS, MN 55401	36-3292374	501(C)(3)	11,500		N/A		GENERAL OPERATING SUPPORT

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 20-3069841 501(C)(3) 10,000 IN/A N/A GENERAL OPERATING AGAINST MALARIA SUPPORT FOUNDATION (US) 310 W 20TH STREET SUITE

N/A

GENERAL OPERATING

SUPPORT

N/A

300 KANSAS CITY,MO 64108				
AINSWORTH FOUNDATION 25 NW 23RD PLACE SUITE 6 PMB 488	501(C)(3)	7,500	N/A	GENERAL OPERATING SUPPORT

6,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

PORTLAND, OR 97210

AISH - MINNESOTA

2830 INGLEWOOD AVE S

MINNEAPOLIS, MN 55416

20-5474141

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A AISH HATORAH OF NEW 13-3548993 501(C)(3) 10,000 IN/A GENERAL OPERATING YORK SUPPORT 313 W 83RD STREET NEW YORK, NY 10024 N/A ALLIANCE HOUSING INC. 41-1717910 501(C)(3) 8,000 IN/A MENTAL HEALTH 2309 NICOLLET AVENUE POOR/HOMELESS MINNEAPOLIS, MN 55404 FAMILIES-NORTHSIDE SUPPPORTIVE HOUSING N/A N/A AMERICAN JEWISH JOINT 13-1656634 501(C)(3) 144,610 GENERAL OPERATING

DISTRIBUTION SUPPORT COMMITTEE INC 711 THIRD AVENUE 10TH

FLOOR

NEW YORK, NY 10017

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A AMERICAN JEWISH WORLD 22-2584370 501(C)(3) 20,000 IN/A GENERAL OPERATING SERVICE SUPPORT 45 WEST 36TH STREET 11TH FLOOR NEW YORK, NY 10018 N/A AMERICAN REFUGEE 36-3241033 501(C)(3) 16,800 IN/A GENERAL OPERATING COMMITTEE WORLD SUPPORT HEADQUARTERS 615 1ST AVENUE NE SUITE 500

MINNEAPOLIS, MN 55413 N/A N/A AMOS AND CELIA 41-1522634 501(C)(3) 423,821 GENERAL OPERATING HEILICHER MINNEAPOLIS SUPPORT

JEWISH DAY SCHOOL 4330 SOUTH CEDAR LAKE ROAD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ST LOUIS PARK, MN 55416

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A BAIS YAAKOV HIGH 41-1797413 501(C)(3) 60.280 N/A GENERAL SCHOOL OF MINNEAPOLIS OPERATING **4221 SUNSET BOULEVARD** SUPPORT ST LOUIS PARK, MN 55416 IN/A N/A BARRY FAMILY CAMPUS 20-2381049 501(C)(3) 265,000 GENERAL 4330 SOUTH CEDAR LAKE OPERATING

10,000

SUPPORT

GENERAL

SUPPORT

OPERATING

N/A

N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

4330 SOUTH CEDAR LAKE ROAD STLOUIS PARK,MN 55416 BEACON INTERFAITH HOUSING COLLABORATIVE 2610 UNIVERSITY AVENUE WEST SUITE

ST PAUL, MN 55114

10

41-1953599

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) N/A 501(C)(3) 127,378 IN/A BET SHALOM 41-1409208 GENERAL OPERATING CONGREGATION SUPPORT 12612 ORCHARD BOAD NTRIBUTION

N/A

GENERAL OPERATING

SUPPORT

IN/A

MINNETONKA, MN 55305						
BETH EL FOUNDATION OF MINNESOTA INC 5225 BARRY STREET WEST	46-4866772	501(C)(3)	5,917	N/A	N/A	2016 CON

103,326

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

ST LOUIS PARK, MN 55416

41-0711587

BETH EL SYNAGOGUE

5225 BARRY STREET WEST ST LOUIS PARK, MN 55416

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) BLAKE SCHOOL 23-7243247 501(C)(3) 14,350 N/A IN/A GENERAL PO BOX 86 OPERATING MINNEAPOLIS MN 55486 SUPPORT

FOUNDATION

1200 GALVESTON AVENUE

PITTSBURGH, PA 15233

MINNEAT OLIS, MN 33400						POLLOKI
B'NAI B'RITH INTERNATIONAL 1120 20TH STREET NW SUITE 300N WASHINGTON,DC 20036	53-0179971	501(C)(3)	44,020	N/A		GENERAL OPERATING SUPPORT
BROTHER'S BROTHER	34-6562544	501(C)(3)	15,000	N/A	N/A	GENERAL

OPERATING

SUPPORT

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A CAMP RAMAH IN 36-6009250 501(C)(3) 39,310 IN/A GENERAL OPERATING WISCONSIN SUPPORT 65 E WACKER PLACE SUITE 1200 CHICAGO IL 60601 ALOPERATING RT

CHICAGO,IL 00001						
CHABAD UNIVERSITY OF MINNESOTA 1121 UNIVERSITY AVENUE MINNEAPOLIS,MN 55414	27-2057339	501(C)(3)	21,500	N/A		GENERA SUPPOR
CHILDREN'S OF MN	41-1814223	501(C)(3)	67 300	N/A	N/A	GENERAL

67,300

N/A

GENERAL OPERATING

SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

CHILDREN'S OF MN FOUNDATION

5901 LINCOLN DRIVE EDINA, MN 55436

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A COMMONBOND 41-1260469 501(C)(3) 25,000 IN/A GENERAL OPERATING COMMUNITIES SUPPORT 328 KELLOGG BOULEVARD ST PAUL, MN 55102 N/A COMMUNITY DENTAL CARE 04-3692982 501(C)(3) 10,000 IN/A DENTAL PROF 1670 BEAM AVENUE SUITE STUDENT TRAINING. 204 INCREASING MAPLEWOOD, MN 55109 PROVIDERS IN UNDERSERVED AREAS

N/A **COURAGE KENNY** 41-1952989 501(C)(3) 11,500 N/A GENERAL OPERATING FOUNDATION SUPPORT 3915 GOLDEN VALLEY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ROAD

MINNEAPOLIS, MN 55422

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable cash valuation non-cash assistance or assistance arant or government assistance (book, FMV, appraisal, other) N/A CREATING IT FUTURES 36-4295421 501(C)(3) 8.000 In/a IT-READY WOMEN FOUNDATION - MN PROJECT&10B 7505 METRO BOULEVARD PLACEMENT FOR 25 **SUITE 430** LOW-INCOME WOMEN EDINA, MN 55439 N/A DISABLED AMERICAN 52-1521276 501(C)(3) 40.000 IN/A IGENERAL OPERATING VETERANS CHARITABLE SUPPORT SERVICE TRUST INC. 3725 ALEXNDRIA PIKE COLD SPRINGS, KY 41076 SAFE HEARTS

CPR/AED

TRAINING/AWARENESS

N/A FAST SIDE 41-0873798 501(C)(3) 5,850 IN/A PROJECT-AFDS &

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEIGHBORHOOD SERVICES INC 1700 SECOND STREET NE

MINNEAPOLIS, MN 55413

(a) Name and address of (b) EIN (c) IRC section (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (d) A mount of cash organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) **ENVIRONMENTAL DEFENSE** 11-6107128 501(C)(3) 10,000 IN/A IN/A GENERAL OPERATING **FUND INCORPORATED** SUPPORT 257 PARK AVENUE SOUTH

501(C)(3)

ROCKVILLE, MD 20852

NEW HOPE, MN 55428

8501 54TH AVENUE NORTH

41-1246504

FOOD GROUP

NEW YORK, NY 10010					
FISHER HOUSE FOUNDATION INC 111 ROCKVILLE PIKE SUITE 600	11-3158401	501(C)(3)	10,000	N/A	GENERAL OPERATING SUPPORT

11,250

N/A

IN/A

GENERAL OPERATING

SUPPORT

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) FRASER CHILD AND FAMILY 41-1781580 501(C)(3) 19,000 IN/A N/A ACCESSIBILITY FOR WOOD STRUCTURES CENTER 2400 W 64TH STREET FOR INCLUSIVE RAM RAL OPERATING ORT

N/A

ZACHARY HAHN FUND

IN/A

MINNEAPOLIS, MN 55423					PROGRA
FRIENDS OF ARAVA INSTITUTE LTD 896 BEACON STREET	11-3485736	501(C)(3)	10,000	N/A	GENERA SUPPOR
BOSTON,MA 02215					

10,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

GILLETTE CHILDRENS

HOSPITAL FOUNDATION 200 E UNIVERSITY AVENUE ST PAUL, MN 55101

41-1200302

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) GREATER TWIN CITIES 41-1973442 501(C)(3) 327,270 N/A IN/A GENERAL **OPERATING** UNITED WAY 404 S EIGHTH STREET SUPPORT MINNEAPOLIS, MN 55404 RΑΙ

GROVES ACADEMY 3200 HIGHWAY 100 S ST LOUIS PARK,MN 55416	41-0979871	501(C)(3)	10,000	N/A	GENERAL OPERATING SUPPORT
HABONIM DROR FOUNDATION INC 424 W 33RD STREET SUITE	11-3301957	501(C)(3)	5,000	N/A	GENERAL OPERATING SUPPORT

150

NEW YORK, NY 10001

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) HAROLD GRINSPOON 04-6685725 501(C)(3) 35,239 IN/A N/A GENERAL OPERATING FOUNDATION SUPPORT **67 HUNT STREET SUITE** 100 PERATING

AGAWAM,MA 01001					
HERZL CAMP SABES JCC 4330 S CEDAR LAKE ROAD ST LOUIS PARK,MN 55416	41-6009136	501(C)(3)	36,000	N/A	GENERAL OPERATING SUPPORT
HUNGER SOLUTIONS MINNESOTA	36-3567366	501(C)(3)	10,000	N/A	GENERAL OPERATING SUPPORT

555 PARK STREET SUITE

ST PAUL, MN 55103

420

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A **ILLUSION THEATER AND** 23-7392140 501(C)(3) 6,950 N/A WALKING ACROSS SCHOOL INC POLAND MUSICAL 528 HENNEPIN AVENUE FEB AND MAR 2016 SUITE 704 MINNEAPOLIS, MN 55403 N/A IN/A INTERNATIONAL MEDICAL 95-3949646 501(C)(3) 20,000 GENERAL CORPS OPERATING 1919 SANTA MONICA SUPPORT SANTA MONICA, CA 90404 N/A N/A ISRAEL TENNIS CENTERS 13-2961273 501(C)(3) 15,250 GENERAL

BOULEVARD SUITE 400 FOUNDATION INC. OPERATING 3275 WEST HILLSBORO SUPPORT BOULEVARD SUITE 102

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DEERFIELD BEACH, FL

33442

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A 1EWFOLK MEDIA INC. 27-4463056 501(C)(3) 38,050 IN/A GENERAL OPERATING 4330 SCEDAR LAKE ROAD SUPPORT ST LOUIS PARK, MN 55416 RATION ANCE

JEWISH AGENCY FOR ISRAEL NORTH AMERICAN COUNCIL 633 THIRD AVENUE 21ST FLOOR NEW YORK, NY 10017	23-0053483	501(C)(3)	38,475	N/A		IMMIGRA ASSISTAI
1EWICH COMMUNITY	41_1920619	501(C)(2)	9 000	lni / A	N/A	GENERAL

W SUITE 150 ST PAUL, MN 55114

GENERAL OPERATING 9,000 JEMIZH COMMONILY 41-1830619 501(C)(3) JIN/A ACTION SUPPORT 2375 UNIVERSITY AVENUE

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) N/A **TEWISH COMMUNITY** 41-0698596 501(C)(3) 11,000 IN/A GENERAL OPERATING CENTER OF THE GREATER SUPPORT ST PAUL AREA 1375 ST PAUL AVENUE ST PAUL, MN 55116 In/A N/A JEWISH COMMUNITY 41-0826434 501(C)(3) 167,219 GENERAL OPERATING RELATIONS COUNCIL OF SUPPORT MINNESOTA & DAKOTAS 12 N 12TH STREET SUITE 480 MINNEAPOLIS, MN 55403 N/A JEWISH FAMILY & 41-0693860 GENERAL OPERATING

501(C)(3) 1,159,722 N/A CHILDREN'S SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

13100 WAYZATA **BOULEVARD SUITE 400** MINNETONKA, MN 55305

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) N/A JEWISH FEDERATION OF 59-2151725 501(C)(3) 25,000 IN/A ANNUAL CAMPAIGN COLLIER COUNTY 2500 VANDERBILT BEACH ROAD SUITE 2201 NAPLES, FL 34109 IN/A JEWISH FEDERATIONS OF 13-1624240 501(C)(3) 90,865 N/A GENERAL OPERATING NORTH AMERICA SUPPORT/BIRTHRIGHTS PO BOX 157 NEW YORK, NY 10268

N/A JEWISH HOUSING AND 27-2033464 501(C)(3) 99,745 N/A GENERAL OPERATING PROGRAMMING (J-HAP) SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

13100 WAYZATA **BOULEVARD SUITE 300** MINNETONKA, MN 55305

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A KENESSETH ISRAEL 41-0780896 501(C)(3) 62,807 IN/A GENERAL OPERATING SYNAGOGUE SUPPORT 4330 W 28TH STREET ST LOUIS PARK, MN 55416 NI/A LOPERATING RT

SCHOOL 1758 FORD PARKWAY ST PAUL,MN 55116	41-1/63/38	501(C)(3)	5,000	N/A	GENERAL OPERATING SUPPORT
MASORTI FOUNDATION FOR CONSERVATIVE JUDAISM IN ISRAEL	13-3137586	501(C)(3)	20,000	N/A	GENERAL OPERATING SUPPORT

475 RIVERSIDE DRIVE SUITE 832

NEW YORK, NY 10115

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A MAYO CLINIC 41-6011702 501(C)(3) 25,000 N/A GENERAL OPERATING

200 FIRST STREET SW ROCHESTER,MN 55905					SUPPORT
MAZON INC A JEWISH RESPONSE TO HUNGER PO BOX 96119	22-2624532	501(C)(3)	36,750	N/A	GENERAL OPERATING SUPPORT

WASHINGTON, DC 20090 N/A 501(C)(3) 10,000 N/A GENERAL MIDWEST NCSY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

OPERATION 3200 TOUHY AVENUE SKOKIE, IL 60076 SUPPORT

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A MINNEAPOLIS COMMUNITY 41-1903600 501(C)(3) 17,750 IN/A GENERAL OPERATING KOLLEL SUPPORT 2930 INGLEWOOD AVENUE ST LOUIS PARK, MN 55416 N/A MINNEAPOLIS 41-6029402 501(C)(3) 6,729 N/A TRUSTEES FUND

FOUNDATION 800 IDS CENTER 80 SOUTH EIGHTH STREET MINNEAPOLIS,MN 55402						
MINNESOTA CENTER FOR ENVIRONMENTAL	23-7412105	501(C)(3)	25,000	N/A	l e	GENERAL OPERATING SUPPORT

ADVOCACY 26 EXCHANGE STREET F

ST PAUL, MN 55101

SUITE 206

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A 41-6038613 501(C)(3) 281,171 N/A MINNESOTA HILLEL GENERAL OPERATING 1521 UNIVERSITY AVENUE SUPPORT SE PFRATING

N/A

GENERAL OPERATING

SUPPORT

IN/A

MINNEAPOLIS, MN 55414					
MINNESOTA ORCHESTRAL ASSOCIATION 1111 NICOLLET MALL MINNEAPOLIS.MN 55403	41-0693875	501(C)(3)	10,610	N/A	GENERAL OPERATIN SUPPORT/ANNUAL CONTRIBUTION

5,550

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

41-0953924

MINNESOTA PUBLIC RADIO 480 CEDAR STREET

ST PAUL, MN 55101

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 35-2162870 501(C)(3) 22,750 N/A N/A GENERAL OPERATING MINNESOTANS AGAINST SUPPORT TERRORISM PO BOX 368 HODKING MN 55343

DISASTER RESPONSE

4330 CEDAR LAKE ROAD S ST LOUIS PARK, MN 55416

HOPKINS, MIN 33343						
NAMI MINNESOTA 800 TRANSFER ROAD SUITE 31 ST PAUL,MN 55114	41-1317030	501(C)(3)	6,500	N/A		GENERAL OPERATING SUPPORT
NECHAMA - JEWISH	41-1998750	501(C)(3)	47,250	N/A	N/A	GENERAL OPERATING

SUPPORT

(a) Name and address of (b) EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) N/A NEW ISRAEL FUND 94-2607722 501(C)(3) 47,500 IN/A GENERAL OPERATING 6 E 39TH STREET SUITE SUPPORT 301 NEW YORK, NY 10016 N/A NORTH SUBURBAN 36-2229590 501(C)(3) 9,900 IN/A GENERAL OPERATING SUPPORT SYNAGOGUE BETH EL

1175 SHERIDAN ROAD HIGHLAND PARK, IL 60035 N/A NORTHSIDE ACHIEVEMENT 30-0238807 501(C)(3) 17,250 IN/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MINNEAPOLIS, MN 55411

GENERAL OPERATING 70 N F SUPPORT 2123 W BROADWAY AVENUE SUITE 100

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) N/A 41-1681317 501(C)(3) 7.000 N/A GENERAL OPERATING OPEN ARMS OF MINNESOTA INC SUPPORT 2500 BLOOMINGTON

501(C)(3)

SAN ANTONIO, TX 78232

OREGON FOOD BANK INC.

PORTLAND, OR 97238

PO BOX 55370

93-0785786

AVENUES MINNEAPOLIS,MN 55404					
OPERATION HOMEFRONT INC 1355 CENTRAL PARKWAY S	32-0033325	501(C)(3)	10,000	N/A	GENERAL OPERATING SUPPORT

10,000

N/A

GENERAL OPERATING

SUPPORT

N/A

(a) Name and address of (b) EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash valuation non-cash assistance orassistance or government assistance (book, FMV, appraisal, other) OUR LADY OF PEACE 41-0694708 501(C)(3) 8,964 IN/A N/A TWO BLANKET/TOWEL HOME WARMERS FOR 2076 ST ANTHONY RENOVATED TUB AVENUE ROOMS ST PAUL, MN 55104 N/A PACER CENTER INC 41-1306304 501(C)(3) 32,000 IN/A UNRESTRICTED 8161 NORMANDALE GENERAL OPERATING BOULEVARD S SUPPORT MINNEAPOLIS, MN 55437 PEFISRAFI ENDOWMENT 13-6104086 501(C)(3) 11,000 N/A N/A FOR THE CENTER FOR

FUNDS INC MEDIA 630 THIRD AVENUE SUITE RESEARCH/PALESTINIAN MEDIA WATCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1501

NEW YORK, NY 10017

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) N/A PEOPLE FOR PARKS 36-3339180 501(C)(3) 15,250 N/A GENERAL OPERATING PO BOX 24901 SUPPORT MINNEAPOLIS MN 55424 LOPERATING

SUPPORT

HIMILATOLIS, HIM 33424						
PEOPLE SERVING PEOPLE INC 614 THIRD STREET S MINNEAPOLIS,MN 55415	41-1443148	501(C)(3)	8,150	N/A		GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD OF	41-0948382	501(C)(3)	5,300	N/A	N/A	GENERAL OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MNNDSD 671 VANDALIA STREET

SUITE 323

ST PAUL, MN 55114

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A PROJECT FOR PRIDE IN 23-7232208 501(C)(3) 5,000 IN/A GENERAL OPERATING LIVING INC. SUPPORT 1035 E FRANKLIN AVENUE MINNEAPOLIS, MN 55404 N/A PROJECT HOPE - PEOPLE 53-0242962 501(C)(3) 10,000 IN/A GENERAL OPERATING TO PEOPLE HEALTH SUPPORT FOUNDATION INC. 255 CARTER HALL LANE PO BOX 250

MILLWOOOD, VA 22646 N/A RONALD MCDONALD 41-1313107 501(C)(3) 22,500 N/A GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

HOUSE CHARITIES OF THE UPPER MIDWEST 818 FULTON STREET SE

MINNEAPOLIS, MN 55414

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 41-0833543 501(C)(3) 679,045 N/A IN/A GENERAL SABES JEWISH COMMUNITY CENTER OPERATING 4330 S CEDAR LAKE ROAD SUPPORT

SECOND HADVEST	22 7/1765/	E01(C)(3)	50.350	N /A	N/A	CENEDAL
SCHECHTER INSTITUTES INC PO BOX 8500 PHILADELPHIA,PA 19178	22-3342043	501(C)(3)	12,500	N/A	,	2016 GENERAL OPERATING SUPPORT
COLLECUTED INSTITUTES	22 2242042	E01(C)(2)	13 500	N1 / A	N/A	2016 GENERAL
SI LOUIS PARK, MN 55416						

ST PAUL, MN 55109

TING RT GENERAL SECOND HARVEST 23-/41/654 501(C)(3) 50,250 IN/A OPERATING HEARTLAND 1140 GERVAIS AVENUE SUPPORT

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A SHA'ARIM 41-1917521 501(C)(3) 146,318 N/A GENERAL 4820 MINNETONKA OPERATING **BOULEVARD SUITE 300** SUPPORT 300 ING

ST LOUIS PARK, MN 55416					
SHIR TIKVAH CONGREGATION 1360 W MINNEHAHA PKWY MINNEAPOLIS,MN 55419	41-1632627	501(C)(3)	70,970	N/A	GENERAL OPERATIN SUPPORT

SHOLOM COMMUNITY

41-1837022 501(C)(3) 36,739 N/A IN/A GENERAL ALLIANCE OPERATING 3620 PHILLIPS PARKWAY SUPPORT ST LOUIS PARK, MN 55426

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A SHOLOM FOUNDATION 36-3411361 501(C)(3) 59,997 IN/A GENERAL OPERATING 3610 PHILLIPS PARKWAY SUPPORT ST LOUIS PARK, MN 55426 INI/A LOPERATING

SOCIAL VENTURE PARTNERS MN 5775 WAYZATA BOULEVARD SUITE 700 ST LOUIS PARK,MN 55416	03-0612359	501(C)(3)	13,000	N	I/A	GENERAL OPERATING SUPPORT
ST CROIX VALLEY FOUNDATION	41-1817315	501(C)(3)	5,900	N	/A	POLLINATOR FRIENDLY ALLIANCE

FOUNDATION 516 SECOND STREET

HUDSON, WI 54016

SUITE 214

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) N/A STEP-STIQUIS PARK 501(C)(3) 7,400 N/A GENERAL 51-0188692 OPERATING EMERGENCY PROGRAM 6812 WIAKE STREET SUPPORT ST LOUIS PARK, MN 55426 RAL

N/A

GENERAL

SUPPORT

OPERATING

IN/A

TALMUD TORAH OF MINNEAPOLIS 4330 S CEDAR LAKE ROAD ST LOUIS PARK, MN 55416	41-0714419	501(C)(3)	321,196	N/A	GENERAL OPERATING SUPPORT
31 LOUIS PARK, MIN 33410					

359,044

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

TEMPLE ISRAEL

2324 EMERSON AVENUE S

MINNEAPOLIS, MN 55405

41-1769841

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) N/A 501(C)(3) 283,235 IN/A GENERAL TORAH ACADEMY 41-6007486 OPERATING 2800 JOPPA AVENUE S MINNEAPOLIS, MN 55416 SUPPORT IN/A N/A DONATION

23-7304990	501(C)(3)	5,500
	23-7304990	23-7304990 501(C)(3)

10509 108TH STREET NW ANNANDALE, MN 55302

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

21117 N/A TRUE FRIENDS 41-1543013 501(C)(3) 92,599 N/A WASSE MATCH

GRANT

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A 501(C)(3) 55,000 N/A GENERAL OPERATING U OF MN FOUNDATION -41-6042488 SUPPORT MINNEAPOLIS CAMPUS

PO BOX 860266 MINNEAPOLIS,MN 55486					
UNION OF CONCERNED SCIENTISTS INC PO BOX 4123	04-2535767	501(C)(3)	5,000	N/A	GENERAL OPERATING SUPPORT

3501 CHICAGO AVENUE S MINNEAPOLIS, MN 55407

SCIENTISTS INC PO BOX 4123 WOBURN,MA 01888						SUPPORT
UPSTREAM ARTS INC	20-4451219	501(C)(3)	10,540	N/A	N/A	GENERAL OPERATING

SUPPORT

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) N/A 41-6014916 501(C)(3) 11.000 N/A GENERAL OPERATING WASHBURN CHILD **GUIDANCE CENTER** SUPPORT 1100 GLENWOOD AVENUE PERATING

N/A

POWER TO SOAR

CAMPAIGN

N/A

MINNEAPOLIS,MN 55405					
WASHINGTON INSTITUTE FOR NEAR EAST POLICY 1111 - 19TH STREET NW SUITE 500 WASHINGTON, DC 20036	52-1376034	501(C)(3)	31,250	N/A	GENERAL OPI SUPPORT

25,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

YWCA OF MINNEAPOLIS

MINNEAPOLIS, MN 55403

1130 NICOLLET MALL

41-0693891

Schedule J

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

DLN: 93493186007407

Department of the Treasury

(Form 990)

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

	me of the organization INEAPOLIS JEWISH FEDERATION	Employer identification number						
141714	NEAFOLIS JEWISH FEDERALION			41-0693866				
Pa	rt I Questions Regarding Compensation							
						Yes	No	
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to p							
	First-class or charter travel	Γ	Housing allowance or residence for	personal use		ļ		
	Travel for companions	Γ	Payments for business use of perso	nal residence		ļ		
	Tax idemnification and gross-up payments		Health or social club dues or initiati	ion fees		ļ		
	Discretionary spending account	Γ	Personal services (e g , maid, chauf	ffeur, chef)				
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses descr				1b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?							
3	Indicate which, if any, of the following the filing organization organization organization CEO/Executive Director Check all that a used by a related organization to establish compensation	apply	Do not check any boxes for method	S				
	✓ Compensation committee	✓	Written employment contract					
	Independent compensation consultant	✓	Compensation survey or study					
	Form 990 of other organizations	✓	Approval by the board or compensa	tion committee				
4	During the year, did any person listed on Form 990, Par or a related organization	t VII	I, Section A, line 1a with respect to the	he filing organization				
а	Receive a severance payment or change-of-control pay	men	t?		4a		No	
b	Participate in, or receive payment from, a supplemental	none	qualified retirement plan?		4b		No	
c	Participate in, or receive payment from, an equity-based	d cor	mpensation arrangement?		4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and provid	de th	e applicable amounts for each item in	n Part III				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ıs mu	ist complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the revenues of			ıny				
а	The organization?				5a		Νo	
b	Any related organization?				5b		No	
	If "Yes," on line 5a or 5b, describe in Part III							
6	For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue a	iny				
а	The organization?				6 a		No	
b	Any related organization?				6b		Νo	
	If "Yes," on line 6a or 6b, describe in Part III							
7	For persons listed on Form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," desc			n-fixed	7		No	
8	Were any amounts reported on Form 990, Part VII, paid subject to the initial contract exception described in Re- in Part III		·		8		No	
9	If "Yes" on line 8, did the organization also follow the re	butta	able presumption procedure describe	d in Regulations				

section 53 4958-6(c)?

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	• •
	Base (ı) compensation	(iı) Bonus & ıncentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990

Schedule J (Form 990) 2015

1 TAMAR KOHN MARKS 139.965 1.965 2.968 22.207 167.105 CHIEF DEVELOPMENT OFFICER

Schedule J (Form 990) 2015

Page 2

Return Reference	Explanation				
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					
Part IIII Supplemental Inform	nation				
Schedule J (Form 990) 2015	Page 3				

Schedule J (Form 990) 2015

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DLN: 93493186007407

SCHEDULE M (Form 990)

Internal Revenue Service

Department of the Treasury

Noncash Contributions

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

► Attach to Form 990.

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

OMB No 1545-0047 2015

> Open to Public Inspection

	ne of the organization NEAPOLIS JEWISH FEDERATION				Employer identificat	ion nu	mber	
ITIMI	NEAFOLIS JEWISH I EDERATION				41-0693866			
Pā	art 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	(d Method of do noncash contrib	etermı	_	ts
	Art—Works of art							
	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	goods				+			
	Boats and planes				+			
	Intellectual property							
	Securities—Publicly traded .	Х	133	2,788,839	STOCK MARKET Q	UOTE	S	
	Securities—Closely held stock .			, ,				
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
	Food inventory							
20	Drugs and medical supplies .							
	Taxıderm y							
	Historical artifacts							
	Scientific specimens				 			
	Archeological artifacts				 			
	Other ► ()							
	Other ▶ ()				 			
	Other ► ()				 			
28	Other ► ()	bu the era-	l	r for contributions	1			
27	Number of Forms 8283 received for which the organization comple				29			0
			, ,	5			Yes	No
30a	During the year, did the organiza	tion receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28, that			
	it must hold for at least three ye	ars from th	e date of the initial contribu	ition, and which is not regu	red to be used			
	for exempt purposes for the entire	re holdina r	period?			30a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	No
ŀ	If "Yes," describe the arrangeme	٠.				30a		INU
31	· · · · · · · · · · · · · · · · · · ·			review of any non-standard	contributions?	31	Yes	
322	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell	noncash			
	contributions?	· ·				32a		No
ŀ	If "Yes," describe in Part II					- J_a		-140
	If the organization did not report	an amount	: in column (c) for a type of	property for which column i	(a) is checked.			
	describe in Part II		, , , , , , , , , , , , , , , , , , , ,					

PART I, COLUMN (B) THE FEDERATION REPORTS THE NUMBER OF CONTRIBUTORS ON PART I, COLUMN B

Schedule M (Form 990) (2015)

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization MINNEAPOLIS JEWISH FEDERATION

Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

DLN: 93493186007407

Employer identification number

41-0693866

2015

Open to Public Inspection

990 Schedule O. Supplemental Information

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Return Reference	Explanation
FORM 990,	THE FEDERATION HAS AN EXECUTIVE COMMITTEE, COMPRISED ENTIRELY OF VOTING MEMBERS OF THE BOA
PART VI,	RD OF DIRECTORS, WITH POWER TO TRANSACT ALL REGULAR BUSINESS OF THE FEDERATION DURING THE
SECTION A,	PERIOD BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, SUBJECT TO ANY PRIOR LIMITATION IMPOSED
LINE 1	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 DEL
	EGATED 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 A NOTHER ENTITY TO SELL, LEASE, TRANSFER, OR O
	THERWISE DISPOSE OF ALL OR SUBSTANTIALLY ALL OF THE FEDERATION'S PROPERTY AND ASSETS, 4 A
	NY AMENDMENT TO THE BYLAWS OR ARTICLES OF INCORPORATION OF THE FEDERATION, AND 5 ANY ELEC
	TION TO FILL A VACANCY AMONG THE DIRECTORS

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. . BETH LEONARD AND TODD LEONARD - FAMILY RELATIONSHIP DEBBIE GOLDENBERG AND BRIAN LIPSCHULTZ - FAMILY PART VI. RELATIONSHIP SECTION A.

LINE 2

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. THE FEDERATION'S MEMBERS CONSIST OF ANY INDIVIDUAL WHO IS AT LEAST 18 YEARS OLD AND WHO HA PART VI. S PLEDGED OR CONTRIBUTED AT LEAST \$10 TO THE MOST RECENTLY COMPLETED ANNUAL GENERAL CAMPAI SECTION A. GN LINE 6

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990,	SELECTION OF THE FOLLOWING DIRECTORS REQUIRE THE APPROVAL OF THE MEMBERS 1 ONE RABBINIC
PART VI,	REPRESENTATIVE SELECTED BY THE NOMINATING COMMITTEE, 2 ONE SYNAGOGUE PRESIDENT REPRESENTA
SECTION A,	TIVE SELECTED BY THE NOMINATING COMMITTEE, 3 ONE REPRESENTATIVE OF THE BOARD CHAIRS OR PR
LINE 7A	ESIDENTS OF THE PARTNER AGENCIES SELECTED BY THE NOMINATING COMMITTEE, 4 ONE REPRESENTATI
	VE OF THE CHIEF EXECUTIVE OFFICERS OF THE PARTNER A GENCIES SELECTED BY THE NOMINATING COMM
	ITTEE, 5 FIVE DIRECTORS-AT-LARGE SELECTED BY THE NOMINATING COMMITTEE, 6 UP TO THREE CAM
	PAIGN REPRESENTATIVES SELECTED BY THE PRESIDENT, AND 7 UP TO FIVE PRESIDENTIAL APPOINTMEN
	TS SELECTED BY THE PRESIDENT

Explanation

POS Schedule O, Supplemental Information

Return Reference
FORM 990, THE FORM 990 WAS REVIEWED BY THE ORGANIZATION'S CHIEF FINANCIAL OFFICER IT WAS THEN REVIE

PART VI, WED AND APPROVED BY THE FINANCE COMMITTEE OF THE ORGANIZATION THE FINANCE COMMITTEE IS MA
SECTION B, DE UP OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS AND INDIVIDUAL LAY LEADERS OF THE C

LINE 11 OMMUNITY THE PUBLIC INSPECTION COPY OF THE 990 IS THEN PROVIDED TO ALL BOARD MEMBERS PRES

ENT AT A BOARD MEETING PRIOR TO THE FILING

990 Schedule O, Supplemental Information
Return

CUMENTED IN THE MEETING MINUTES

Reference FORM 990.

PART VI.

Explanation THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO ALL BOARD MEMBERS AND STAFF COV

SECTION B,
LINE 12C

RED TO FULLY DISCLOSE THE SPECIFIC NATURE OF ANY INTEREST OR INVOLVEMENT THAT MAY RESULT I
N 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
OF INTEREST AND IDENTIFYING ALL CONFLICTS THAT WERE WAIVED UNLESS OTHERWISE APPROVED BY T
HE BOARD, AN INDIVIDUAL WITH A CONFLICT IS REQUIRED TO REFRAIN FROM PARTICIPATING IN CONSI
DERATION 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 DO

ERED INDIVIDUALS ARE REQUIRED TO COMPLETE AN ANNUAL DISCLOSURE FORM INDIVIDUALS ARE REQUI

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990,	THE COMPENSATION OF THE CEO IS SET BY WRITTEN A GREEMENT AND REVIEWED PERIODICALLY BY THE P
PART VI,	RSONNEL AND COMPENSATION COMMITTEE OF THE MINNEA POLIS JEWISH FEDERATION, WHICH CONSIST OF
SECTION B,	THREE (3) OR MORE INDEPENDENT BOARD MEMBERS THE COMMITTEE'S PROCESS TO EVALUATE THE COMP
LINE 15A	ENSATION OF THE CEO TAKES INTO ACCOUNT (AMONG OTHER MATTERS) THE COMPENSATION DATA PUBLISH
	ED LOCALLY FOR THE TOP 100 NON-PROFIT ORGANIZATIONS, COMPENSATION DATA FOR SIMILAR SIZED J
	EWISH FEDERATIONS IN OTHER COMMUNITIES, AND CURRENT ECONOMIC CONDITIONS THIS PROCESS WAS
	LAST DONE IN JUNE 2015 COMPENSATION FOR OTHER OFFICERS IS SET BY THE CHIEF EXECUTIVE OFFI
	CER AND IS REVIEWED WITH THE TREASURER, AN INDEPENDENT BOARD MEMBER COMPENSATION IS BENCH
	MARKED PERIODICALLY AGAINST COMPENSATION DATA FOR SIMILAR SIZED JEWISH FEDERATIONS IN OTHE
	R COMMUNITIES THIS PROCESS WAS LAST DONE IN MAY 2016

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

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 44,462 PART XI, LINE

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2015

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MINNEAPOLIS JEWISH FEDERATION

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

Open to Public

Employer identification number

				41-069386	6		
Part I Identification of Disregarded Entities Com	plete if the organization	answered "Yes" o	n Form 990, Par	t IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) ind-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ	izations Complete if t	he organization ar	 swered "Yes" or	Form 990, Pari	t IV, line 34 because it	had one	e
or more related tax-exempt organizations during	the tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity stat (if section 501(c)(Section (13) co	
						Yes	No
(1)JEWISH COMMUNITY BUILDING CORPORATION 13100 WAYZATA BOULEVARD 200	HOLDING REAL ESTATE TO SUPPORT THE JEWISH COMMUNITY	MN	501(C)(25)	N/A	MINNEAPOLIS JEWISH FEDERATION	Yes	
MINNETONKA, MN 55305 41-1933056							
(2)KELEN FAMILY FOUNDATION 4900 IDS TOWER 80 S EIGHTH STREET	SUPPORT MINNEAPOLIS JEWISH FEDERATION	MN	501(C)(3)	LINE 11C, III-FI	MINNEAPOLIS JEWISH FEDERATION	Yes	
MINNEAPOLIS, MN 55402 41-1854293							
(3)EFFRESS-MILLER FAMILY FOUNDATION 8545 AVENIDA DE LAS ONDAS	SUPPORT MINNEAPOLIS JEWISH FEDERATION	MN	501(C)(3)	LINE 11C, III-FI	MINNEAPOLIS JEWISH FEDERATION	Yes	
LA JOLLA, CA 92037 41-1781993							
(4)THE JUDITH AND MICHAEL BERMAN FOUNDATION 13100 WAYZATA BOULEVARD 200	SUPPORT MINNEAPOLIS JEWISH FEDERATION	MN	501(C)(3)	LINE 11A, I	MINNEAPOLIS JEWISH FEDERATION	Yes	
MINNETONKA, MN 55305 26-0181739							
(5)OREN AND SHARRON STEINFELDT FOUNDATION 240 BRIDLE LANE	SUPPORT MINNEAPOLIS JEWISH FEDERATION	MN	501(C)(3)	LINE 11C, III-FI	MINNEAPOLIS JEWISH FEDERATION	Yes	
HOPKINS, MN 55305 13-4228266							
	L	1	L	L			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or aging	(k) Percentage ownership
				""			Yes	No		Yes	No	
Bout TV Triangliffication of Bulated Associations Touching			C					11371	E O			T) /

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

(a) Name, address, and EIN of	(b) Primary activity	(c) Legal	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of end-of-	(h) Percentage	Section) 512
related organization	Trimary deaviey	domicile	entity	(C corp, S corp,	income	year	ownership	(b)(:	13)
-		(state or foreign				assets	·	(b)(: contro	olled
		country)		or trust)				entit	
								Yes	No
(1)	INVESTMENT	MN	MINNEAPOLIS	T				Yes	
SPLIT INTEREST TRUSTS (8)			JEWISH FEDERATION						
13100 WAYZATA BOULEVARD			1 25210 11 2014						
200									
MINNETONKA, MN 55305									
·									
	1		1	1	I	1		1	1

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			i
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1 b	Yes	i
c Gift, grant, or capital contribution from related organization(s)	1 c	Yes	i
d Loans or loan guarantees to or for related organization(s)	1 d	Yes	i
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)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
			
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
The Destruction of converse or members has a fundament a selectation by valeted expansion (a)	1m	I	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1n		HO
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	F		
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		
The mean and a management of the content of the con	\vdash		
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1 s		No
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

·											
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved								
(1)JEWISH COMMUNITY BUILDING CORPORATION	К	93,913	CASH TRANSFERRED								
(2)OREN AND SHARRON STEINFELDT FOUNDATION	С	203,500	CASH TRANSFERRED								
(3)KELEN FAMILY FOUNDATION	С	15,000	CASH TRANSFERRED								
(4)EFFRESS-MILLER FAMILY FOUNDATION	С	5,000	CASH TRANSFERRED								
(5)THE JUDITH AND MICHAEL BERMAN FOUNDATION	С	38,000	CASH TRANSFERRED								

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 regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total Income	end-of-year			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	

