

Form **990**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization MINNEAPOLIS JEWISH FEDERATION		D Employer identification number 41-0693866
	Doing business as		E Telephone number 952-593-2600
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	111 CHESHIRE LANE	50	G Gross receipts \$ 44,394,799.
City or town, state or province, country, and ZIP or foreign postal code MINNETONKA, MN 55305		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: MARTIN K. LIPSHUTZ SAME AS C ABOVE		H(b) Are all subordinates included? Yes No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		If "No," attach a list. See instructions	
J Website: ▶ WWW.JEWISHMINNEAPOLIS.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		L Year of formation: 1930	M State of legal domicile: MN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	33
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	33
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	43
	6 Total number of volunteers (estimate if necessary)	6	750
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	91,007.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 18,136,413.	Current Year 27,784,392.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,579,129.	2,939,606.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,116,054.	465,378.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,831,596.	31,189,376.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,547,185.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,841,686.	3,332,936.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,963,887.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,493,071.	2,481,026.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,881,942.	24,935,213.	
19 Revenue less expenses. Subtract line 18 from line 12	17,949,654.	6,254,163.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 164,042,628.	End of Year 182,716,700.
	21 Total liabilities (Part X, line 26)	35,168,792.	40,648,462.
	22 Net assets or fund balances. Subtract line 21 from line 20	128,873,836.	142,068,238.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	MARTIN K. LIPSHUTZ, COO/CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	LAWRENCE H. MOHR, CPA	LAWRENCE H. MOHR, CP	11/10/21	<input type="checkbox"/>	P00447603
Firm's name ▶ BAKER TILLY US, LLP			Firm's EIN ▶ 39-0859910		
Firm's address ▶ 225 S 6TH ST #2300 MINNEAPOLIS, MN 55402			Phone no. 612.876.4500		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: MINNEAPOLIS JEWISH FEDERATION IS A NONPROFIT ORGANIZATION THAT PROMOTES A CULTURE OF PHILANTHROPY, LEVERAGES RESOURCES TO MEET LOCAL AND GLOBAL JEWISH NEEDS, AND FACILITATES COMMUNITY PLANNING TO ENSURE A THRIVING AND SECURE FUTURE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 21,225,121. including grants of \$ 19,121,251.) (Revenue \$) MINNEAPOLIS JEWISH FEDERATION IS A FEDERATED FUNDRAISER SUPPORTING PROGRAMS THAT BENEFIT APPROXIMATELY 33,000 JEWS IN THE GREATER MINNEAPOLIS AREA AND IN NATIONAL AND INTERNATIONAL COMMUNITIES. THE FEDERATION RAISES FUNDS THROUGH ANNUAL AND DIRECTED CAMPAIGNS TO PROVIDE MONEY FOR BENEFICIARY AGENCIES TO BUILD NEW AND UPGRADE EXISTING PROGRAMMING AND INFRASTRUCTURES IN THE GREATER MINNEAPOLIS JEWISH COMMUNITY. ADDITIONALLY, GRANTS ARE MADE TO VARIOUS CHARITIES THROUGHOUT THE UNITED STATES AND THE WORLD THROUGH ADVISED FUND RECOMMENDATIONS AND GRANTS TO BENEFICIARY ORGANIZATIONS THAT ARE PART OF THE JEWISH COMMUNITY FOUNDATION, THE PLANNED GIVING AND ENDOWMENT DEPARTMENT OF MINNEAPOLIS JEWISH FEDERATION. FOR MORE INFORMATION ON THE IMPACT MINNEAPOLIS JEWISH FEDERATION HAS HAD ON THE COMMUNITY,

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 21,225,121.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
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>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26 X	
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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 49	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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		
	2a		43
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
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)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
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 organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
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	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 33		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 33		
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
15a			
15b			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MN, CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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 records **MARTIN LIPSHUTZ - 952-593-2600**
111 CHESHIRE LANE, SUITE 50, MINNETONKA, MN 55305

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES COHEN CHIEF EXECUTIVE OFFICER	40.00 1.00			X			310,108.	0.	31,474.	
(2) MARTIN LIPSHUTZ COO/CFO	40.00 1.50			X			160,158.	0.	28,144.	
(3) HEATHER RING CHIEF DEVELOPMENT OFFICER	40.00 0.00			X			157,287.	0.	26,333.	
(4) ALENE SUSSMAN FOUNDATION DIRECTOR	40.00 0.50				X		145,334.	0.	1,424.	
(5) TODD LEONARD PRESIDENT	20.00 0.00	X		X			0.	0.	0.	
(6) HOWARD ZACK IMMEDIATE PAST PRESIDENT	1.00 1.00	X		X			0.	0.	0.	
(7) BRADLEY BIRNBERG TREASURER	2.00 0.00	X		X			0.	0.	0.	
(8) SANDY DONALDSON ASSISTANT TREASURER	1.00 0.00	X		X			0.	0.	0.	
(9) KRISTINE MACDONALD SECRETARY	2.00 1.00	X		X			0.	0.	0.	
(10) MARK ADELMAN DIRECTOR (OUTGOING)	1.00 0.00	X					0.	0.	0.	
(11) MARK APPELBAUM DIRECTOR	1.00 0.00	X					0.	0.	0.	
(12) GREG ARENSON DIRECTOR	1.00 0.00	X					0.	0.	0.	
(13) MICHAEL BARRY DIRECTOR	1.00 0.00	X					0.	0.	0.	
(14) DINA BLUMENFIELD DIRECTOR	1.00 0.00	X					0.	0.	0.	
(15) LEV BUSLOVICH DIRECTOR	1.00 0.00	X					0.	0.	0.	
(16) MAX DAVIS DIRECTOR (OUTGOING)	1.00 0.00	X					0.	0.	0.	
(17) LINDA FITERMAN DIRECTOR	1.00 0.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RAFI FORBUSH DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) STUART GOLDENBERG DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) DEBBIE GOLDENBERG DIRECTOR (OUTGOING)	1.00 0.00	X						0.	0.	0.
(21) JACY GRAIS DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) JONATHAN HALPER DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) STEVEN HUNEGS DIRECTOR (OUTGOING)	1.00 0.00	X						0.	0.	0.
(24) ARIELLE KAUFMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) RITA KELNER DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) JENNIFER LEWIN DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								772,887.	0.	87,375.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								772,887.	0.	87,375.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BRANDEIS UNIVERSITY PO BOX 549110, WALTHAM, MA 02454	CONSULTING SERVICES	132,439.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DANIEL LIEBERMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(28) RICK LINSK DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) BRIAN LIPSCHULTZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) STEVEN MACHOV DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) RON MANDELBAUM DIRECTOR	1.00 0.00	X						0.	0.	0.
(32) HOWARD MILSTEIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(33) GABRIELLE PARISH DIRECTOR	1.00 0.00	X						0.	0.	0.
(34) DAVID PARISH DIRECTOR (OUTGOING)	1.00 0.00	X						0.	0.	0.
(35) ANDREW PARKER DIRECTOR	1.00 0.00	X						0.	0.	0.
(36) DEBRA RAPPAPORT DIRECTOR	1.00 0.00	X						0.	0.	0.
(37) KENNETH RASKIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(38) DAVID SEGAL DIRECTOR	1.00 0.00	X						0.	0.	0.
(39) CHANA SHAGALOW DIRECTOR	1.00 0.00	X						0.	0.	0.
(40) SANDY SONDELL DIRECTOR	1.00 0.00	X						0.	0.	0.
(41) DEBBIE STILLMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(42) DORI WEINSTEIN DIRECTOR (OUTGOING)	1.00 0.00	X						0.	0.	0.
(43) ANDREW WIEBERDINK DIRECTOR (OUTGOING)	1.00 0.00	X						0.	0.	0.
(44) BRITTANY WILLIS DIRECTOR	1.00 0.00	X						0.	0.	0.
(45) SUSAN YOST DIRECTOR (OUTGOING)	1.00 0.00	X						0.	0.	0.
(46) RORY ZAMANSKY DIRECTOR (OUTGOING)	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 780.			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d 214,500.			
	e	Government grants (contributions)	1e 520,400.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 27,048,712.			
	g	Noncash contributions included in lines 1a-1f	1g \$ 6,381,155.			
	h	Total. Add lines 1a-1f		27,784,392.		
Program Service Revenue	2 a	_____	Business Code			
	b	_____				
	c	_____				
	d	_____				
	e	_____				
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,082,301.	91,007.	1,991,294.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real			
			(ii) Personal			
	b	Less: rental expenses ...	6b			
	c	Rental income or (loss)	6c			
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
				14,062,728.		
	b	Less: cost or other basis and sales expenses	7b 13,205,423.			
	c	Gain or (loss)	7c 857,305.			
d	Net gain or (loss)		857,305.		857,305.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b	Less: direct expenses	8b				
c	Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b				
c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances					
b	Less: cost of goods sold	10b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	EVENT SPONSORSHIP	900099	181,982.		181,982.
	b	MISCELLANEOUS INCOME	900099	98,236.		98,236.
	c	DAV ADMINISTRATIVE FEES	900099	97,088.		97,088.
	d	All other revenue	900099	88,072.		88,072.
	e	Total. Add lines 11a-11d		465,378.		
12	Total revenue. See instructions		31,189,376.	0.	91,007.	3,313,977.

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,318,442.	16,318,442.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	132,496.	132,496.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,670,313.	2,670,313.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	713,504.	279,562.	105,572.	328,370.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,222,828.	911,501.	274,611.	1,036,716.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	48,685.	15,578.	14,286.	18,821.
9 Other employee benefits	140,003.	36,320.	44,399.	59,284.
10 Payroll taxes	207,916.	89,584.	24,136.	94,196.
11 Fees for services (nonemployees):				
a Management				
b Legal	44,241.	3,905.	28,621.	11,715.
c Accounting	36,169.	2,714.	25,313.	8,142.
d Lobbying	90,228.	90,228.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	614,089.	280,854.	105,626.	227,609.
12 Advertising and promotion	74,271.	25,063.	5,869.	43,339.
13 Office expenses	75,903.	8,814.	26,364.	40,725.
14 Information technology				
15 Royalties				
16 Occupancy	210,587.		210,587.	
17 Travel	80,663.	80,663.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	155,147.	93,557.	16,348.	45,242.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	51,821.		51,821.	
23 Insurance	52,099.	6,648.	21,400.	24,051.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROVISION FOR BAD DEBTS	741,080.		741,080.	
b PROGRAM EXPENSES	172,668.	163,785.		8,883.
c EQUIPMENT & REPAIRS	80,848.	15,094.	48,960.	16,794.
d UBI TAXES	1,212.		1,212.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	24,935,213.	21,225,121.	1,746,205.	1,963,887.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	12,913,497.	1	5,964,516.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	3,006,039.	3	8,235,995.
	4 Accounts receivable, net	701,098.	4	412,733.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	122,825.	5	72,000.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	95,489.	9	142,729.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 393,906.		
	b Less: accumulated depreciation	10b 299,939.	145,788.	10c 93,967.
	11 Investments - publicly traded securities	113,296,474.	11	126,850,443.
	12 Investments - other securities. See Part IV, line 11	19,868,879.	12	26,656,518.
	13 Investments - program-related. See Part IV, line 11	120,423.	13	105,447.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	13,772,116.	15	14,182,352.
16 Total assets. Add lines 1 through 15 (must equal line 33)	164,042,628.	16	182,716,700.	
Liabilities	17 Accounts payable and accrued expenses	537,974.	17	537,606.
	18 Grants payable	6,533,111.	18	8,929,122.
	19 Deferred revenue	139,697.	19	114,746.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	25,784,449.	21	28,178,145.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,173,561.	25	2,888,843.
	26 Total liabilities. Add lines 17 through 25	35,168,792.	26	40,648,462.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	111,741,286.	27	119,145,263.
	28 Net assets with donor restrictions	17,132,550.	28	22,922,975.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	128,873,836.	32	142,068,238.
33 Total liabilities and net assets/fund balances	164,042,628.	33	182,716,700.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	31,189,376.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,935,213.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,254,163.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	128,873,836.
5	Net unrealized gains (losses) on investments	5	7,153,774.
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 on Schedule O)	9	-213,535.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	142,068,238.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____		X
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 on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21421022.	23896026.	3872763.	18136413.	27784392.	95110616.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	21421022.	23896026.	3872763.	18136413.	27784392.	95110616.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						17317547.
6 Public support. Subtract line 5 from line 4.						77793069.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	21421022.	23896026.	3872763.	18136413.	27784392.	95110616.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1533068.	1700926.	1003213.	2733898.	2082301.	9053406.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	350,787.	421,570.	138,405.	13994064.	283,396.	15188222.
11 Total support. Add lines 7 through 10						119352244
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	65.18	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	58.08	%
16a 33 1/3% support test - 2020. 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			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. 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			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. 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 organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. 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			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section 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 or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, 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 at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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 the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	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	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	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)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME FROM VARIOUS SOURCES

2016 AMOUNT: \$ 350,787.

2017 AMOUNT: \$ 421,570.

2018 AMOUNT: \$ 138,405.

2019 AMOUNT: \$ 13,994,064.

2020 AMOUNT: \$ 283,396.

Multiple horizontal lines for providing additional information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

MINNEAPOLIS JEWISH FEDERATION

Employer identification number

41-0693866

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization MINNEAPOLIS JEWISH FEDERATION	Employer identification number 41-0693866
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>3,000,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,696,803.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>2,296,800.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>2,229,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>1,178,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>1,125,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MINNEAPOLIS JEWISH FEDERATION	Employer identification number 41-0693866
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>1,060,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>850,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MINNEAPOLIS JEWISH FEDERATION	Employer identification number 41-0693866
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	ISRAEL BONDS 9TH JUBILEE _____ _____ _____	\$ 3,000,000.	03/31/20
3	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 2,296,800.	12/02/20
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization MINNEAPOLIS JEWISH FEDERATION	Employer identification number 41-0693866
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

If the organization answered "Yes," 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 II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2020**

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		90,228.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			90,228.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (See instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE FEDERATION PAID \$90,228 TO THE JEWISH COMMUNITY RELATIONS COUNCIL FOR A GOVERNMENT RELATIONS POSITION FOR LOBBYING ON BEHALF OF THE ENTIRE TWIN CITIES JEWISH COMMUNITY.

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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	285	734
2 Aggregate value of contributions to (during year)	14,800,610.	2,113,450.
3 Aggregate value of grants from (during year)	9,541,371.	4,016,146.
4 Aggregate value at end of year	57,651,551.	91,923,274.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
 (ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
 a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
 b Assets included in Form 990, Part X ▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,056,668.	5,667,691.	6,222,536.	6,084,375.	5,656,163.
b Contributions	6,557.	5,080.	18.	7,049.	161.
c Net investment earnings, gains, and losses	595,126.	946,815.	-530,535.	430,261.	645,961.
d Grants or scholarships	156,355.	503,852.	4,331.	236,811.	160,475.
e Other expenditures for facilities and programs					
f Administrative expenses	58,052.	59,066.	19,997.	62,338.	57,435.
g End of year balance	6,443,944.	6,056,668.	5,667,691.	6,222,536.	6,084,375.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 67.6378 %
 - c Term endowment 32.3622 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input checked="" type="checkbox"/> | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		115,257.	82,102.	33,155.
d Equipment		172,266.	111,454.	60,812.
e Other		106,383.	106,383.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				93,967.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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		
(B) FUNDS	25,834,316.	END-OF-YEAR MARKET VALUE
(C) REAL ESTATE FUNDS	818,230.	END-OF-YEAR MARKET VALUE
(D) INTEREST IN CHARITABLE		
(E) TRUSTS HELD BY OTHERS	3,972.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	26,656,518.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUST	9,375,000.
(2) INVESTMENTS HELD IN CHARITABLE GIFT ANNUITIES	3,890,103.
(3) POOLED INCOME FUNDS	97,006.
(4) RECEIVABLE FROM TERMED CHARITABLE TRUST	286,547.
(5) LIFE INSURANCE	519,103.
(6) SECURITY DEPOSIT	14,593.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	14,182,352.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OBLIGATIONS UNDER SPLIT-INTEREST	
(3) AGREEMENTS	2,433,026.
(4) ACCRUED PAYROLL LIABILITIES	296,072.
(5) DUE TO JEWISH COMMUNITY BUILDING	
(6) CORPORATION	61,371.
(7) DEPOSITS	98,374.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,888,843.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

THE FEDERATION HOLDS FUNDS FOR WHICH DONORS HAVE SPECIFIED THE ULTIMATE BENEFICIARY, BUT FOR WHICH DISTRIBUTIONS HAVE NOT YET BEEN MADE.

PART V, LINE 4:

ENDOWMENT FUNDS ARE USED TO SUPPORT JEWISH LIFE IN GREATER MINNEAPOLIS AREA AND OVERSEAS.

PART X, LINE 2:

THE ORGANIZATION HAS ADOPTED A POLICY THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS. THE POLICY DESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT

Part XIII Supplemental Information (continued)

PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX
POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT
CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE
ORGANIZATION FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2020 AND 2019
RESPECTIVELY. THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND
EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

Employer identification number

MINNEAPOLIS JEWISH FEDERATION

41-0693866

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		12,699,462.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	0	0	INVESTMENTS		6,948,527.
SEE PART V FOR EXPLANATION ON PASSTHROUGH GRANTS OUTSIDE THE US	0	0	GRANTS (INDIRECT)		2,650,313.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	0	0	GRANTS (DIRECT)		20,000.
3 a Subtotal	0	0			22,318,302.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			22,318,302.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2020

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SEE PART V	SEE PART V FOR MORE INFORMATION ON PASSTHROUGH GRANTS OUTSIDE THE US	2650313.	WIRE/CHECK	0.	N/A	
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	20,000.	WIRE/CHECK	0.	N/A	

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **2**

3 Enter total number of other organizations or entities **0**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

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.

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 ORGANIZATION FOR 155 JEWISH FEDERATIONS IN THE UNITED STATES. JFNA PERFORMS ALL DUE DILIGENCE WITH RESPECT TO EVALUATING THE RECIPIENT ORGANIZATIONS TO ENSURE THEY MEET THE ELIGIBILITY CRITERIA REQUIRED TO MEET THE EQUIVALENCY OF 501(C)(3) STATUS IN THE UNITED STATES. THE FEDERATION SPECIFIES CERTAIN PORTIONS FOR RECIPIENT ORGANIZATIONS IN ISRAEL AND THE FORMER SOVIET UNION; 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.

PART I, LINE 3:

ACCRUAL METHOD IS USED TO ACCOUNT FOR EXPENDITURES.

SCHEDULE F, PART IV, LINE 3:

THE ORGANIZATION HAS INVESTED IN FOREIGN CORPORATIONS AND MUTUAL FUNDS. HOWEVER, THE FILING REQUIREMENTS OF FORM 5471 HAVE NOT BEEN MET.

SCHEDULE F, PART IV, LINE 4:

THE ORGANIZATION HAS INVESTED IN PARTNERSHIPS THAT HOLD DIRECT OR INDIRECT INTERESTS IN PASSIVE FOREIGN INVESTMENT COMPANIES. THE INVESTMENT PARTNERSHIPS HAVE PROPERLY FILED FORM 8621, OR THE UNDERLYING INVESTMENTS DID NOT GENERATE ANY UNRELATED BUSINESS INCOME. UNDER THESE FACTS, IT IS NOT NECESSARY FOR THE ORGANIZATION TO FILE AN ADDITIONAL 8621.

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.

SCHEDULE F, PART IV, LINE 5:

THE ORGANIZATION HAS INVESTED IN PARTNERSHIPS THAT HOLD DIRECT OR
INDIRECT INTERESTS IN FOREIGN PARTNERSHIPS. HOWEVER, THE FILING
REQUIREMENTS OF FORM 8865 HAVE NOT BEEN MET.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABBOTT NORTHWESTERN HOSPITAL FOUNDATION - PO BOX 43 - MINNEAPOLIS, MN 55407-3799	04-3643816	501(C)(3)	15,000.	0.			MEDICINE CALL
ACLU OF MN FOUNDATION PO BOX 14720 MINNEAPOLIS, MN 55414	41-6050012	501(C)(3)	35,900.	0.			GENERAL OPERATING SUPPORT COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT, USY WINTER SHABBATON,
ADATH JESHURUN CONGREGATION 10500 HILLSIDE LANE WEST MINNETONKA, MN 55305	41-0693940	501(C)(3)	71,956.	0.			WAY TO RISE PHILANTHROPIC FUND (C3)
AMALGAMATED CHARITABLE FOUNDATION 1825 K ST NW WASHINGTON, DC 20006-1202	82-1517696	501(C)(3)	15,000.	0.			BEIT RUTH ADVOCACY & OUTREACH INITIATIVE
AMERICAN FRIENDS OF BEIT RUTH 2 JERICHO PLAZA SUITE 111, WING A JERICHO, NY 11753	45-5626260	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
AMERICAN FRIENDS OF THE TEL AVIV UNIVERSITY INC. - 39 BROADWAY, SUITE 1510 - NEW YORK, NY 10006	13-1996126	501(C)(3)	105,000.	0.			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **102.**

3 Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ISRAEL EDUCATION FOUNDATION - C/O BENNETT GOLDSTEIN CFO R.FISHMAN 251 H STREET NW - WASHINGTON, DC 20001	52-1623781	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC. - PO BOX 4124 - NEW YORK, NY 10163	13-1656634	501(C)(3)	260,500.	0.			GENERAL OPERATING SUPPORT, ENTWINE, JEWS LIVING ABROAD IN POVERTY, TAUB CENTER FOR POLICY
AMERICAN JEWISH WORLD SERVICE - NY PO BOX 568 ETNA, NH 03750	22-2584370	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
ADAS ISRAEL CONGREGATION 2850 QUEBEC STREET, NW WASHINGTON, DC 20008	53-0196563	501(C)(3)	6,568.	0.			GENERAL OPERATING SUPPORT
ANGEL FOUNDATION 1155 CENTRE POINTE DR, STE 7 MENDOTA HEIGHTS, MN 55120	41-1990883	501(C)(3)	8,150.	0.			GENERAL OPERATING SUPPORT
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158	13-1818723	501(C)(3)	13,396.	0.			GENERAL OPERATING SUPPORT
AISH - MINNESOTA 5115 EXCELSIOR BLVD #319 ST LOUIS PARK, MN 55416	20-5474141	501(C)(3)	7,800.	0.			GENERAL OPERATING SUPPORT, COVID 19 PANDEMIC RESPONSE
BABY'S SPACE: A PLACE TO GROW 2438 18TH AVENUE SOUTH MINNEAPOLIS, MN 55404-4006	20-4502788	501(C)(3)	52,500.	0.			GENERAL OPERATING SUPPORT
BAIS YAAKOV HIGH SCHOOL OF MINNEAPOLIS - 4509 MINNETONKA BLVD - ST. LOUIS PARK, MN 55416	41-1797413	501(C)(3)	128,087.	0.			GENERAL OPERATING SUPPORT, COVID19 PANDEMIC RESPONSE, EXPERIENTIAL/PROJECT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAIS YISROEL CONGREGATION 4221 SUNSET BLVD ST. LOUIS PARK, MN 55416	41-1664904	501(C)(3)	104,272.	0.			GENERAL OPERATING SUPPORT, COVID19 PANDEMIC RESPONSE, GCZS CUB FOOD CARD PROGRAM
BANK STREET COLLEGE OF EDUCATION PO BOX 250865 NEW YORK, NY 10025	13-5562167	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
BEACON INTERFAITH HOUSING COLLABORATIVE - 2610 UNIVERSITY AVENUE W - ST PAUL, MN 55114	41-1953599	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
BET SHALOM CONGREGATION 13613 ORCHARD ROAD MINNETONKA, MN 55305	41-1409208	501(C)(3)	148,750.	0.			GENERAL OPERATING SUPPORT, COVID 19 PANDEMIC RESPONSE
BETH EL SYNAGOGUE 5225 BARRY STREET W ST LOUIS PARK, MN 55416	41-0711587	501(C)(3)	127,933.	0.			GENERAL OPERATING SUPPORT, STEP FOOD SHELF, ENDOWMENT FUNDS, EARLY CHILDHOOD, COVID 19
BLAKE SCHOOL 110 BLAKE ROAD SOUTH HOPKINS, MN 55343	23-7243247	501(C)(3)	9,500.	0.			GENERAL OPERATING SUPPORT
CAMP RAMAH IN WI 67 E. MADISON STREET, STE 1905 CHICAGO, IL 60603	36-6009250	501(C)(3)	103,015.	0.			COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT
CENTRAL FUND OF ISRAEL 461 CENTRAL AVENUE CEDARHURST, NY 11516	13-2992985	501(C)(3)	5,000.	0.			GINAT EDEN, SCHOOL FOR AT RISK TEENAGE GIRLS
CHABAD UNIVERSITY OF WISCONSIN 223 W GILMAN STREET MADISON, WI 53703	20-0078855	501(C)(3)	6,300.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHABAD UNIVERSITY OF MINNESOTA 1121 UNIVERSITY AVENUE SE MINNEAPOLIS, MN 55414	27-2057339	501(C)(3)	12,188.	0.			COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT
COMMITTEE FOR ACCURACY IN MIDDLE EAST REPORTING IN AMERICA INC - PO BOX 35040 - BOSTON, MA 02135-0001	52-1332702	501(C)(3)	6,650.	0.			GENERAL OPERATING SUPPORT
COMMONBOND COMMUNITIES 1080 MONTREAL AVENUE ST. PAUL, MN 55116-2311	41-1260469	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
CONSTELLATION FUND 323 N WASHINGTON AVE MINNEAPOLIS, MN 55401	82-4027046	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT, COVID19 PANDEMIC RESPONSE
DARCHEI NOAM CONGREGATION MN 2950 JOPPA AVE S ST LOUIS PARK, MN 55416		501(C)(3)	26,868.	0.			GENERAL OPERATING SUPPORT, COVID19 PANDEMIC RESPONSE
DEBATE IT FORWARD 441 E ERIE ST, APT 4813 CHICAGO, IL 60611	81-4699010	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
DIRECT RELIEF 6100 WALLACE BECKNELL RD SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	20,000.	0.			COVID19 PANDEMIC RESPONSE
DOCTORS WITHOUT BORDERS USA INC. 40 RECTOR STREET NEW YORK, NY 10006-1751	13-3433452	501(C)(3)	5,250.	0.			GENERAL OPERATING SUPPORT
EAST SIDE NEIGHBORHOOD SERVICES, INC. - 1700 SECOND STREET NE - MINNEAPOLIS, MN 55413	41-0873798	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOLDS OF HONOR FOUNDATION - MN 372 FERNDAL RD S MINNEAPOLIS, MN 55413	46-5531485	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
FOOD GROUP 8501 54TH AVENUE NORTH NEW HOPE, MN 55428	41-1246504	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
FOUNDATION FOR EDUCATIONAL RESEARCH & DEVELOPMENT - 6210 E INDIAN BEND ROAD - PARADISE VALLEY, AZ 85253	41-1876141	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
FOUNDATION FOR EXHIBITION OF PHOTOGRAPHY - 633 UNIVERSITY AVENUE - ST PAUL, MN 55104	68-0544634	501(C)(3)	10,000.	0.			COVID19 PANDEMIC RESPONSE
FRASER 2400 WEST 64TH STREET RICHFIELD, MN 55423	41-0781858	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
GLOBAL VILLAGE CONNECT 5536 LORING LN GOLDEN VALLEY, MN 55422	46-1480033	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT, TIKKUN OLAM PRIMARY SCHOOL
GREATER THINGS 6301 PEACEDALE AVE EDINA, MN 55424	82-2715215	501(C)(3)	10,000.	0.			YOGA SANCTUARY MINNEAPOLIS
GREATER TWIN CITIES UNITED WAY PO BOX 2949 MINNEAPOLIS, MN 55402-0949	41-1973442	501(C)(3)	219,500.	0.			GENERAL OPERATING SUPPORT, COVID19 PANDEMIC RESPONSE
HABONIM DROR FOUNDATION INC. 426 E DUATE RD MONROVIA, CA 91016	11-3301957	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEILICHER MINNEAPOLIS JEWISH DAY SCHOOL - 4330 SOUTH CEDAR LAKE ROAD - ST LOUIS PARK, MN 55416	41-1522634	501(C)(3)	499,176.	0.			COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT, COVID19 PANDEMIC
HERZL CAMP 4330 SOUTH CEDAR LAKE ROAD ST LOUIS PARK, MN 55416	41-6009136	501(C)(3)	1,882,601.	0.			COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT, SCHOLARSHIPS
HILLEL - UNIVERSITY OF MIAMI 1100 STANFORD DR CORAL GABLES, FL 33146	52-1758796	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT
INTERNATIONAL COMMUNITY FOUNDATION 2505 N AVENUE NATIONAL CITY, CA 91950	33-0457858	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
JEWFOLK MEDIA INC. 4330 SOUTH CEDAR LAKE ROAD ST LOUIS PARK, MN 55416	27-4463056	501(C)(3)	32,360.	0.			COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT
JEWISH AGENCY FOR ISRAEL NORTH AMERICA - 633 THIRD AVENUE - NEW YORK, NY 10017	23-0053483	501(C)(3)	33,908.	0.			CAMP MICKI, GENERAL OPERATING SUPPORT, VICTIMS OF TERROR (IN ISRAEL) FUND, WINGS LONE
JEWISH COMMUNITY RELATIONS COUNCIL MN & DAKOTAS - 12 NORTH 12TH STREET - MINNEAPOLIS, MN 55403	41-0826434	501(C)(3)	315,240.	0.			COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT, HOLOCAUST EDUCATION,
JEWISH FAMILY & CHILDREN'S SERVICE 5905 GOLDEN VALLEY RD GOLDEN VALLEY, MN 55422	41-0693860	501(C)(3)	1,190,514.	0.			COVID19 PANDEMIC RESPONSE, EMERGENCY FINANCIAL ASSISTANCE PROGRAM, GENERAL
JEWISH FEDERATION OF GREATER PHOENIX - 12701 NORTH SCOTTSDALE ROAD - SCOTTSDALE, AZ 85254	45-3910992	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FEDERATION OF SAN ANTONIO 12500 NW MILITARY HWY, SUITE 200 SAN ANTONIO, TX 78231	74-1109662	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
JEWISH FEDERATION OF SARASOTA-MANATEE - 580 S MCINTOSH RD - SARASOTA, FL 34232-1959	59-1227747	501(C)(3)	130,890.	0.			GENERAL OPERATING SUPPORT, HOLOCAUST EDUCATION PROGRAMS
JEWISH FEDERATIONS OF NORTH AMERICA - WALL STREET STATION PO BOX 157 - NEW YORK, NY 10268	13-1624240	501(C)(3)	1,505,818.	0.			COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT
JEWISH HISTORICAL SOCIETY OF THE UPPER MIDWEST - 4330 SOUTH CEDAR LAKE RD - ST LOUIS PARK, MN 55416	36-3337514	501(C)(3)	20,638.	0.			COVID19 PANDEMIC RESPONSE, DIGITIZATION OF JEWISH WORLD, GENERAL OPERATING SUPPORT
JEWISH HOUSING AND PROGRAMMING (J-HAP) - 9280 GOLDEN VALLEY RD - GOLDEN VALLEY, MN 55427	27-2033464	501(C)(3)	76,677.	0.			COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT, TENANT WELL BEING AND ENGAGEMENT
KENESSETH ISRAEL SYNAGOGUE 4330 W 28TH STREET ST LOUIS PARK, MN 55416	41-0780896	501(C)(3)	63,594.	0.			COVID19 PANDEMIC RESPONSE, FOOD DRIVE, KI LEARNING COMMUNITY, RABBI KALATSKY PARSONAGE
MASORTI FOUNDATION FOR CONSERVATIVE JUDAISM IN ISRAEL - 3080 BROADWAY - NEW YORK, NY 10027	13-3137586	501(C)(3)	28,100.	0.			GENERAL OPERATING SUPPORT
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	41,000.	0.			GENERAL OPERATING SUPPORT, CENTER FOR REGENERATIVE MEDICINE
MILKWEED EDITIONS CYCLE FOR SURVIVAL - 1011 WASHINGTON AVENUE S OPEN BOOK BUILDING - MINNEAPOLIS, MN 55415-1246	41-1365177	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNEAPOLIS CHABAD LUBAVITCH 2845 HEDBERG DRIVE MINNETONKA, MN 55305	41-1873584	501(C)(3)	25,620.	0.			COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT, CHILDREN'S JEWISH
MINNESOTA CENTER FOR ENVIRONMENTAL ADVOCACY - 1919 UNIVERSITY AVE W - ST PAUL, MN 55104	23-7412105	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
MINNESOTA HILLEL 1521 UNIVERSITY AVENUE SE MINNEAPOLIS, MN 55414	41-6038613	501(C)(3)	292,566.	0.			COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT, CAPITAL CAMPAIGN,
MINNESOTA JCC 1375 ST PAUL AVENUE ST PAUL, MN 55116	41-0833543	501(C)(3)	774,034.	0.			COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT, CAMP ADVOCATES PROGRAM, EARLY
MINNESOTA JEWISH THEATRE COMPANY PO BOX 16155 ST PAUL, MN 55116	41-1789509	501(C)(3)	11,850.	0.			COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT
MOISHE HOUSE 441 SAXONY ROAD, BARN 2 ENCINITAS, CA 92024	26-2599786	501(C)(3)	38,500.	0.			COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT
MY VERY OWN BED 34 13TH AVE NE, SUITE B002A MINNEAPOLIS, MN 55413	46-5071773	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL CONFERENCE OF SYNAGOGUE YOUTH - 4331 W. 25TH ST - MINNEAPOLIS, MN 55416		501(C)(3)	25,230.	0.			COVID 19 PANDEMIC RESPONSE
NATIONAL COUNCIL OF JEWISH WOMEN MN - 5905 GOLDEN VALLEY RD - GOLDEN VALLEY, MN 55422	41-0675915	501(C)(3)	12,440.	0.			COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATURE CONSERVANCY INC. MN 1101 W RIVER PKWY MINNEAPOLIS, MN 55415-1291	53-0242652	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT, BAJA OCEAN INITIATIVE
NECHAMA - JEWISH DISASTER RESPONSE PO BOX 17249 ST PAUL, MN 55337	41-1998750	501(C)(3)	27,715.	0.			GENERAL OPERATING SUPPORT
NEIGHBORHOOD HOUSE 179 ROBIE STREET EAST ST PAUL, MN 55107	41-0693916	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
NEVE MICHAEL CHILDREN'S VILLAGE PO BOX 260067 PEMBROKE PINES, FL 33026	20-8499330	501(C)(3)	19,100.	0.			GENERAL OPERATING SUPPORT, CHILDHOOD EDUCATION
NEW ISRAEL FUND PO BOX 177 LEWISTON, ME 04243-0177	94-2607722	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
NEXTGEN CLIMATE AMERICA INC 986 MISSION ST, 1ST FLOOR SAN FRANCISCO, CA 94103	46-2525580	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
NEW VENTURE FUND 1201 CONNECTICUT AVE NW, STE 300 WASHINGTON, DC 20036	20-5806345	501(C)(3)	15,000.	0.			VOTER ENGAGEMENT FUND
OUR LADY OF PEACE HOME 2076 ST ANTHONY AVENUE ST PAUL, MN 55104	41-1306947	501(C)(3)	8,352.	0.			SMART TVS, PILLOW SPEAKERS, AND INSTALLATION FOR 6 PATIENT ROOMS
PACER CENTER, INC. 8161 NORMANDALE BLVD S MINNEAPOLIS, MN 55437	41-1306304	501(C)(3)	22,600.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD NORTH CENTRAL STATES - 671 VANDALIA STREET - ST PAUL, MN 55114	41-0948382	501(C)(3)	9,400.	0.			GENERAL OPERATING SUPPORT
PRISM 1220 ZANE AVENUE N GOLDEN VALLEY, MN 55422	41-1442049	501(C)(3)	7,200.	0.			GENERAL OPERATING SUPPORT
PROJECT N95, INC. 315 FLATBUSH AVE., #394 BROOKLYN, NY 11217	85-0570065	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
RONALD MCDONALD HOUSE OF NY 405 EAST 73RD STREET NEW YORK, NY 10021	13-2933654	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
SECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE ST PAUL, MN 55109	23-7417654	501(C)(3)	12,704.	0.			GENERAL OPERATING SUPPORT
SHA'ARIM 2851 HEDBERG DR MINNETONKA, MN 55305	41-1917521	501(C)(3)	265,784.	0.			COVID 19 PANDEMIC RESPONSE, DARKAYNU PROGRAM, FRIENDS 'N FUN PROGRAM, GATEWAYS
SHIR TIKVAH CONGREGATION 1360 W MINNEHAHA PKWY MINNEAPOLIS, MN 55419-1199	41-1632627	501(C)(3)	141,410.	0.			COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT, JEWISH MORAL IMAGINATION:
SHOLOM COMMUNITY ALLIANCE 3620 PHILLIPS PARKWAY ST LOUIS PARK, MN 55426	41-1837022	501(C)(3)	3,252,996.	0.			COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT, CAPITAL CAMPAIGN, COVID19
SHOLOM FOUNDATION 3610 PHILLIPS PKWY ST LOUIS PARK, MN 55426-3765	36-3411361	501(C)(3)	248,669.	0.			GENERAL OPERATING SUPPORT, CAPITAL CAMPAIGN, COVID19 PANDEMIC RESPONSE,

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEP-ST LOUIS PARK EMERGENCY PROGRAM - 6812 W LAKE STREET - ST. LOUIS PARK, MN 55426	51-0188692	501(C)(3)	22,610.	0.			GENERAL OPERATING SUPPORT, FOOD SHELF FOR KOSHER FOOD PROGRAM, COVID19 PANDEMIC
SUPPORTERS OF TORAH CONGREGATION PO BOX 2130 PEERSKILL, NY 10566	11-3235771	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
TALMUD TORAH OF MINNEAPOLIS 4330 SOUTH CEDAR LAKE ROAD ST LOUIS PARK, MN 55416	41-0714419	501(C)(3)	224,627.	0.			COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT, SCHOLARSHIPS
TEMPLE ISRAEL 2323 FREMONT AVENUE S MINNEAPOLIS, MN 55405	41-1769841	501(C)(3)	1,194,732.	0.			COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT, CAMP TEKO CAMPAIGN, EARLY
TORAH ACADEMY OF MINNEAPOLIS 2800 JOPPA AVE SOUTH ST. LOUIS PARK, MN 55416	41-6007486	501(C)(3)	529,901.	0.			COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT, SCHOLARSHIPS
UNION FOR REFORM JUDIASM 633 3RD AVE, FLOOR 7 NEW YORK, NY 10017-6790	13-1663143	501(C)(3)	94,265.	0.			COVID 19 PANDEMIC RESPONSE
UNITED STATES HOLOCAUST MEMORIAL MUSEUM - 100 RAOUL WALLENBERG PLACE SW - WASHINGTON, DC 20024-2126	52-1309391	501(C)(3)	5,386.	0.			GENERAL OPERATING SUPPORT
UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM - 3080 BROADWAY, SUITE B208 - NEW YORK, NY 10027	13-1659707	501(C)(3)	16,280.	0.			GENERAL OPERATING SUPPORT, COVID19 PANDEMIC RESPONSE, SCHOLARSHIPS
UNIVERSITY OF MINNESOTA FOUNDATION P.O. BOX 860266 MINNEAPOLIS, MN 55486-0266	41-6042488	501(C)(3)	16,890.	0.			GENERAL OPERATING SUPPORT, CSOM FUND, BLADDER CANCER RESEARCH & EDUCATIONAL FUND, COVID19

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN LEAGUE TWIN CITIES MN 2100 PLYMOUTH AVE N MINNEAPOLIS, MN 55411	41-0706915	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
VANGUARD CHARITABLE P.O. BOX 55766 BOSTON, MA 02205-5766	23-2888152	501(C)(3)	49,785.	0.			THE HARVEY AND BARBARA RATNER FAMILY FUND
VOTER PARTICIPATION CENTER 1707 L STREET NW SUITE 950 WASHINGTON, DC 20036	55-0889748	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
WASHBURN CENTER FOR CHILDREN 1100 GLENWOOD AVENUE MINNEAPOLIS, MN 55405	41-0711618	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
WORLD RESOURCES INSTITUTE 10 G STREET NE WASHINGTON, DC 20002	52-1257057	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
YESHIVA OF MINNEAPOLIS 3115 OTTAWA AVENUE SOUTH MINNEAPOLIS, MN 55416	45-2697278	501(C)(3)	78,500.	0.			COVID 19 PANDEMIC RESPONSE

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CAMP SCHOLARSHIPS	194	114,224.	0.	N/A	N/A
PROGRAM GRANTS	26	18,272.	0.	N/A	N/A

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

AT THE TIME A GRANT IS MADE, THE FEDERATION DESIGNATES THE INTENDED USE OF THE FUNDS. THE FEDERATION CONDUCTS NO FURTHER MONITORING OF THE FUNDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ADATH JESHURUN CONGREGATION

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID 19 PANDEMIC RESPONSE, GENERAL

OPERATING SUPPORT, USY WINTER SHABBATON, B'YACHAD PROGRAM, ENDOWMENT

FUNDS, EDUCATION

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, ENTWINE, JEWS LIVING ABROAD IN POVERTY, TAUB CENTER FOR POLICY STUDIES IN ISRAEL

NAME OF ORGANIZATION OR GOVERNMENT:

BAIS YAAKOV HIGH SCHOOL OF MINNEAPOLIS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, COVID19 PANDEMIC RESPONSE, EXPERIENTIAL/PROJECT BASED LEARNING EXPANSION SCIENCE LAB

NAME OF ORGANIZATION OR GOVERNMENT: BETH EL SYNAGOGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, STEP FOOD SHELF, ENDOWMENT FUNDS, EARLY CHILDHOOD, COVID 19 PANDEMIC RESPONSE

NAME OF ORGANIZATION OR GOVERNMENT:

HEILICHER MINNEAPOLIS JEWISH DAY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT, COVID19 PANDEMIC RESPONSE, JUDAIC CURRICULUM DEVELOPMENT, LEARNING RESOURCE SPECIALIST, MUSIC PROGRAM, SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH AGENCY FOR ISRAEL NORTH AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMP MICKI, GENERAL OPERATING SUPPORT, VICTIMS OF TERROR (IN ISRAEL) FUND, WINGS LONE SOLDIER PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

JEWISH COMMUNITY RELATIONS COUNCIL MN & DAKOTAS

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT, HOLOCAUST EDUCATION, SECURITY INITIATIVE, ZOOM EDUCATION OF JUDAISM

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FAMILY & CHILDREN'S SERVICE

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID19 PANDEMIC RESPONSE, EMERGENCY FINANCIAL ASSISTANCE PROGRAM, GENERAL OPERATING SUPPORT, HAG SAMEACH PROGRAM, HOLOCAUST SURVIVOR SUPPORT, INCLUSION PROGRAM FOR PEOPLE WITH DISABILITIES, SCHOLARSHIPS, TRANSPORTATION, TWIN CITIES PJ LIBRARY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH HOUSING AND PROGRAMMING (J-HAP)

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT, TENANT WELL BEING AND ENGAGEMENT PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: MINNEAPOLIS CHABAD LUBAVITCH

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT, CHILDREN'S JEWISH LEARNING PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: MINNESOTA HILLEL

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT, CAPITAL CAMPAIGN, COLLABORATIVE EDUCATION PROGRAM, SHABBAT DINNERS

NAME OF ORGANIZATION OR GOVERNMENT: MINNESOTA JCC

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT, CAMP ADVOCATES PROGRAM, EARLY CHILDHOOD CENTER,

Part IV Supplemental Information

INCLUSION PROGRAMMING, J CAMPS @ HOME GRANT, SCHOLARSHIPS, SENIOR PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: SHA'ARIM

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID 19 PANDEMIC RESPONSE, DARKAYNU PROGRAM, FRIENDS 'N FUN PROGRAM, GATEWAYS VOCATIONAL TRAINING AND EMPLOYMENT PROGRAMMING, GENERAL OPERATING SUPPORT, SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: SHIR TIKVAH CONGREGATION

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT, JEWISH MORAL IMAGINATION: REVITALIZING JEWISH LEARNING FOR TODAY, SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: SHOLOM COMMUNITY ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT, CAPITAL CAMPAIGN, COVID19 PANDEMIC RESPONSE, MUSIC PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: SHOLOM FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, CAPITAL CAMPAIGN, COVID19 PANDEMIC RESPONSE, PROGRAMMING, FDN CONTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT: STEP-ST LOUIS PARK EMERGENCY PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, FOOD SHELF FOR KOSHER FOOD PROGRAM, COVID19 PANDEMIC RESPONSE, FAMILY SEPARATION CRISIS RESPONSE

NAME OF ORGANIZATION OR GOVERNMENT: TEMPLE ISRAEL

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID 19 PANDEMIC RESPONSE, GENERAL OPERATING SUPPORT, CAMP TEKO CAMPAIGN, EARLY CHILDHOOD CENTER, ENDOWMENT, LEADERSHIP DEVELOPMENT, SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, CSOM FUND, BLADDER CANCER RESEARCH & EDUCATIONAL FUND, COVID19 PANDEMIC RESPONSE, INTERNATIONAL HEARING FUND ETC.

Multiple horizontal lines for additional supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAMES COHEN CHIEF EXECUTIVE OFFICER	(i)	247,472.	61,386.	1,250.	5,558.	25,916.	341,582.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARTIN LIPSHUTZ COO/CFO	(i)	159,069.	0.	1,089.	3,275.	24,869.	188,302.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) HEATHER RING CHIEF DEVELOPMENT OFFICER	(i)	155,180.	1,000.	1,107.	3,130.	23,203.	183,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

MINNEAPOLIS JEWISH FEDERATION

Employer identification number

41-0693866

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
JAMES COHEN	CEO	SEE STMT		X	122,825.	72,000.		X	X		X	
Total						▶ \$ 72,000.						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information.

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

SCHEDULE L, PART II:

ON SEPTEMBER 1, 2019 THE ORGANIZATION ENTERED INTO AN EMPLOYMENT AGREEMENT WITH THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER (THE CEO). AS PART OF THE CONSIDERATION OF EMPLOYMENT, THE ORGANIZATION PROVIDED A LOAN OF \$120,000 AND MORTGAGE GUARANTEE OF \$423,600 IN CONNECTION WITH THE PURCHASE OF A PERSONAL RESIDENCE FOR THE CEO. THE LOAN HAS AN INTEREST RATE OF 4.00 PERCENT, MATURES ON MARCH 26, 2024 AND HAS ANNUAL PRINCIPAL AND INTEREST REPAYMENTS. THE LOAN AND MORTGAGE GUARANTEE ARE SECURED BY A SECOND MORTGAGE ON THIS PERSONAL RESIDENCE. THE LOAN BALANCE WAS \$72,000 AT DECEMBER 31, 2020.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part 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 determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9	X	99	6,381,155.	STOCK MARKET QUOTES
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **1**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION REPORTS THE NUMBER OF CONTRIBUTIONS ON PART I, COLUMN

B.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

MINNEAPOLIS JEWISH FEDERATION

Employer identification number

41-0693866

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROMOTE A CULTURE OF PHILANTHROPY, LEVERAGE RESOURCES TO MEET LOCAL AND
GLOBAL JEWISH NEEDS AND FACILITATE COMMUNITY PLANNING TO ENSURE A
THRIVING AND SECURE FUTURE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PLEASE SEE THE CURRENT IMPACT REPORT AT
WWW.JEWISHMINNEAPOLIS.ORG/WHO-WE-ARE/NUMBERS.

FORM 990, PART VI, SECTION A, LINE 1:

THE FEDERATION HAS AN EXECUTIVE COMMITTEE, COMPRISED ENTIRELY OF VOTING
MEMBERS OF THE BOARD OF DIRECTORS, WITH POWER TO TRANSACT ALL REGULAR
BUSINESS OF THE FEDERATION DURING THE PERIOD BETWEEN MEETINGS OF THE BOARD
OF DIRECTORS, SUBJECT TO ANY PRIOR LIMITATION IMPOSED BY THE BOARD OF
DIRECTORS AND SUBJECT TO THE ULTIMATE DIRECTION AND CONTROL OF THE BOARD.
AUTHORITY OVER THE FOLLOWING MATTERS IS RETAINED BY THE BOARD OF DIRECTORS
AND IS NOT DELEGATED TO THE EXECUTIVE COMMITTEE:

1. THE DISTRIBUTION OF THE PROCEEDS OF THE FEDERATION'S ANNUAL CAMPAIGN
AMONG THE FEDERATION'S BENEFICIARY AGENCIES AND OTHER RECIPIENTS;
2. THE ELECTION OF THOSE OFFICERS OF THE FEDERATION WHO ARE CHOSEN BY THE
BOARD;
3. ANY DECISION TO ENTER INTO A MERGER OR CONSOLIDATION WITH ANOTHER ENTITY
TO SELL, LEASE, TRANSFER, OR OTHERWISE DISPOSE OF ALL OR SUBSTANTIALLY ALL
OF THE FEDERATION'S PROPERTY AND ASSETS;
4. ANY AMENDMENT TO THE BYLAWS OR ARTICLES OF INCORPORATION OF THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

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

5. ANY ELECTION TO FILL A VACANCY AMONG THE DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 2:

DEBBIE GOLDENBERG AND BRIAN LIPSCHULTZ - FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 6:

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

FORM 990, PART VI, SECTION A, LINE 7A:

SELECTION OF THE FOLLOWING DIRECTORS REQUIRES THE APPROVAL OF THE MEMBERS:

1. ONE RABBINIC REPRESENTATIVE RECOMMENDED BY THE NOMINATING SUB-COMMITTEE AND APPROVED BY THE MEMBERS;

2. ONE REPRESENTATIVE OF THE BOARD CHAIRS OR PRESIDENTS OF THE PARTNER AGENCIES RECOMMENDED BY THE NOMINATING SUB-COMMITTEE AND APPROVED BY THE MEMBERS;

3. ONE REPRESENTATIVE OF THE CHIEF EXECUTIVE OFFICERS OF THE PARTNER AGENCIES RECOMMENDED BY THE NOMINATING SUB-COMMITTEE AND APPROVED BY THE MEMBERS;

4. FIVE DIRECTORS-AT-LARGE RECOMMENDED BY THE NOMINATING SUB-COMMITTEE AND APPROVED BY THE MEMBERS;

5. UP TO THREE CAMPAIGN REPRESENTATIVES RECOMMENDED BY THE NOMINATING SUB-COMMITTEE AND APPROVED BY THE MEMBERS;

6. UP TO FIVE PRESIDENTIAL APPOINTMENTS RECOMMENDED BY THE PRESIDENT AND APPROVED BY THE NOMINATING SUB-COMMITTEE AND MEMBERS;

Name of the organization MINNEAPOLIS JEWISH FEDERATION	Employer identification number 41-0693866
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7. ONE REPRESENTATIVE OF THE FEDERATION'S YOUNG ADULT PROGRAMMING RECOMMENDED BY THE NOMINATING SUB-COMMITTEE AND APPROVED BY THE MEMBERS; AND

8. ASSISTANT TREASURER RECOMMENDED BY THE NOMINATING COMMITTEE AND APPROVED BY THE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S CHIEF FINANCIAL OFFICER. IT IS THEN REVIEWED AND APPROVED BY THE FINANCE COMMITTEE OF THE ORGANIZATION. THE FINANCE COMMITTEE IS MADE UP OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS AND INDIVIDUAL LAY LEADERS OF THE COMMUNITY. A COPY OF THE FORM 990 IS THEN PROVIDED TO ALL BOARD MEMBERS PRIOR TO THE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO ALL BOARD MEMBERS AND STAFF. COVERED INDIVIDUALS ARE REQUIRED TO COMPLETE AN ANNUAL DISCLOSURE FORM.

INDIVIDUALS ARE REQUIRED TO FULLY DISCLOSE THE SPECIFIC NATURE OF ANY INTEREST OR INVOLVEMENT THAT MAY RESULT IN A CONFLICT. THE PRESIDENT (OR CHAIR OF ANY COMMITTEE OF THE BOARD ENTRUSTED WITH MINNEAPOLIS JEWISH FEDERATION OVERSIGHT OF CONFLICTS OF INTEREST) SHALL REPORT TO THE BOARD, AT LEAST ANNUALLY, LISTING ALL CONFLICTS OF INTEREST DISCLOSED TO IT, AND IDENTIFYING ALL CONFLICTS THAT WERE WAIVED. UNLESS OTHERWISE APPROVED BY THE BOARD, AN INDIVIDUAL WITH A CONFLICT IS REQUIRED TO REFRAIN FROM PARTICIPATING IN CONSIDERATION OF THE TRANSACTION. ANY PERSON OR PERSONS INVOLVED SHALL NOT VOTE ON SUCH MATTERS. THE CONFLICT OF INTEREST ACTIONS ARE DOCUMENTED IN THE MEETING MINUTES.

Name of the organization MINNEAPOLIS JEWISH FEDERATION	Employer identification number 41-0693866
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FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION OF THE CEO IS SET BY WRITTEN AGREEMENT AND REVIEWED PERIODICALLY BY THE PERSONNEL AND COMPENSATION COMMITTEE OF MINNEAPOLIS JEWISH FEDERATION, WHICH CONSIST OF THREE (3) OR MORE INDEPENDENT BOARD MEMBERS. THE COMMITTEE'S PROCESS TO EVALUATE THE COMPENSATION OF THE CEO TAKES INTO ACCOUNT (AMONG OTHER MATTERS) THE COMPENSATION DATA PUBLISHED LOCALLY FOR THE TOP 100 NON-PROFIT ORGANIZATIONS, COMPENSATION DATA FOR SIMILAR SIZED JEWISH FEDERATIONS IN OTHER COMMUNITIES, AND CURRENT ECONOMIC CONDITIONS. THIS PROCESS WAS LAST DONE IN 2019.

FORM 990, PART VI, SECTION B, LINE 15B:

COMPENSATION FOR OTHER OFFICERS IS SET BY THE CHIEF EXECUTIVE OFFICER AND IS REVIEWED WITH THE TREASURER, AN INDEPENDENT BOARD MEMBER. COMPENSATION IS BENCHMARKED PERIODICALLY AGAINST COMPENSATION DATA FOR SIMILAR SIZED JEWISH FEDERATIONS IN OTHER COMMUNITIES. THIS PROCESS WAS LAST DONE IN 2019.

FORM 990, PART VI, SECTION C, LINE 19:

THE FEDERATION'S ANNUAL REPORT AND AUDITED CONSOLIDATED FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE. THE FEDERATION'S CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-213,535.
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
JCF CONDO HOLDINGS, LLC 111 CHESHIRE LANE, STE 50 MINNETONKA, MN 55305	HOLDING AND SELLING REAL ESTATE DONATIONS	MINNESOTA	0.	0.	MINNEAPOLIS JEWISH FEDERATION
AP DOWNTOWN LLC 111 CHESHIRE LANE, STE 50 MINNETONKA, MN 55305	HOLDING AND SELLING REAL ESTATE DONATIONS	MINNESOTA	0.	0.	MINNEAPOLIS JEWISH FEDERATION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one 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 status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
JEWISH COMMUNITY BUILDING CORPORATION - 41-1933056, 111 CHESHIRE LANE, STE 50, MINNETONKA, MN 55305	SUPPORT MINNEAPOLIS JEWISH FEDERATION	MINNESOTA	501(C)(25)		MINNEAPOLIS JEWISH FEDERATION	X	
KELEN FAMILY FOUNDATION - 41-1854293 4900 IDS TOWER, 80 S EIGHTH STREET MINNEAPOLIS, MN 55402	SUPPORT MINNEAPOLIS JEWISH FEDERATION	MINNESOTA	501(C)(3)	LINE 12A, I	MINNEAPOLIS JEWISH FEDERATION	X	
EFFRESS-MILLER FAMILY FOUNDATION - 41-1781993, 8545 AVENIDA DE LAS ONDAS, LA JOLLA, CA 92037	SUPPORT MINNEAPOLIS JEWISH FEDERATION	MINNESOTA	501(C)(3)	LINE 12A, I	MINNEAPOLIS JEWISH FEDERATION	X	
THE JUDITH AND MICHAEL BERMAN FOUNDATION - 26-0181739, 111 CHESHIRE LANE, STE 50, MINNETONKA, MN 55305	SUPPORT MINNEAPOLIS JEWISH FEDERATION	MINNESOTA	501(C)(3)	LINE 12A, I	MINNEAPOLIS JEWISH FEDERATION	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE GIFT ANNUITIES (6) 111 CHESHIRE LANE, STE 50 MINNETONKA, MN 55305	INVESTMENT	MN	N/A	TRUST	N/A	N/A	N/A	X	

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OREN AND SHARRON STEINFELDT FOUNDATION	C	110,000.	CASH TRANSFERRED
(2) JEWISH COMMUNITY BUILDING CORP	L	498,780.	CASH RECEIVED/PAID
(3) THE JUDITH AND MICHAEL BERMAN FOUNDATION	C	54,500.	CASH TRANSFERRED
(4) KELEN FAMILY FOUNDATION	C	50,000.	CASH TRANSFERRED
(5)			
(6)			

