## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For the	2023 calendar year, or tax year beginning	and	ending			
В	Check if applicable	C Name of organization			D Employer ide	entifica	tion number
	Addres						
	Name	B. I.			41-0693	866	
	change Initial	Number and street (or P.0. box if mail is not deliv	arad to etraat addrage)	Room/suite	E Telephone nu		
	return Final	4330 SOUTH CEDAR LAKE ROAD	ered to street address)	NUUIII/SUILE	952-593-2		
	return/ termin-		D or foreign postal and		G Gross receipts \$	1000	59,913,947.
	ated Amend	City or town, state or province, country, and ZI MINNEAPOLIS, MN 55416	P or loreign postal code			un roti	
	return Applica	•	A COHEN		H(a) Is this a gro		
	tion pendin	g SAME AS C ABOVE	n. condit		for subordir		
$\overline{}$	Tay ava		(inpart no.) 4047(a)(1)	or 527	H(b) Are all subordin		
			(insert no.) 4947(a)(1) (	UI 32 <i>1</i>	1 '		t. See instructions
_	Websit		ociation Other	I Voor	H(c) Group exer		
	art I	Summary	Julation Other	L Year	of formation: 1930	IVI 3	State of legal domicile; MN
•		-	and the second s	HEDIII.E O			
ė	1	Briefly describe the organization's mission or most si	gnificant activities: DEE BCI	ILEDONE O			
an d	2	Check this box if the organization discont	inued its operations or dispos	and of more	than 25% of its no	** accet	
/err	3	Number of voting members of the governing body (P	•			3	.s. 36
ő	4	Number of independent voting members of the gove				4	36
Activities & Governance	5	Total number of individuals employed in calendar yea				5	50
ies Ties	6	Total number of volunteers (estimate if necessary)				6	750
:	72.	Total unrelated business revenue from Part VIII, colu				7a	-52,473.
A	l 'a	Net unrelated business taxable income from Form 99				7b	0.
_	5	Net differated business taxable income from Form 98	90-1, Fait i, iiiie 11		Prior Year	170	Current Year
	8	Contributions and grants (Part VIII, line 1h)			14,960,0	19	33,432,911.
e	9				0.	0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, a			28,605,8		4,688,679.
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			487,8		1,685,264.
	1	Total revenue - add lines 8 through 11 (must equal P			44,053,7		39,806,854.
_		Grants and similar amounts paid (Part IX, column (A)			14,139,0		32,434,009.
		Benefits paid to or for members (Part IX, column (A),			22,203,0	0.	0.
	45	Salaries, other compensation, employee benefits (Pa			3,555,4		3,478,348.
Expenses	162	Professional fundraising fees (Part IX, column (A), line			-,,-	0.	0.
en	h	Total fundraising expenses (Part IX, column (D), line		21.2			
Ř	17	Other expenses (Part IX, column (A), lines 11a-11d, 1			2,828,2	96	4,301,526.
		Total expenses. Add lines 13-17 (must equal Part IX,			20,522,8		40,213,883.
	1	Revenue less expenses. Subtract line 18 from line 12			23,530,9		-407,029.
	4	nevenue less expenses. Subtract line 10 from line 12		Be	ginning of Current Y		End of Year
Net Assets or	20	Total assets (Part X, line 16)			176,390,8	-	196,720,132.
4SS(	21	T-1-1     -  -			46,033,0	-	58,472,090.
let,	22	Net assets or fund balances. Subtract line 21 from lin	 ne 20		130,357,8		138,248,042.
	art II	Signature Block	10 20				
Und	ler penal	Ities of perjury, I declare that I have examined this return, in	icluding accompanying schedules	and statem	ents, and to the best	of my ki	nowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer)				o,	Tomougo ama zonon, m re
	,, 0011100	y and completel Declaration of proparor (early	To success on an inversion of the	non proparor	las any membagai		
Sig	ın	Signature of officer			Date		
He		MARTIN K. LIPSHUTZ, CFO					
	.	Type or print name and title					
		Print/Type preparer's name	Preparer's signature		Date Che	ck	PTIN
Pai	d l		AREN A. GRIES	1	4 (4 2 (0 4 ) if	-employed	P00078514
	parer	Firm's name BAKER TILLY ADVISORY GROUP,		Г	Firm's Elf		0-0859910
	Only	Firm's address 225 S 6TH ST #2300			Tillio		
200	,	MINNEAPOLIS, MN 55402			Phone no	612.8	376.4500
Ma	v the IF	RS discuss this return with the preparer shown above	e? See instructions		I I HOHE HO		X Yes No
ivia	y 1110 11	Denominate Deduction Act Nation and the constant					Farm 990 (2022)

Pa	Till Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
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
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
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 ex	•
	revenue, if any, for each program service reported.	(poriodo, aria
4a	(Code:) (Expenses \$ 35,650,850. including grants of \$ 32,434,009. ) (Revenue \$	0.)
ти	THE MINNEAPOLIS JEWISH FEDERATION IS A FEDERATED FUNDRAISING	
	ORGANIZATION SUPPORTING THE MINNEAPOLIS AREA, AS WELL AS NATIONAL AND	
	INTERNATIONAL COMMUNITIES. THROUGH ANNUAL AND DIRECT CAMPAIGNS, THE	
	FEDERATION RAISES FUNDS TO SUPPORT BENEFICIARY AGENCIES, ENABLING THEM	
	TO DEVELOP NEW PROGRAMS AND IMPROVE EXISTING ONES. ADDITIONALLY, THE	
	MINNESOTA JEWISH COMMUNITY FOUNDATION, WHICH SERVES AS THE FEDERATION'S	
	PLANNED GIVING AND ENDOWMENT ARM, PROVIDES GRANTS TO VARIOUS CHARITIES	
	·	
	ACROSS THE U.S. BASED ON DONOR-ADVISED AND DESIGNATED FUND	
	RECOMMENDATIONS. FOR MORE INFORMATION ON THE IMPACT OF THE MINNEAPOLIS	
	JEWISH FEDERATION, PLEASE VIEW THE LATEST IMPACT REPORT AT	
	WWW.JEWISHMINNEAPOLIS.ORG/WHO-WE-ARE/NUMBERS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
<u>4e</u>	Total program service expenses 35,650,850.	- 000
		Form <b>990</b> (2023)

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	i i		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	х	
-		6	21	<del>                                     </del>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9	Х	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	In the construction and the described in a still a 470/b\/4\/a\/:\\0.000	13		x
14a	Did the constitution maintain on office constitution and the state of the Helbert Obstace	14a		x
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ı <del>-t</del> a		<del></del>
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		45	х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	21	$\vdash$
16		40		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

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	Continued)		Vac	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OEL		х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26	х	
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> 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? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051	х	
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	^	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		Х
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	and that is tracked as a graduate in factorized by the control of	37		х
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	3,		
50	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		, 55		
	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 47			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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# Form 990 (2023) MINNEAPOLIS JEWISH FEDERATION 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	50			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		Х
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 Advanced in the Financi	ccoun	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		-			
	were not tax deductible?			6b		
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 ser			7a		Х
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		v
	to file Form 8282?		1	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7.		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		t?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contral if the organization received a contribution of qualified intellectual property, did the organization file Fo		00 as required?	7g		- 21
g h	If the organization received a contribution of qualified intellectual property, did the organization file ro			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			711		
Ü		-		8		Х
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		Х
b				9b		Х
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	١	1			
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				v
14a				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			45		х
	excess parachute payment(s) during the year?  If "Ves " see the instructions and file Form 4720. Schedule N.			15		4
16	If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	ma?	16		х
10	If "Yes," complete Form 4720, Schedule O.	. II ICOI		10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitio				
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
					000	

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			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 36			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
,	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
a h	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 00		
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	This dection b requests information about policies not required by the internal nevenue dode.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	11a	Х	
b	Describe on 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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
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?	16a		Х
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		
Sec	tion 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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X 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	financ	cial	
	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 K. LIPSHUTZ - 952-417-2317			
	4330 SOUTH CEDAR LAKE ROAD, MINNEAPOLIS, MN 55416			

## 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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 the instructions for the order in which to list the persons above.

Week (list arry hours for related organizations the organization the organization (W-2/1099-MISC/ 1099-NEC)   10	(A) Name and title	(B) Average		not c	Pos heck		than (		(D) Reportable	(E) Reportable	(F) Estimated amount of
(1) JAMES A. COHEN		week	offi						from	from related	
(1) JAMES A. COHEN		1	or dire	e e			ated		1	(W-2/1099-MISC/	from the
(1) JAMES A. COHEN			rustee	l truste		ee/	mpens		1	1099-NEC)	
(1) JAMES A. COHEN		below	lividual t	stitutiona	icer	y emplo	thest co	mer			organizations
Chief Executive Officer	(1) JAMES A COHEN	<del></del>	Ë	Ë	JU.	Α	三三	요			
C1			1		x				367,170.	0.	38,377.
(3) STEVEN BAKER	(2) MARTIN K. LIPSHUTZ	40.00							,		,
A   ALENE SUSSMAN   A0.00	CHIEF FINANCIAL OFFICER	3.00			х				186,170.	0.	4,306.
ALENE SUSSMAN	(3) STEVEN BAKER	40.00									
X	CHIEF PHLANTHROPY OFFICER				х				169,127.	0.	11,848.
Chief Operating Officer	(4) ALENE SUSSMAN	40.00									
X	FOUNDATION DIRECTOR						Х		160,362.	0.	3,186.
Column		40.00									
Descript   Descript					Х				33,592.	0.	9,111.
NARON GOLDSTEIN			1								
VICE PRESIDENT, OVERSEAS AFFAIRS			Х		Х				0.	0.	0.
(8) JACY GRAIS		1.00	1								
VICE PRESIDENT, OVERSEAS AFFAIRS         X         0.         0.           (9) BRAD BIRNBERG         1.00         X         X         0.         0.           IMMEDIATE PAST PRESIDENT         X         X         X         0.         0.           (10) ARIELLE KAUFMAN         1.00         X         X         0.         0.           SECRETARY         X         X         X         0.         0.           (11) JENNIFER LEWIN         1.00         X         X         0.         0.           SECRETARY         X         X         0.         0.         0.           (12) JOHN MACDONALD         1.00         X         X         0.         0.           TREASURER         0.50         X         X         0.         0.           (13) DAVID SEGAL         1.00         X         X         0.         0.           TREASURER/FINANCE & AUDIT COMMITTEES         X         X         X         0.         0.           (14) SANDY DONALDSON         1.00         X         X         0.         0.           ASSISTANT TREASURER         X         X         X         0.         0.           (15) ABBY ROSE         1.00	·		Х						0.	0.	0.
1.00   National Example		1.00	ļ								
IMMEDIATE PAST PRESIDENT		1 00	Х						0.	0.	0.
SECRETARY		1.00	.,		,,						0
X	-	1 00	X		X				0.	0.	0.
SECRETARY		1.00	Ţ		Į				0	0	0
X		1 00	^		^				0.	٥.	0.
(12) JOHN MACDONALD     1.00       TREASURER     0.50 X       (13) DAVID SEGAL     1.00       TREASURER/FINANCE & AUDIT COMMITTEES     X       (14) SANDY DONALDSON     1.00       ASSISTANT TREASURER     X       (15) ABBY ROSE     1.00       MEMBER-AT-LARGE     X       (16) BARBARA HARRIS     1.00		1.00	Ţ							0	0.
TREASURER 0.50 X X 0. 0. (13) DAVID SEGAL 1.00 TREASURER/FINANCE & AUDIT COMMITTEES X X X 0. 0. (14) SANDY DONALDSON 1.00 ASSISTANT TREASURER X X X 0. 0. 0. (15) ABBY ROSE 1.00 MEMBER-AT-LARGE X 0. 0. 0. (16) BARBARA HARRIS 1.00		1 00	Α.						· · · · · · · · · · · · · · · · · · ·	· ·	<u>.</u>
(13) DAVID SEGAL     1.00       TREASURER/FINANCE & AUDIT COMMITTEES     X       (14) SANDY DONALDSON     1.00       ASSISTANT TREASURER     X       (15) ABBY ROSE     1.00       MEMBER-AT-LARGE     X       (16) BARBARA HARRIS     1.00			x		x				0	0	0.
TREASURER/FINANCE & AUDIT COMMITTEES X X X 0. 0. (14) SANDY DONALDSON 1.00 X X 0. 0. (15) ABBY ROSE 1.00 MEMBER-AT-LARGE X X X 0. 0. 0. (16) BARBARA HARRIS 1.00					-				•	•	
(14) SANDY DONALDSON       1.00         ASSISTANT TREASURER       X       X       0.       0.         (15) ABBY ROSE       1.00       X       0.       0.         MEMBER-AT-LARGE       X       0.       0.       0.         (16) BARBARA HARRIS       1.00       0.       0.       0.	, ,		x		x				0.	0.	0.
(15) ABBY ROSE     1.00       MEMBER-AT-LARGE     X       (16) BARBARA HARRIS     1.00	-	1.00									
(15) ABBY ROSE     1.00       MEMBER-AT-LARGE     X       (16) BARBARA HARRIS     1.00	ASSISTANT TREASURER		х		х				0.	0.	0.
(16) BARBARA HARRIS 1.00	(15) ABBY ROSE	1.00									
	MEMBER-AT-LARGE		х						0.	0.	0.
CO-CHAIR WOMEN'S PHILANTHROPY X 0. 0.	(16) BARBARA HARRIS	1.00									
	CO-CHAIR WOMEN'S PHILANTHROPY		х			L			0.	0.	0.
(17) BRAD FRANK 1.00	(17) BRAD FRANK	1.00									
MEMBER-AT-LARGE X 0. 0.	MEMBER-AT-LARGE		Х						0.	0.	0.

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Form 990 (2023) MINNEAPOLIS 3	TEWISH FEDE	RAT	ION						41-069386	6 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	is both or/trus	n an	compensation	compensation	amount of
	week (list any		l a		l	1711 43		from	from related	other
	hours for	direct				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e or (	stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,	and related
	below	/idual	tutior	Je.	Key employee	lest co	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(18) BRITTANY WILLIS	1.00									
CHAIR, YOUNG ADULT		Х						0.	0.	0.
(19) DAN AHLSTROM	1.00									
PARTNER AGENCY EXECUTIVE REPRESENTAT		Х						0.	0.	0.
(20) DAN LIEBERMAN	1.00									
$\underline{\text{CHAIR}}$ , THE JEWISH COMMUNITY BUILDING		Х						0.	0.	0.
(21) DEBBIE STILLMAN	1.00									
$\underline{\text{CHAIR, ADVANCEMENT STEERING COMMITTE}}$		Х						0.	0.	0.
(22) DINA BLUMENFIELD	1.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(23) GABRIELLE PARISH	1.00									
CHAIR, COMMUNITY IMPACT STEERING COM		Х						0.	0.	0.
(24) GAYLE KAPLAN	1.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(25) GREG ARENSON	1.00									
CHAIR, GOVERNANCE COMMITTEE		Х						0.	0.	0.
(26) HOWARD ZACK	1.00									
MEMBER-AT-LARGE		х						0.	0.	0.
1b Subtotal								916,421.	0.	66,828.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								916,421.	0.	66,828.
2 Total number of individuals (including but n	ot limited to the	റടേ	lieta	d ah		) wh	o ro	ceived more than \$100	000 of reportable	

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

Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 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.

the organization. Report compensation for the calendar year ending with or with	TI THE Organization's tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
PRIME GENERAL CONTRACTORS		
1710 ALEXANDER ROAD, EAGAN, MN 55121	OFFICE RENOVATIONS	830,179.
MINNESOTA ROADWAYS COMPANY, 4370 VALLEY		
INDUSTRIAL BLVD., SHAKOPEE, MN 55379	PARKING LOT REPAIR	204,320.
2 Total number of independent contractors (including but not limited to those lister	d above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

\$100,000 of compensation from the organization

Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	ligh	est (	Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per week (list any hours for related	tee or director	ıstee			Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related
	organizations below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest comp	Former			organizations
(27) JODI MOREMI	1.00									
REPRESENTATIVE		Х						0.	0.	0
(28) JUDAH DRUCK	1.00									
MEMBER-AT-LARGE		Х						0.	0.	0
(29) JUDY WITEBSKY	1.00									
CHAIR, WOMEN'S PHILANTHROPY		Х						0.	0.	0
(30) KEN RASKIN	1.00									
CHAIR, MINNESOTA JEWISH COMMUNITY FO		х						0.	0.	0
(31) KRIS MACDONALD	1.00									
CHAIR, DEVELOPMENT STEERING COMMITTE		х						0.	0.	0
(32) LAUREN ZABEZHINSKY	1.00									
MEMBER-AT-LARGE		х						0.	0.	0
(33) LINDA FITERMAN	1.00									
MEMBER-AT-LARGE		х						0.	0.	0
(34) MARNI TSELOS	1.00									
MEMBER-AT-LARGE (ST. PAUL)		х						0.	0.	0
(35) MATT HEILICHER	1.00									
CO-CHAIR, COMMUNITY CAMPAIGN COMMITT		х						0.	0.	0
(36) RABBI DAVID LOCKETZ	1.00									
RABBINIC REPRESENTATIVE		х						0.	0.	0
(37) RABBI MATT GOLDBERG	1.00									
RABBINIC REPRESENTATIVE		х						0.	0.	0
(38) RABBI TZVI KUPFER	1.00									
MEMBER-AT-LARGE		х						0.	0.	0
(39) RAFI FORBUSH	1.00									
MEMBER-AT-LARGE		х						0.	0.	0
(40) REBECCA SKELTON	1.00									
MEMBER-AT-LARGE		х						0.	0.	0
(41) RITA KELNER	1.00									
PRESIDENT, WOMEN'S PHILANTHROPY		х						0.	0.	0
(42) ROBERT YOST	1.00									
CHAIR, COMMUNITY IMPACT STEERING COM		х						0.	0.	0
(43) ROBYN SCHEIN	1.00									
PARTNER AGENCY EXECUTIVE REPRESENTAT		х						0.	0.	0
(44) RON MANDELBAUM	1.00									
CHAIR, GOVERNANCE COMMITTEE		х						0.	0.	0
(45) ROZ SEGAL	1.00									
PARTNER AGENCY PRESIDENT REPRESENTAT		х						0.	0.	0
	1.00									
(46) SETH TOGAL										

Part VII Section A. Officers, Directors, Trus  (A)  Name and title	(B) Average hours per week (list any hours for related organizations below line)		neck	(C Pos	nd H C) ition that			(D)  Reportable compensation	(E)  Reportable compensation	(F) Estimated amount of
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below line)	(cł	neck	(C Pos	<b>C)</b> ition			(D) Reportable	<b>(E)</b> Reportable	Estimated
Name and title	Average hours per week (list any hours for related organizations below line)		neck	Pos	ition		ly)	Reportable	Reportable	Estimated
	hours per week (list any hours for related organizations below line)		neck				ly)			amount of
	week (list any hours for related organizations below line)	lual trustee or director	stee							a a. i.e. o.i
	(list any hours for related organizations below line)	lual trustee or director	stee					from	from related	other
	hours for related organizations below line)	lual trustee or directo	stee			oyee		the	organizations	compensation
	related organizations below line)	lual trustee or d	stee			empl		organization	(W-2/1099-MISC)	from the
	organizations below line)	lual truste				sated		(W-2/1099-MISC)		organization and related
	below line)	lualt	la tru		yee	Highest compensated employee				organizations
	,	0	Institutional trustee	J.	Key employee	st co	er			organization o
	1 00	Indivi	Instit	Officer	Key e	Highe	Former			
(47) STEPHEN MONTO	1.00									
MEMBER-AT-LARGE		х						0.	0.	0.
(48) SUSAN YOST	1.00									
CHAIR, COMMUNITY CAMPAIGN COMMITTEE		х						0.	0.	0.
(49) TAYLOR SZTAINER	1.00							-		<del>-</del>
MEMBER-AT-LARGE		х						0.	0.	0.
(50) TODD LEONARD	1.00							· ·		
IMMEDIATE PAST PRESIDENT		х						0.	0.	0.
(51) TOM FRISHBERG	1.00							3.	••	
MEMBER-AT-LARGE (ST. PAUL)		х						0.	0.	0.
(52) VALERIE KREPS	1.00									
MEMBER-AT-LARGE	1.00	х						0.	0.	0.
(53) ZEHORIT HEILICHER	1.00								•	
CO-CHAIR, COMMUNITY CAMPAIGN COMMITT	1.00	х						0.	0.	0.
es cimin, commenti ciminici commiti								· ·	•	
-										
-										
-										
<u> </u>										
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-										
							<u> </u>			
Total to Part VII, Section A, line 1c										

Form 990 (2023) MINNEAPOLIS

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
တ္ထ	1 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	' '	Membership dues 1b					
جَ ق	,	Fundraising events 1c					
ffs,		Related organizations 1d	283,000.				
ية ق			200,000.				
Sir		Government grants (contributions) 1e					
e ti	1	All other contributions, gifts, grants, and	33,149,911.				
έş		similar amounts not included above 1f					
	,	Noncash contributions included in lines 1a-1f	5,402,539.	33 /32 011			
O a	r	Total. Add lines 1a-1f	Business Code	33,432,911.			
	_		Business Code				
<u>ic</u>	2 8						
er re	k						
n S	•	·					
Jar Sev	•						
Program Service Revenue	•						
Δ.		All other program service revenue					
	9	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
		other similar amounts)		4,084,985.		-52,473.	4,137,458.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	k	Less: rental expenses 6b					
	(	Rental income or (loss)					
	(	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 20,710,787.					
	k	Less: cost or other basis					
ne		and sales expenses <b>7b</b> 20,107,093.					
/en	(	Gain or (loss) 7c 603,694.					
her Revenue		Net gain or (loss)		603,694.			603,694.
ē		Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	k	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	k	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	k	Less: cost of goods sold					
		Net income or (loss) from sales of inventory					
		, ,	Business Code				
snc	11 :	BUILDING PROPERTY MGMT	900099	1,048,998.			1,048,998.
ne Tue	ŀ	ADMINISTRATIVE FEE INC	900099	407,083.			407,083.
Miscellaneous Revenue		REGISTRATION FEES	900099	139,424.			139,424.
Sc	ì	All other revenue	900099	89,759.			89,759.
Σ	ì	• Total. Add lines 11a-11d		1,685,264.			,
	12	Total revenue. See instructions		39,806,854.	0.	-52,473.	6,426,416.

332009 12-21-23

## 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).

Do r	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	06 500 565	06 500 565		
	and domestic governments. See Part IV, line 21	26,520,767.	26,520,767.		
2	Grants and other assistance to domestic	0 550 000	0 550 000		
	individuals. See Part IV, line 22	2,558,223.	2,558,223.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	2 255 010	2 255 010		
_	individuals. See Part IV, lines 15 and 16	3,355,019.	3,355,019.	+	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	910 701	202 541	120 020	207 12
_	trustees, and key employees	819,701.	293,541.	129,038.	397,122
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2 205 209	700 727	247 162	1 069 400
7	Other salaries and wages	2,205,308.	789,737.	347,162.	1,068,409
8	Pension plan accruals and contributions (include	40 004	17 504	7 600	22 601
^	section 401(k) and 403(b) employer contributions)	48,884. 199,946.	17,504. 71,496.	7,699.	23,683 96,724
9	Other employee benefits	,			
0	Payroll taxes	204,509.	73,229.	32,210.	99,070
1	Fees for services (nonemployees):	000 000		000 000	
a	Management	988,998. 21,290.	10,605.	988,998.	5,050
b	Legal	58,162.	28,972.	15,394.	13,796
	Accounting	103,527.	103,527.	13,394.	13,730
	Lobbying	103,527.	103,527.		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	110 100	7 412	E0 047	E2 020
	column (A), amount, list line 11g expenses on Sch O.)	119,188.	7,413.	58,947.	52,828
2	Advertising and promotion	79,117.	27,507.	7,180.	44,430
3	Office expenses	157,310.	12,951.	40,827.	103,532
4	Information technology				
15	Royalties	140 500		140 500	
6	Occupancy	140,580.	051 060	140,580.	953
7	Travel	859,659.	851,868.	6,838.	953
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	407,831.	191,284.	29,869.	186,678
9	Conferences, conventions, and meetings	407,031.	191,204.	29,009.	100,070
20	Interest				
21	Payments to affiliates	47,989.		47,989.	
2	Depreciation, depletion, and amortization	68,147.	33,946.	18,037.	16,164
3	Insurance	00,147.	33,540.	10,037.	10,10
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 0.)				
а	PROGRAM EXPENSES	469,305.	344,236.	66,907.	58,162
a b	ALL OTHER EXPENSES	341,569.	234,910.	46.	106,613
C	BAD DEBT	314,739.		314,739.	
d	EQUIPMENT & REPAIRS	124,115.	124,115.	, ,	
e	All other expenses	,,	,,		
.5 .5	Total functional expenses. Add lines 1 through 24e	40,213,883.	35,650,850.	2,289,821.	2,273,212
<u>.5</u> 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)				

## Form 990 (2023) Part X | Balance Sheet

Pai	t X	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to an	y line in this Part X		<u> </u>	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			10,578,710.	1	18,042,802
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			4,914,504.	3	4,809,375
	4	Accounts receivable, net			485,670.	4	559,433
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons	176,027.	5	186,600
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B) L		6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Donate and a consequence of the form of the consequence			165,833.	9	131,337
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,152,210.			
	b	Less: accumulated depreciation	10b	282,492.	552,738.	10c	869,718
	11	Investments - publicly traded securities			119,311,595.	11	129,252,515
	12	Investments - other securities. See Part IV, line			26,129,496.	12	28,565,586
	13	Investments - program-related. See Part IV, line	e 11		41,389.	13	20,480
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	14,034,902.	15	14,282,286		
	16	Total assets. Add lines 1 through 15 (must ed		1	176,390,864.	16	196,720,132
	17	Accounts payable and accrued expenses			576,220.	17	753,550
	18	Grants payable			8,151,870.	18	14,801,833
	19	Deferred revenue			55,723.	19	111,266
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		1	34,216,036.	21	39,895,002
ý	22	Loans and other payables to any current or for	mer offic	er, director,			
litie		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese pers	ons		22	
ij	23	Secured mortgages and notes payable to unre	lated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelat	ed third p	oarties		24	
	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D			3,033,173.	25	2,910,439
	26	Total liabilities. Add lines 17 through 25			46,033,022.	26	58,472,090
		Organizations that follow FASB ASC 958, ch	eck her	e X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			111,067,842.	27	119,713,775
Ва	28	Net assets with donor restrictions		<u></u>	19,290,000.	28	18,534,267
nd		Organizations that do not follow FASB ASC	958, che	eck here			
ĿF		and complete lines 29 through 33.					
s o	29	Capital stock or trust principal, or current fund	s			29	
set	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Net	32	Total net assets or fund balances		L	130,357,842.	32	138,248,042
	33				176,390,864.	33	196,720,132

Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	39,	806,	854.
2	Total expenses (must equal Part IX, column (A), line 25)	2	40,	213,	883.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	407,	029.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	130,	357,	842.
5	Net unrealized gains (losses) on investments	5	8,	411,	489.
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	_	114,	260.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	138	248,	042.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	ŕ			
	Separate basis X Consolidated basis Both consolidated and separate basis				
С		audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

**Employer identification number** 

		MINNEA	APOLIS JEWISH FE	DERATION					41-0693866
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	See instructions.		
The	organ	nization is not a private found							
1		A church, convention of ch	urches, or association	on of churches described	in <b>sectio</b>	n 170(b)(	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)				
3	$\Box$	A hospital or a cooperative				)(b)(1)(A)(i	ii).		
4	$\Box$	A medical research organiz					•	ii). Enter	the hospital's name.
-		city, and state:					(- )( - )(- )(-	,-	,
5		An organization operated for	or the benefit of a co	lleae or university owned	or operat	ed by a go	overnmental uni	t describe	ed in
		section 170(b)(1)(A)(iv).		<b>g</b> ,		, 9-			
6		A federal, state, or local go		nental unit described in	section 17	70(h)(1)(A)	(v)		
7	Х	An organization that norma						neneral r	oublic described in
•		section 170(b)(1)(A)(vi). (C		Titial part of its support if	om a gove	Jiiiiiontai		general	dablic described in
8		A community trust describe		(1)(A)(vi) (Complete Part	F II \				
9	H	An agricultural research org				ad in agni	unation with a la	nd grant	aallaga
9	ш	or university or a non-land-	-			-		-	•
		university:	grant college or agric	ulture (see iristructions).	Litter tile i	name, city	, and state of the	ie college	; OI
10		An organization that norma	ully receives (1) more	than 33 1/30/ of its supp	ort from o	ontribution	ne momborehin	foot and	d gross rossints from
10		activities related to its exen	•				•		-
		income and unrelated busin							
		See section 509(a)(2). (Co		(less section of reax) no	iii busiiles	sses acqui	red by the orga	i iizatioi i a	inter durie 30, 1973.
11		An organization organized	•	ivaly to tost for public sat	foty Soo	caction 50	00(2)(4)		
12	H	An organization organized a	•	•	•			v out the	nurnoses of one or
12		more publicly supported or	· ·		-				
		lines 12a through 12d that							DIRECK THE DOX OH
а		Type I. A supporting orga	* *			-		-	aivina
•		the supported organization	· · · · · · · · · · · · · · · · · · ·	·	•	-			
		organization. <b>You must o</b>			majority C	n the direc	ciors or trustees	o or trie st	ррогинд
b		Type II. A supporting org	- · · · · · · · · · · · · · · · · · · ·		ion with it	e cupporto	od organization/	c) by bay	vina
	' L	control or management o							
		organization(s). You mus			arrie perso	iis tilat co	introl of manage	tile supp	Jorted
c		Type III functionally inte			in connect	tion with	and functionally	integrate	nd with
•		its supported organization					•	intograte	with,
c		Type III non-functionally		•	•	•	•	ed organiz	zation(s)
		that is not functionally int						-	
		requirement (see instruct		• ,	•		•	ar accorner	7011000
e		Check this box if the orga						Type III	
		functionally integrated, or					, po	1 ) po	
f	Fnte	er the number of supported of							
		vide the following information							
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of n	nonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see inst	tructions)	support (see instructions)
				abovo (oco mondonomo)					
_						<u> </u>			
Tota	al								

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## 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	18,136,413.	27,784,392.	16,052,826.	14,960,019.	33,432,911.	110,366,561.
2	Tax revenues levied for the organ-						
	ization'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	18,136,413.	27,784,392.	16,052,826.	14,960,019.	33,432,911.	110,366,561.
	The portion of total contributions	, ,	, ,	, ,	, ,		
Ŭ	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,						
							24,008,031.
6							86,358,530.
	Public support. Subtract line 5 from line 4.						00,330,330.
	• • • • • • • • • • • • • • • • • • • •	(=) 0010	(h) 0000	(-) 0001	/-I\ 0000	(-) 0000	(f) Tatal
	ndar year (or fiscal year beginning in)	(a) 2019 18,136,413.	(b) 2020 27,784,392.	(c) 2021 16,052,826.	(d) 2022 14,960,019.	(e) 2023 33,432,911.	(f) Total
	Amounts from line 4	10,130,413.	21,104,392.	10,032,020.	14,900,019.	33,432,911.	110,366,561.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	0 533 000	0 000 201	0 001 451	0 544 003	4 004 005	12 465 420
	and income from similar sources	2,733,898.	2,082,301.	2,021,451.	2,544,803.	4,084,985.	13,467,438.
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.)	13,994,064.	283,396.	355,243.	373,018.	1,685,264.	
11	<b>Total support.</b> Add lines 7 through 10						140,524,984.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
_	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (li					14	61.45 %
	Public support percentage from 2022					15	56.09 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X_
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- <b>2023.</b> If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pul	olicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and st	<b>op here.</b> Explain ir	Part VI how the	
	organization meets the facts-and-circu				-		
18	<b>Private foundation.</b> If the organizatio		-		• •		
	<u> </u>		,				(Form 990) 2023

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## 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on 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						
13	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst. second. third. 1	ourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	on.
	check this box and stop here			· · · · · · · · · · · · · · · · · · ·			
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>)23</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qualit	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

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Schedule A (Form 990) 2023

Т.,

## Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	0		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		_
	5c		
	6		
	7		
	7		
	8		
	9a		
	9b		
	90		
	9c		
	10a		
	10b		
_	100	~ 000	

Pa	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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? If "No," describe in <b>Part VI</b> 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.	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? 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.	2		
Sec	tion 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)? 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).	1		
Sec	tion 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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
Sec	tion 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)	)-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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? 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.	2a		
b	Did the activities described on 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? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		
b		6.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion 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		
	ion 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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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		
	ion 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	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	anization (see
	inate actional	, 5	3 9-	`

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3_	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
с	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i_	Carryover from 2018 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
	Excess from 2023			

Schedule A (Form 990) 2023

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
2019 AMOUNT: \$ 13,994,064.
2020 AMOUNT: \$ 283,396.
2021 AMOUNT: \$ 355,243.
2022 AMOUNT: \$ 373,018.
2023 AMOUNT: \$ 1,685,264.

#### \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule B

(Form 990)

#### Schedule of Contributors

OMB No. 1545-0047

**2023** 

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

MINNEAPOLIS JEWISH FEDERATION

41-0693866

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ X 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), 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), 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

MINNEAPOLIS JEWISH FEDERATION 41-0693866

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4	* 1,908,817.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 1,187,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	raino, address, and Eff T T	\$\$ 1,088,878.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **2** 

Name of organization Employer identification number

MINNEAPOLIS JEWISH FEDERATION 41-0693866

Part I	<b>Contributors</b> (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		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Name, address, and Zir + +	\$\$ 2,053,350.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Hailie, audiess, aliu ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, audress, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3** 

Name of organization Employer identification number

MINNEAPOLIS JEWISH FEDERATION 41-0693866

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		
3	717 SHARES OF ISHARE TH CORES S&P 500 EFT				
		\$\$	12/26/23		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
8	20,000 SHARES OF HOULIHAN LOKEY INC.				
		\$\$	12/20/23		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		

Schedule B (Form 990) (2023)

Name of organization **Employer identification number** MINNEAPOLIS JEWISH FEDERATION 41 - 0693866Part 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Page 4

### SCHEDULE C (Form 990)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

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:

Name of organization **Employer identification number** MINNEAPOLIS JEWISH FEDERATION 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 Volunteer hours for political campaign activities 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? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 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 Did the filing organization file Form 1120-POL for this year? 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 (e) Amount of political filing organization's contributions received and promptly and directly funds. If none, enter -0-. 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) 2023

Par	t II-A Complete if the organized section 501(h)).	anization	is exen	npt under section	n 501(c)(3) and file	ed Form 5768 (ele	ection under
	check if the filing organizat expenses, and share	e of excess	lobbying 6	expenditures).	Part IV each affiliated	group member's nam	e, address, EIN,
<u>B</u> C	Limit	s on Lobby	ing Expe	nd "limited control" pro nditures ints paid or incurred.		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
	Total lobbying expenditures to influ Total lobbying expenditures to influ Total lobbying expenditures (add lir	ence a legis	slative boo	ly (direct lobbying)			
d e	Total exempt purpose expenditures	add lines	1c and 1d				
f	Lobbying nontaxable amount. Ente		The lob	bying nontaxable am	ount is:		
	not over \$500,000, over \$500,000 but not over \$1,000, over \$1,000,000 but not over \$1,500,000 but not over \$17,000,000 bu	0,000,	\$100,00 \$175,00	the amount on line 1e 00 plus 15% of the exc 00 plus 10% of the exc 00 plus 5% of the exce	ess over \$500,000. ess over \$1,000,000.		
	over \$17,000,000,  Grassroots nontaxable amount (ent		\$1,000,	•	ss over \$1,500,000.		
h	Subtract line 1g from line 1a. If zero Subtract line 1f from line 1c. If zero If there is an amount other than zero	o or less, en or less, ent o on either l	ter -0- er -0- line 1h or		ation file Form 4720		Vac No
	reporting section 4911 tax for this y  (Some organizations the	4 at made a	-Year Ave	eraging Period Under	have to complete all o		Yes No
		Lobby	ing Expe	nditures During 4-Ye	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 20	)20	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) Total
	Lobbying nontaxable amount  Lobbying ceiling amount						
	(150% of line 2a, column(e))						
c	Total lobbying expenditures						
	Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						- L. O (F 000) 0000

Schedule C (Form 990) 2023

## 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)).

For $\epsilon$	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(6	a)	(b	)
	e lobbying activity.	Yes	No	Amo	unt
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:				
	Volunteers?		Х		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
	Media advertisements?		Х		
	Mailings to members, legislators, or the public?		Х		
	Publications, or published or broadcast statements?		Х		
	Grants to other organizations for lobbying purposes?	Х		1	103,527
	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?		Х		
	Total. Add lines 1c through 1i			1	103,527
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  t III-A Complete if the organization is exempt under section 501(c)(4), sectio	n 501/o)//	<u> </u>	tion	
Pai	<u>t III-A</u> Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	11 30 1 (0)(	o), or sec	LIOII	
	301(3)(0).			Yes	No
4	Were substantially all (90% or more) dues received nondeductible by members?		1		
1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization make only infloose lobbying expenditures of \$2,000 of less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		•		3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year		۱		
С	Total				
3	A		١.		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par					
Prov	de 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 a	nd 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	,	,	
	II-B, LINE 1, LOBBYING ACTIVITIES:				
THE	FEDERATION PAID \$103,527 TO THE JEWISH COMMUNITY RELATIONS COUNCIL				
FOR	A GOVERNMENT RELATIONS POSITION FOR LOBBYING ON BEHALF OF THE				
ENT	TRE TWIN CITIES JEWISH COMMUNITY.				

Schedule C (Form 990) 2023

## **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 Inspection

Name of the organization

MINNEAPOLIS JEWISH FEDERATION

**Employer identification number** 

41-0693866

Pa		anizations Maintaining Donor Advised nization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Acco	ounts. Complete if the
	- Organ	Teation answered Tea on Form 330, Fart IV, Inic	(a) Donor advis	ed funds	(b)	Funds and other accounts
1	Total numbe	er at end of year		299		775
2		alue of contributions to (during year)		10,350,463.		7,377,017.
3		alue of grants from (during year)	7,548,919.			24,253,018.
4		alue at end of year				103,140,402.
5		nization inform all donors and donor advisors in w	riting that the assets h		ed funds	
	-	nization's property, subject to the organization's ex	-			X Yes No
6		nization inform all grantees, donors, and donor ad				
		e purposes and not for the benefit of the donor or				
		le private benefit?				
Pa	rt II Con	servation Easements. Complete if the organic	anization answered "Y	es" on Form 990, F	Part IV, lin	e 7.
1	Purpose(s) o	of conservation easements held by the organization	n (check all that apply)			
	Preser	vation of land for public use (for example, recreation	on or education)	Preservation of	a historic	ally important land area
	Protec	ction of natural habitat		Preservation of	a certified	d historic structure
	Preser	vation of open space				
2	-	ies 2a through 2d if the organization held a qualifie	ed conservation contri	oution in the form o	of a conse	
	day of the ta	x year.				Held at the End of the Tax Year
а	Total numbe	er of conservation easements			2	2a
b	Total acreag	e restricted by conservation easements			2	2b
С	Number of c	onservation easements on a certified historic struc	cture included on line	2a	2	2c
d		onservation easements included on line 2c acquire				
		structure listed in the National Register				2d
3	Number of c	onservation easements modified, transferred, release	ased, extinguished, or	terminated by the	organizat	tion during the tax
	year					
4		tates where property subject to conservation ease				
5		ganization have a written policy regarding the perio		ction, handling of		
	•	nd enforcement of the conservation easements it h				Yes No
6	Staff and vo	lunteer hours devoted to monitoring, inspecting, h	andling of violations, a	and enforcing cons	ervation e	easements during the year
7	Amount of e	xpenses incurred in monitoring, inspecting, handli	ng of violations, and e	nforcing conservat	ion easen	nents during the year
•			ng or violations, and o	morening contest val	1011 Gaggi	nonto daring the year
8	Does each c	conservation easement reported on line 2d above s	satisfy the requirement	s of section 170(h)	(4)(B)(i)	
	and section	170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, o	describe how the organization reports conservation	n easements in its reve	enue and expense	statemen	t and
	balance she	et, and include, if applicable, the text of the footno	te to the organization	s financial stateme	ents that c	describes the
Da	organization	's accounting for conservation easements.	Ant Historias Tu		hau Cina	ilor Accete
Pa		anizations Maintaining Collections of A polete if the organization answered "Yes" on Form S		easures, or Ot	ner Sim	mar Assets.
10		zation elected, as permitted under FASB ASC 958		vonue statement a	ad balana	an about works
Id	Ū	ical treasures, or other similar assets held for publi				
	•	•	•	•		of public
<b>L</b>	· · ·	vide in Part XIII the text of the footnote to its finance				aget works of
b	-	zation elected, as permitted under FASB ASC 958	•			
		Il treasures, or other similar assets held for public e	exhibition, education, (	or research in furth	erance or	public service,
	•	following amounts relating to these items.				¢
		e included on Form 990, Part VIII, line 1				
2	. ,	ncluded in Form 990, Part X zation received or held works of art, historical treas	sures or other similar			
2	-	g amounts required to be reported under FASB AS			gairi, pro	WIG
а						
	Revenue inc	ILIDED ON FORM 990 Part VIII line 1				\$

332051 09-28-23

Schedule D (Form 990) 2023

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

Pai	t III │ Organizations Maintaining Co	ollections of Art	. Historical Tre	asures, or C	Other S	Similar Ass	sets	(continu	ed)
3	Using the organization's acquisition, accession							COMM	<i>cu)</i>
Ū	collection items (check all that apply).	in, and other records	s, officer arry of the f	onowing that in	ano oigi	inioant asc of	110		
а	Public exhibition	d	Loan or evo	hange program					
b	Scholarly research	e	Other	nange program					
C	Preservation for future generations	•							
		llastians and avalain	how thou firsther th	a avaanization?		t numana in F	Dort VI		
4	Provide a description of the organization's co						art Ai	н.	
5	During the year, did the organization solicit or							V	
Dai	to be sold to raise funds rather than to be material Escrow and Custodial Arrangement							Yes	No
ı aı	reported an amount on Form 990, Par		e if the organization	answered "Yes	s" on Fo	rm 990, Part	iv, iine	9, or	
	Is the organization an agent, trustee, custodia		iary for contribution	s or other asset	s not in	cluded			
	on Form 990, Part X?							Yes	X No
b	If "Yes," explain the arrangement in Part XIII a								
-	, co, copiani are arrangement arrown c		erring talerer					Amount	
c	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f						1f			
	Ending balance  Did the organization include an amount on Fo						Х	Vac	No
	If "Yes," explain the arrangement in Part XIII.				-	·		163	X
Pai									
	Onnpiete ii	(a) Current year	(b) Prior year	(c) Two years b		1) Three years b	ack	(e) Four v	ears back
10	Beginning of year balance	6,101,426.	7,176,160.	6,443,9		6,056,6			67,691.
		21,636.					5,080.		
	Contributions  Net investment earnings, gains, and losses	754,003.	-724,355.			595,1:		<u> </u>	
	Grants or scholarships	283,979.	292,779.	269,3		156,3			03,852.
	Other expenditures for facilities								,
C									
	and programs	62,814.	63,975.	67,2	249	58,0	52		59,066.
	Administrative expenses	6,530,272.	6,101,426.			6,443,9			56,668.
g	End of year balance	•		•		0,443,5		0,0	30,000.
2	Provide the estimated percentage of the curre	ent year end balance .0000		) neid as:					
a	Board designated or quasi-endowment		_%						
b	Permanent endowment 67.0000  Term endowment 33.0000	%							
С									
	The percentages on lines 2a, 2b, and 2c should be a sh	•							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered	for the			<u></u>	/aa Na
	organization by:								es No
	(i) Unrelated organizations?							3a(i)	X
								3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizate							3b	
4	Describe in Part XIII the intended uses of the		vment funds.						
Pai	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, P	art X, lin	ie 10.			
	Description of property	(a) Cost or of basis (investm	, ,	or other (other)		umulated eciation	(	d) Book	value
1a	Land								
	Buildings								
	Leasehold improvements			932,610.		76,999.		8	55,611.
	Equipment			113,217.		99,110.			14,107.
	Other			106,383.		106,383.			0.
	I. Add lines 1a through 1e. (Column (d) must ed		K, line 10c, column	(B))				8	69,718.

Schedule D (Form 990) 2023

Part VII	Investments -	Other	Securities
----------	---------------	-------	------------

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) PRIVATE EQUITY AND HEDGE FUNDS	28,161,466.	END-OF-YEAR MARKET VALUE
(B) REAL ESTATE FUNDS	400,590.	END-OF-YEAR MARKET VALUE
(C) INTEREST IN CHARITABLE TRUSTS HELD BY		
(D) OTHERS	3,530.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	28,565,586.	

#### 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, line 13, col. (B))		

#### 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	3,906,583.
(3) POOLED INCOME FUNDS	86,661.
(4) RECEIVABLE FROM TERMED CHARITABLE TRUST	231,534.
(5) LIFE INSURANCE	504,864.
(6) ADMINISTRATION FEE RECIEVABLE	167,984.
(7) OTHER ASSETS	9,660.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	14,282,286.

#### 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 AGREEMENTS	2,326,186.
(3)	ACCRUED PAYROLL LIABILITIES	306,856.
(4)	DEPOSITS	5,594.
(5)	DUE TO JEWISH COMMUNITY BUILDING	271,803.
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	2,910,439.

<sup>2.</sup> 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 ... X

Schedule D (Form 990) 2023

Pai	rt XI Reconciliation of Revenue per Audited Financial St	atements With Revenue	e 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:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities					
С	Recoveries of prior year grants	2c				
d	- · · · · · · · · · · · · · · · · · · ·					
е			2e			
3	Subtract line 2e from line 1		3			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b		4c			
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	5			
Pa	rt XII Reconciliation of Expenses per Audited Financial S	•	ses per Return			
	Complete if the organization answered "Yes" on Form 990, Part IV,					
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:	1 1				
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	,					
е	• • • • • • • • • • • • • • • • • • • •					
3	Subtract line 2e from line 1		3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	,	4b				
С	Add lines <b>4a</b> and <b>4b</b>					
5 <b>D</b> 2	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information	18.)	5			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		art V, line 4; Part X, line 2; Part X	<b>(</b> Ι,		
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.						
DADT IV LINE 2R.						
PART IV, LINE 2B:						
THE FEDERATION HOLDS FUNDS FOR WHICH DONORS HAVE SPECIFIED THE ULTIMATE						
THE PERENTION HOURS FOR WITCH DOMORS HAVE SPECIFIED THE ULTIMATE						
BENE	FICIARY BUT FOR WHICH DISTRIBUTIONS HAVE NOT YET BEEN	MADE FROM. THE				
	,					
ORG	ANIZATION FOLLOWS ACCOUNTING GUIDANCE REGARDING TRANSFER	OF ASSETS TO A				
NONE	PROFIT THAT RAISES OR HOLDS CONTRIBUTIONS FOR OTHERS. AG	ENCY				
TRAN	NSACTIONS ARE NOT REPORTED AS CONTRIBUTION REVENUES OR G	RANT				
DIST	PRIBUTIONS IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES	UNLESS THE				
ORG	ANIZATION HAS VARIANCE POWER WITH RESPECT TO THE DETERMIN	NATION OF THE				
BENE	FICIARY, VARIANCE POWER IS THE UNILATERAL ABILITY TO RE	DIRECT THE USE				
OF THE TRANSFERRED ASSETS TO ANOTHER BENEFICIARY.						

PART V, LINE 4:

### SCHEDULE F (Form 990)

## 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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** MINNEAPOLIS JEWISH FEDERATION 41-0693866 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, X No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN 0 0 INVESTMENTS 10,971,006. MIDDLE EAST AND NORTH AFRICA 0 0 INVESTMENTS 923,000. SEE PART V FOR EXPLANATION ON PASSTHROUGH GRANTS OUTSIDE THE US GRANTS (INDIRECT) 0 0 2,538,223. MIDDLE EAST AND NORTH AFRICA 0 GRANTS (DIRECT) 0 20,000. 0 0 14,452,229. 3 a Subtotal **b** Total from continuation 0 0 0. sheets to Part I ...... c Totals (add lines 3a 14,452,229. and 3b)

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

Schedule F (Form 990) 2023

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)		(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 FOR MORE INFORMATION ON PASSTHROUGH GRANTS					
		SEE PART V	OUTSIDE THE US	2,538,223.	WIRE/CHECK	0.	N/A	
		MIDDLE EAST AND						
		NORTH AFRICA	GENERAL SUPPORT	20,000.	WIRE/CHECK	0.	N/A	
			recognized as charities by the f or counsel has provided a sect				•	2

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

Part III Grants and Other Assistance Part III can be duplicated if ac			tes. Complete i	f the organization answered "Yes'	on Form 990, Part	IV, line 16.	
(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)

Page 4

Part IV	Foreign I	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 the Instructions for Form 926)	X 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X 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 the Instructions for Form 5471)	X 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 the Instructions for Form 8621)	X 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 the Instructions for Form 8865)	X 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 the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

Page 5

#### Part V | Supplemental Information

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

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.

332075 11-29-23

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 MINNEAPOLIS JEWISH FEDERATION	41-0693866	Page <b>5</b>
Part V   Supplemental Information		J
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounti	ng method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method		
(estimated number of recipients), as applicable. Also complete this part to provide any additional inform	ation. See instructions.	
SCHEDULE F, PART IV, LINE 5:		
SCHEDOLE I, IAKI IV, BIKE 3.		
THE ORGANIZATION HAS INVESTED IN PARTNERSHIPS THAT HOLD DIRECT OR		
INDIRECT INTERESTS IN FOREIGN PARTNERSHIPS. HOWEVER, THE FILING		
DESCRIPTION OF THE ACCURATE VALUE OF THE ACC		
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

Open to Public Inspection

Name of the organization							Employer identification	number
MINNEAPOLIS JE		ON					41-06938	66
Part I General Information on Grants ar								
1 Does the organization maintain records to								
criteria used to award the grants or assis	tance?						X Yes	No
2 Describe in Part IV the organization's pro					onization analyses d "V	as Loren 000 Dari	: IV line O1 for onv	
recipient that received more than \$					anization answered if	es on Form 990, Pari	. IV, line 21, for any	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gragory or assistance	ant
ADDOME NODELLINGED N. HOGD TEAL								
ABBOTT NORTHWESTERN HOSPITAL FOUNDATION - PO BOX 43 -								
MINNEAPOLIS, MN 55407-3799	04-3643816	501(C)(3)	15,000.	0.			GENERAL OPERATING	SIIPPORT
MINUM 0015, IN 33407 3733	04 3043010	301(0)(3)	13,000.	0.			CENTRAL CIENTING	BOITORI
ADATH ISRAEL OF RIVERDALE 475 WEST 250TH STREET								
BRONX, NY 10471	51-0187492	501(C)(3)	10,000.	0.			GENERAL OPERATING	SUPPORT
ADATH JESHURUN CONGREGATION 10500 HILLSIDE LANE WEST MINNETONKA, MN 55305	41-0693940	501(C)(3)	88,174.	0.			GENERAL OPERATING	SUPPORT
ALIGHT 1325 QUINCY ST NE, STE A1 MINNEAPOLIS, MN 55413	36-3241033	501(C)(3)	9,250.	0.			GENERAL OPERATING	SUPPORT
ALLINA HEALTH SYSTEM AND FOUNDATION - 2925 CHICAGO AVE, MR10721 - MINNEAPOLIS, MN 55407	27-4116873	501(C)(3)	10,000.	0.			GENERAL OPERATING	SUPPORT
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
2 Enter total number of section 501(c)(3) ar	nd government org	ganizations listed in the	e line 1 table					113.
Enter total number of other organizations	listed in the line	1 table						0.

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1 ago 1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN FRIENDS OF MAGEN DAVID							
ADOM - 3175 COMMERCIAL AVENUE,							
SUITE 101 - NORTHBROOK, IL 60062	13-1790719	501(C)(3)	87,780.	0.			GENERAL OPERATING SUPPORT
AMERICAN FRIENDS OF TURKISH JEWRY			,				
234 EAST 23RD ST, APT 20A							
NEW YORK, NY 10010	04-3808614	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
,			<i>'</i>				
AMERICAN INDEPENDENT FDN							
800 MAINE AVE SW STE 500							
WASHINGTON, DC 20024-2866	33-1137541	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
AMERICAN ISRAEL EDUCATION							
FOUNDATION - 251 H STREET NW -							
WASHINGTON, DC 20001	52-1623781	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
			,,,,,,,				
AMERICAN JEWISH COMMITTEE NY							
165 EAST 56TH STREET							
NEW YORK, NY 10022-2709	13-5563393	501(C)(3)	5,510.	0.			GENERAL OPERATING SUPPORT
AMERICAN JEWISH JOINT DISTRIBUTION							
COMMITTEE - PO BOX 4124 - NEW YORK, NY 10163	13-1656634	501/C\/3\	315,500.	0.			GENERAL OPERATING SUPPORT
10RR, NI 10103	13-1030034	501(C)(3)	313,300.	0.			GENERAL OPERATING SUPPORT
AMERICAN RED CROSS							
РО ВОХ 37839							
BOONE, IA 50037-0839	53-0196605	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
ANNEX TEEN CLINIC							
5810 42ND AVENUE N	02 5026042	E01/a)/2)	10.000				
ROBBINSDALE, MN 55422	23-7236943	DU1(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
ANTI-DEFAMATION LEAGUE							
605 THIRD AVENUE							
NEW YORK, NY 10158	13-1818723	501(C)(3)	12,920.	0.			GENERAL OPERATING SUPPORT
		-	•			•	0-11-1-1/5000)

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	r ago r
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARK CHICAGO							
6450 N CALIFORNIA AVE							
CHICAGO, IL 60645	23-7164967	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
				- •			
ATZUM							
PO BOX 793							
SKOKIE, IL 60076	01-0697869	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
BABY'S SPACE: A PLACE TO GROW							
2438 18TH AVENUE SOUTH							
MINNEAPOLIS, MN 55404-4006	20-4502788	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
D. T.G. W. N. W. G. W. G.							
BAIS YAAKOV HIGH SCHOOL OF TWIN							
CITIES - 4509 MINNETONKA BLVD -	41 1707412	E01/G)/2)	41 400	0			GENERAL OPERATING GURDORE
ST. LOUIS PARK, MN 55416	41-1797413	501(C)(3)	41,400.	0.			GENERAL OPERATING SUPPORT
BAIS YISROEL TZEDAKA FUND							
4221 SUNSET BLVD							
ST LOUIS PARK, MN 55416	41-1664904	501(C)(3)	9,720.	0.			GENERAL OPERATING SUPPORT
BEACON INTERFAITH HOUSING	11 1001301		3,,200	•			
COLLABORATIVE - 2610 UNIVERSITY							
AVENUE W, SUITE 100 - ST PAUL, MN							
55114	41-1953599	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
BET SHALOM CONGREGATION							
13613 ORCHARD ROAD							
MINNETONKA, MN 55305	41-1409208	501(C)(3)	139,696.	0.			GENERAL OPERATING SUPPORT
BETH EL SYNAGOGUE							
5225 BARRY STREET W				_			
ST LOUIS PARK, MN 55416	41-0711587	501(C)(3)	212,418.	0.			SECURITY
BETH EL SYNAGOGUE - RABBI DAVIS							
DISCRETIONARY FUND - 5225 BARRY							
STREET WEST - ST. LOUIS PARK, MN 55416	41-0711587	501(C)(3)	7,800.	0.			GENERAL OPERATING SUPPORT
22#10	#T-0\TT20\	Por(c)(2)	7,000.	٠.			GENERAL OPERATING SUPPORT

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	- ugo -
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOCA POINTE SHUL							
22872 EL DORADO DR							
BOCA RATON, FL 33433	92-0551744	501(C)(3)	10,500.	0.			GENERAL OPERATING SUPPORT
CAMP RAMAH IN WI							
67 E. MADISON STREET, SUITE 1905							
CHICAGO, IL 60603	36-6009250	501(C)(3)	36,800.	0.			GENERAL OPERATING SUPPORT
CENTRAL FUND OF ISRAEL							
461 CENTRAL AVENUE							
CEDARHURST, NY 11516	13-2992985	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
CHADAD AM TH							
CHABAD AT IU 703 EAST 7TH STREET							
BLOOMINGTON, IN 47408	31-1021949	501/C\/3\	5,500.	0.			GENERAL OPERATING SUPPORT
BECOMINGION, IN 47400	31 1021343	501(0)(3)	3,300.	· ·			GENERAL CIERATING BOTTORT
CHABAD UNIVERSITY OF MINNESOTA							
1121 UNIVERSITY AVENUE SE							
MINNEAPOLIS, MN 55414	27-2057339	501(C)(3)	34,977.	0.			GENERAL OPERATING SUPPORT
,			,				
CHABAD YOUNG PROF UPTOWN							
3017 JAMES AVE S							
MINNEAPOLIS, MN 55408	81-3401822	501(C)(3)	23,400.	0.			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)	11,000.	0.			GENERAL OPERATING SUPPORT
COMONDOND COMMINITETES							
COMMONBOND COMMUNITIES							
1080 MONTREAL AVENUE	41-1260469	501/C)/3)	45 000	0.			GENERAL OPERATING SUPPORT
ST. PAUL, MN 55116-2311	41-1200469	DOT (C)(3)	45,000.	0.			SENERAL OPERATING SUPPORT
CONSTELLATION FUND							
323 WASHINGTON AVE N, SUITE 200							
MINNEAPOLIS, MN 55401	82-4027046	501(C)(3)	125,000.	0.			GENERAL OPERATING SUPPORT
		1 1 1	, , , , ,	<u> </u>	l .	1	0-11-1-1/5000)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	T ugo T
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DARCHEI NOAM CONGREGATION MN							
2950 JOPPA AVE S							
ST LOUIS PARK, MN 55416	20-3022860	501(C)(3)	51,637.	0.			GENERAL OPERATING SUPPORT
ENVIRONMENTAL WORKING GROUP							
1436 U STREET NW #100							
WASHINGTON, DC 20009	52-2148600	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
FEEDING OUR COMMUNITIES PARTNERS							
2120 HOWARD DR W, STE F							
NORTH MANKATO, MN 56003	27-2374187	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
			, -	-			
FOUNDATION FOR EXHIBITION OF							
PHOTOGRAPHY - 633 UNIVERSITY							
AVENUE - ST PAUL, MN 55104	68-0544634	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF UNITED HATZALAH							
442 5TH AVENUE #1866 NEW YORK, NY 10018	11-3533002	501/C\/3\	10,600.	0.			ISRAEL CRISIS SUPPORT
NEW TORK, NI 10010	11-3333002	301(0/(3/	10,000.	0.			ISRAED CRISIS SUFFORI
GLOBAL VILLAGE CONNECT							
5536 LORING LN							
GOLDEN VALLEY, MN 55422	46-1480033	501(C)(3)	17,480.	0.			GENERAL OPERATING SUPPORT
GREATER TWIN CITIES UNITED WAY PO BOX 2949							
MINNEAPOLIS, MN 55402-0949	41-1973442	501/C\/3\	154,250.	0.			GENERAL OPERATING SUPPORT
MINNEALOUIS, MN 33402 0343	41 13/3442	301(0)(3)	134,230.	0.			GENERAL OFERATING BUTTORT
HABONIM DROR FOUNDATION, INC.							
426 E DUATE RD							
MONROVIA, CA 91016	11-3301957	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
HADASSAH - NY							
40 WALL STREET							
NEW YORK, NY 10005	13-1656651	501(C)(3)	5,480.	0.			GENERAL OPERATING SUPPORT
		· · · · · · · · · · · · · · · · · · ·	1 2,200.	1		1	Only style L(Farms 000)

(a) Name and address of organization or government  (b) EIN  (c) IRC section if applicable  (d) Amount of cash grant  (e) Amount of noncash assistance  (f) Method of valuation (book, FMV, appraisal, other)  (BAYIT) - 3700 HENRY HUDSON  PARKWAY - BRONX, NY 10463  13-1740456 501(C)(3)  15,002.  0.  HEILICHER MINNEAPOLIS JEWISH DAY SCHOOL - 4330 CEDAR LAKE ROAD - ST. LOUIS PARK, MN 55416  41-1522634 501(C)(3)  395,261.  0.	(h) Purpose of grant or assistance  GENERAL OPERATING SUPPORT  GENERAL OPERATING SUPPORT
(BAYIT) - 3700 HENRY HUDSON PARKWAY - BRONX, NY 10463  HEILICHER MINNEAPOLIS JEWISH DAY SCHOOL - 4330 CEDAR LAKE ROAD - ST. LOUIS PARK, MN 55416  41-1522634 501(C)(3)  395,261.  0.	
(BAYIT) - 3700 HENRY HUDSON PARKWAY - BRONX, NY 10463  HEILICHER MINNEAPOLIS JEWISH DAY SCHOOL - 4330 CEDAR LAKE ROAD - ST. LOUIS PARK, MN 55416  41-1522634 501(C)(3)  395,261.  0.	
PARKWAY - BRONX, NY 10463 13-1740456 501(C)(3) 15,002. 0.  HEILICHER MINNEAPOLIS JEWISH DAY SCHOOL - 4330 CEDAR LAKE ROAD - ST. LOUIS PARK, MN 55416 41-1522634 501(C)(3) 395,261. 0.	
SCHOOL - 4330 CEDAR LAKE ROAD - ST. LOUIS PARK, MN 55416 41-1522634 501(C)(3) 395,261. 0.	GENERAL OPERATING SUPPORT
	GENERAL OPERATING SUPPORT
HERZL CAMP	
4330 S. CEDAR LAKE ROAD	
ST. LOUIS PARK, MN 55416 41-6009136 501(C)(3) 119,860. 0.	GENERAL OPERATING SUPPORT
HIAS INC 1300 SPRING STREET, SUITE 500	
SILVER SPRING, MD 20910 13-5633307 501(C)(3) 7,370. 0.	GENERAL OPERATING SUPPORT
INSTITUTE FOR HOLOCAUST RESEARCH & EDUCATION - 16483 RINGER RD -	
WAYZATA, MN 55391 87-4122573 501(C)(3) 5,500. 0.	GENERAL OPERATING SUPPORT
INTERNATIONAL COMMUNITY FOUNDATION 2505 N AVENUE NATIONAL CITY, CA 91950 33-0457858 501(C)(3) 16,000. 0.	GENERAL OPERATING SUPPORT
33 0137030 531(0)(0)	DEMEND OF ENDING BOTTOM
JEWFOLK MEDIA INC. 2909 S WAYZATA BLVD	
MINNEAPOLIS, MN 55405 27-4463056 501(C)(3) 101,180. 0.	GENERAL OPERATING SUPPORT
JEWISH AGENCY FOR ISRAEL NORTH AMERICA - 633 THIRD AVENUE, 21ST	
FLOOR - NEW YORK, NY 10017 23-0053483 501(C)(3) 134,347. 0.	GENERAL OPERATING SUPPORT
JEWISH COMMUNITY RELATIONS COUNCIL MN & DAKOTAS - 4330 S CEDAR LAKE	
RD - GOLDEN VALLEY, MN 55416 41-0826434 501(C)(3) 1,676,371. 0.	GENERAL OPERATING SUPPORT

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T uge T
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY & CHILDREN'S SERVICE							
5905 GOLDEN VALLEY RD							
GOLDEN VALLEY, MN 55422	41-0693860	501(C)(3)	608,569.	0.			GENERAL OPERATING SUPPORT
TOWIGH FAMILY & GUILDDON'S							
JEWISH FAMILY & CHILDREN'S SERVICES - 5905 GOLDEN VALLEY RD -							
GOLDEN VALLEY, MN 55422	41-0693860	501(C)(3)	750,122.	0.			FAMILY CH SRVCJEWISH
JEWISH FEDERATION OF GREATER	11 0033000	301(0)(3)	,50,122.	•			TIMILET ON BRYOGENIEN
PHOENIX - 12701 NORTH SCOTTSDALE							
ROAD, SUITE 201 - SCOTTSDALE, AZ							
85254	45-3910992	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
JEWISH FEDERATION OF GTR METROWEST NJ - 901 ROUTE 10, PO BOX 929 -							
WHIPPANY, NJ 07981-0921	22-1487222	501(C)(3)	25,000.	0.			ISRAEL CRISIS SUPPORT
JEWISH FEDERATION OF SAN ANTONIO 12500 NW MILITARY HWY, SUITE 200 SAN ANTONIO, TX 78231	74-1109662	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT
JEWISH FEDERATIONS OF NORTH  AMERICA - PO BOX 157 - NEW YORK,  NY 10268	13-1624240	501(C)(3)	116,636.	0.			ISRAEL CRISIS SUPPORT
11 10200	13 1024240	301(0)(3)	110,030.	0.			I SKILL CRIBIS BOITORI
JEWISH HOUSING AND PROGRAMMING (J-HAP) - 9280 GOLDEN VALLEY RD,							
STE 140 - GOLDEN VALLEY, MN 55427	27-2033464	501(C)(3)	168,549.	0.			GENERAL OPERATING SUPPORT
JEWISH NATIONAL FUND NY 78 RANDALL AVENUE							
ROCKVILLE CENTRE, NY 11570	13-1659627	501(C)(3)	33,900.	0.			ISRAEL CRISIS SUPPORT
JTP PROFESSIONAL SERVICE CORP PO BOX 77200							
MINNEAPOLIS, MN 55480	85-0868142	501(C)(3)	7,300.	0.			GENERAL OPERATING SUPPORT

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Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)		
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
KENESSETH ISRAEL SYNAGOGUE								
4330 W 28TH STREET								
ST LOUIS PARK, MN 55416	41-0780896	501(C)(3)	55,964.	0.			GENERAL OPERATING	SUPPOR
MASORTI FOUNDATION FOR								
CONSERVATIVE JUDAISM IN ISRAEL -								
3080 BROADWAY - NEW YORK, NY 10027	13-3137586	501(C)(3)	11,800.	0.			GENERAL OPERATING	SUPPOR
	10 010,000		12,000.	•				
MAYO CLINIC								
200 FIRST STREET SW								
ROCHESTER, MN 55905	41-6011702	501(C)(3)	20,000.	0.			GENERAL OPERATING	SUPPOR
MILKWEED EDITIONS								
1011 WASHINGTON AVENUE S								
MINNEAPOLIS, MN 55415-1246	41-1365177	501(C)(3)	20,000.	0.			GENERAL OPERATING	SUPPOR
MIND SHARE PARTNERS								
201 SPEAR ST, SUITE 1100								
SAN FRANCISCO, CA 94105	81-5350598	501(C)(3)	7,000.	0.			GENERAL OPERATING	SUPPOR
2111 1111101200, 011 71200		552(5)(5)	7,000.	•				
MINNEAPOLIS CHABAD LUBAVITCH								
2845 HEDBERG DRIVE								
MINNETONKA, MN 55305	41-1873584	501(C)(3)	23,710.	0.			GENERAL OPERATING	SUPPOR
MINNEAPOLIS COMMUNITY KOLLEL								
2930 INGLEWOOD AVE S								
ST LOUIS PARK, MN 55416	41-1903600	501(C)(3)	5,310.	0.			GENERAL OPERATING	SUPPOR
MINNECOMA HILLEI								
MINNESOTA HILLEL 1521 UNIVERSITY AVENUE SE								
	41-6038613	501(C)(3)	217,083.	0.			GENERAL OPERATING	GIIDDOD
MINNEAPOLIS, MN 55414	41-0020013	501(0/(3/	217,003.	0.			SEMERAL OFERALING	DOLLOK
MINNESOTA JCC								
1375 SAINT PAUL AVE								
ST. PAUL, MN 55116-2828	41-0833543	501(C)(3)	670,127.	0.			GENERAL OPERATING	SUPPOR
•		ı			ı	1	Schodulo I /	

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T uge T
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MINNESOTA PUBLIC RADIO							
480 CEDAR STREET							
ST. PAUL, MN 55101	41-0953924	501(C)(3)	5,960.	0.			GENERAL OPERATING SUPPORT
MN AUTISM CENTER							
5860 BAKER RD							
MINNETONKA, MN 55345	41-1847652	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
MOTANE HONAE							
MOISHE HOUSE 441 SAXONY ROAD							
ENCINITAS, CA 92024	26-2599786	501/C\/3\	37,500.	0.			GENERAL OPERATING SUPPORT
ENCINITAS, CA 92024	20-2333700	501(0/(3/	37,300.	0.			GENERAL OPERATING SUFFORT
NATIONAL CONFERENCE OF SYNAGOGUE							
YOUTH - MPLS - 2607 RALEIGH AVE -							
MINNEAPOLIS, MN 55416	13-5623717	501(C)(3)	13,230.	0.			GENERAL OPERATING SUPPORT
,			,				
NATIONAL COUNCIL OF JEWISH WOMEN							
MN - 5905 GOLDEN VALLEY RD, STE 1							
- GOLDEN VALLEY, MN 55422	41-0675915	501(C)(3)	42,036.	0.			GENERAL OPERATING SUPPORT
NATURE CONSERVANCY, INC VA							
4245 N FAIRFAX DR, SUITE 100							
ARLINGTON, VA 22203-1606	53-0242652	501(C)(3)	18,500.	0.			GENERAL OPERATING SUPPORT
NEVE MICHAEL CHILDREN'S VILLAGE							
PO BOX 260067							
	20-8499330	501/C\/3\	7,000.	0.			GENERAL OPERATING SUPPORT
PEMBROKE PINES, FL 33026	20 0433330	501(0/(5/	7,000.	· ·			GENERAL CIERATING BUTTORT
NEW IMPACT FUND							
4816 NICOLLET AVE S							
MINNEAPOLIS, MN 55419	46-5187324	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
•			, ,				
NEW ISRAEL FUND							
PO BOX 177							
LEWISTON, ME 04243-0177	94-2607722	501(C)(3)	10,750.	0.			GENERAL OPERATING SUPPORT

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1 ago 1
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OREGON FOOD BANK, INC.							
7900 NE 33RD DRIVE							
PORTLAND, OR 97211	93-0785786	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
,			,				
PARTNERS IN HEALTH							
800 BOYLSTON STREET, SUITE 300							
BOSTON, MA 02199	04-3567502	501(C)(3)	25,500.	0.			GENERAL OPERATING SUPPORT
PAUSE 4 PAWS							
PO BOX 41028	45-2865854	E01/G\/3\	10,000.	0.			GENERAL OPERATING SUPPORT
PLYMOUTH, MN 55441	45-2665654	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
PEF ISRAEL ENDOWMENT FUNDS, INC.							
630 THIRD AVENUE, RM 1500							
NEW YORK, NY 10017	13-6104086	501(C)(3)	36,425.	0.			GENERAL OPERATING SUPPORT
PERSPECTIVES, INC.							
3381 GORHAM AVENUE							
ST. LOUIS PARK, MN 55426	41-1288300	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
DI ANNIED DADENEUGOD EEDEDAGION OF							
PLANNED PARENTHOOD FEDERATION OF							
AMERICA - PO BOX 97166 - WASHINGTON, DC 20090-7166	13-1644147	501(C)(3)	8,850.	0.			GENERAL OPERATING SUPPORT
WASHINGTON, DC 20030 7100	13 1044147	301(0/(3/	0,030.	· ·			GENERAL CIERATING BOTTORT
PLANNED PARENTHOOD NORTH CENTRAL							
STATES - 671 VANDALIA STREET, #323							
- ST. PAUL, MN 55114	41-0948382	501(C)(3)	6,750.	0.			GENERAL OPERATING SUPPORT
PRISM							
1220 ZANE AVENUE N							
GOLDEN VALLEY, MN 55422	41-1442049	501(C)(3)	8,305.	0.			GENERAL OPERATING SUPPORT
PROPEL NONPROFITS							
1 SE MAIN STREET, SUITE 600							
MINNEAPOLIS, MN 55414	41-1916337	501(C)(3)	9,650.	0.			GENERAL OPERATING SUPPORT
		, _ , _ ,	1 2,300.		I	1	0-1-1-1-1/5000

Part II Continuation of Grants and Oth	er Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T uge T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVERDALE YM-YWHA							
5625 ARLINGTON AVE							
BRONX, NY 10471	13-1740507	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
SANNEH FOUNDATION							
1276 UNIVERSITY AVE W				_			
ST PAUL, MN 55104	56-2332269	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SCIENCE MUSEUM OF MINNESOTA							
120 W KELLOGG BLVD							
ST PAUL, MN 55102-1208	41-0706172	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SCOTTSDALE CULTURAL COUNCIL							
7380 E SECOND STREET							
SCOTTSDALE, AZ 85251	86-0593786	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
SECOND HARVEST HEARTLAND							
7101 WINNETKA AVE N							
BROOKLYN PARK, MN 55428	23-7417654	501(C)(3)	12,750.	0.			GENERAL OPERATING SUPPORT
	20 /12/001		12,700.				0121012
SECURE COMMUNITY NETWORK							
350 W HUBBARD ST, STE 470							
CHICAGO, IL 60654	20-1437733	501(C)(3)	186,000.	0.			GENERAL OPERATING SUPPORT
SEMPER FI & AMERICA'S FUND							
825 COLLEGE BLVD, SUITE 102 OCEANSIDE, CA 92057	26-0086305	E01/G\/2\	25,000.	0.			GENERAL OPERATING SUPPORT
OCEANSIDE, CA 92037	20-0086303	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
SHA'ARIM							
2851 HEDBERG DRIVE							
MINNETONKA, MN 55305	41-1917521	501(C)(3)	164,219.	0.			GENERAL OPERATING SUPPORT
SHIR TIKVAH CONGREGATION							
1360 W MINNEHAHA PKWY	44 4400	504 (5) (2)		_			
MINNEAPOLIS, MN 55419-1199	41-1632627	DOT(C)(3)	91,418.	0.			GENERAL OPERATING SUPPORT

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1 ago 1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHOLOM COMMUNITY ALLIANCE							
3620 PHILLIPS PARKWAY							
ST LOUIS PARK, MN 55426	41-1837022	501(C)(3)	77,563.	0.			GENERAL OPERATING SUPPORT
SHOLOM FOUNDATION							
3610 PHILLIPS PKWY							
ST LOUIS PARK, MN 55426-3765	36-3411361	501(C)(3)	159,242.	0.			GENERAL OPERATING SUPPORT
GE DIW GWINDED ODGWEGEDI GOGETHW							
ST PAUL CHAMBER ORCHESTRA SOCIETY PO BOX 64718							
ST. PAUL, MN 55164-9696	41-0829498	501(C)(3)	6,200.	0.			GENERAL OPERATING SUPPORT
			, , , ,				
STEP-ST LOUIS PARK EMERGENCY							
PROGRAM - 6812 W LAKE STREET - ST.							
LOUIS PARK, MN 55426	51-0188692	501(C)(3)	15,425.	0.			GENERAL OPERATING SUPPORT
SUPPORTERS OF TORAH CONGREGATION							
64 MONTEREY CIRCLE							
LAKEWOOD, NJ 08701	11-3235771	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
TALMUD TORAH OF MINNEAPOLIS							
4330 CEDAR LAKE ROAD		504 (5) (2)	225 522				
ST. LOUIS PARK, MN 55416	41-0714419	501(C)(3)	206,500.	0.			GENERAL OPERATING SUPPORT
TEMPLE ADATH OR INC							
4581 WESTON ROAD, SUITE #160							
WESTON, FL 33331	59-2740747	501(C)(3)	12,200.	0.			GENERAL OPERATING SUPPORT
MEMOLE TODAY							
TEMPLE ISRAEL 2323 FREMONT AVENUE S							
MINNEAPOLIS, MN 55405	41-1769841	501(C)(3)	204,706.	0.			GENERAL OPERATING SUPPORT
				•			
TEMPLE ISRAEL							
2323 FREMONT AVENUE S							
MINNEAPOLIS, MN 55405	41-1769841	501(C)(3)	121,203.	0.			GENERAL OPERATING SUPPORT

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1 ago 1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE OF AARON							
616 S MISSISSIPPI RIVER BLVD							
ST. PAUL, MN 55116	41-0824942	501(C)(3)	11,350.	0.			GENERAL OPERATING SUPPORT
TEMPLE SOLEL							
6805 E MACDONALD DRIVE							
PARADISE VALLEY, AZ 85253-5325	86-0223187	501(C)(3)	6,900.	0.			GENERAL OPERATING SUPPORT
TORAH ACADEMY OF MINNEAPOLIS							
2800 JOPPA AVE SOUTH ST. LOUIS PARK, MN 55416	41-6007486	501(C)(3)	285,662.	0.			GENERAL OPERATING SUPPORT
21. 20022 112, 121. 00120	11 000,100		200,002.	•			
TREESCHARLOTTE							
220 N TRYON ST							
CHARLOTTE, NC 28202	46-3867007	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
MALIN GIMING ORMUODERIGG HOUNDAMION							
TWIN CITIES ORTHOPEDICS FOUNDATION 4200 DAHLBERG DR, SUITE 300							
GOLDEN VALLEY, MN 55422	83-0435069	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
·							
UNIVERSITY OF MINNESOTA FOUNDATION							
PO BOX 860266				_			
MINNEAPOLIS, MN 55486-0266	41-6042488	501(C)(3)	27,490.	0.			GENERAL OPERATING SUPPORT
VOTER REGISTRATION PROJECT							
PO BOX 33436							
WASHINGTON, DC 20033	26-4802468	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
YESHIVA OF MINNEAPOLIS							
3115 OTTAWA AVENUE S	45-2697278	E01/G\/3\	15 720	0.			GENERAL OPERATING SUPPORT
MINNEAPOLIS, MN 55416	43-203/2/0	D01(C)(3)	15,720.	0.			GENERAL OFERALING SUPPORT
ZAMIR CHORAL FOUNDATION, INC.							
475 RIVERSIDE DRIVE, SUITE 1948							
NEW YORK, NY 10115	13-6217087	501(C)(3)	9,000.	0.			GENERAL OPERATING SUPPORT

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of noncash assistance
	recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	
CAMP SCHOLARSHIPS	469	275,733.	0.	N/A	N/A
PROGRAM GRANTS	8	21,310.	0.	N/A	N/A
		, -	-		
Part IV Supplemental Information. Provide the information req	uired in Part Llin	e 2: Part III. column	(b): and any other ac	ditional information	
Partiv   Supplemental information. Provide the information req	ulleu III Fait I, IIII	e z, Fait III, Columii	(b), and any other ac	dutional information.	
PART I, LINE 2:					
AM MUD MINE A GRANM IG MADE. MUD DEDERAMION DEGIGN.		MDED HAE OF			
AT THE TIME A GRANT IS MADE, THE FEDERATION DESIGNA	ATES THE INTE	INDED USE OF			
THE FUNDS. THE FEDERATION CONDUCTS NO FURTHER MONI	TORING OF THE	FUNDS.			

#### SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

MINNEAPOLIS JEWISH FEDERATION

**Employer identification number** 

41-0693866 **Questions Regarding Compensation** Yes No 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 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 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. X Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee 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: Х a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b Х **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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2023

Regulations section 53.4958-6(c)?

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.

		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JAMES A. COHEN	(i)	301,547.	64,420.	1,203.	6,266.	32,111.	405,547.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) MARTIN K. LIPSHUTZ	(i)	185,065.	0.	1,105.	3,713.	593.	190,476.	0.	
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) STEVEN BAKER	(i)	167,954.	0.	1,173.	3,449.	8,399.	180,975.	0.	
CHIEF PHLANTHROPY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) ALENE SUSSMAN	(i)	159,319.	0.	1,043.	3,186.	0.	163,548.	0.	
FOUNDATION DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990)

## **Transactions With Interested Persons**

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.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the	e organization							Emp	oloyei	r ident	ificati	on nu	mber
	М	IINNEAPOLIS	JEWISH FEDERA	TION				41	L-069	3866			
Part I	Excess Bene	efit Transact	ions (section 50	01(c)(3	), secti	on 501(c)(4), and sec	tion 501(c)(29) orgar	nizatio	ns on	ıly)			
						rt IV, line 25a or 25b							
1,,,,		(b)	Relationship bety			ified					(d)	Corre	cted
( <b>a</b> ) Nar	me of disqualified p	person	person and or	rganiza	ation	(0	) Description of trans	sactio	n		Y	es	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
2 Enter	the amount of tax	incurred by the	organization man	agers	or disq	ualified persons duri	ng the year under						
sectio	n 4958								\$				
3 Enter	the amount of tax,												
Part II	Loans to and	d/or From In	terested Pers	sons									
	Complete if the	organization ans	wered "Yes" on I	Form 9	90-EZ,	Part V, line 38a, or F	orm 990, Part IV, lin	e 26;	or if th	ne orga	nizati	on	
	reported an amo	ount on Form 99	0, Part X, line 5, 6	6, or 22	2.								
(a	) Name of	(b) Relationship	(c) Purpose		an to or	(e) Original	(f) Balance due	(g)	(g) In (h)		proved ard or	rd or I (I) WILL	
intere	ested person	with organizatio	of loan		n the zation?	principal amount		defa	ult?	comm		agree	ement
				То	From			Yes	No	Yes	No	Yes	No
(1)JAMES	COHEN	CEO	SEE STMT		Х	122,825.	48,000.		Х	Х		Х	
(2)JAMES		CEO	SEE STMT		Х	3,000.	3,600.		Х	Х		Х	
(3)JAMES	COHEN	CEO	SEE STMT		Х	135,000.	135,000.		Х	Х		Х	
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total						\$	186,600.						
Part III	Grants or As	ssistance Be	nefiting Inter	estec	d Per	sons							
	Complete if the	organization ans	wered "Yes" on I	Form 9	90, Pa	rt IV, line 27.							
(a) N	ame of interested	person	(b) Relationship	betwe	en	(c) Amount of	(d) Type	of		•	<b>)</b> Purp		f
			interested pers		d	assistance	assistano	ce		i	assista	ance	
			the organiza	ation									
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)						· · · · · · · · · · · · · · · · · · ·							

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

Schedule L (Form 990) 2023

(9) (10)

Part IV	<b>Business Transactions Involving Interested Persons</b>

Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	
				Yes	No
(1)					
(2)					
(3)	_				
<u>(4)</u> <u>(5)</u>					
(6)					
(7)					
(8)					
(9)					
(10) Part V Supplemental Information					
•	sponses to questions on Schedule L. See in	netructions			
1 Tovide additional information for res	porises to questions on scriedule L. See il	ristructions.			
SCHEDULE L, PART II:					
ON APRIL 1, 2022, THE ORGANIZATION EN	TERED INTO A NEW EMPLOYMENT				
AGDEEMENT LITTLE THE ODGANIZATION'S GUI	TER EVEGUATUR OFFICER (CEO) AC				
AGREEMENT WITH THE ORGANIZATION'S CHI	EF EXECUTIVE OFFICER (CEO). AS				
PART OF THE CONSIDERATION OF EMPLOYME	NT THE PERSONAL RESIDENCE LOAD	1 IN			
THE ORIGINAL AMOUNT OF \$120,000 AND M	ORTGAGE GUARANTEE OF \$424,000				
PROVIDED IN THE PRIOR EMPLOYMENT AGRE	EMENT REMAINED IN FULL FORCE AN	<u>1D</u>			
EFFECT. THE LOAN HAS AN INTEREST RATE	OF 4 0% MATTIRES ON MARCH 26				
errect, the boar had an interest rate	OF 4.00, MATORES ON MARCIN 20,				
2024, AND HAS ANNUAL PRINCIPAL AND IN	TEREST REPAYMENTS. THE LOAN				
BALANCE WAS \$48,000 AT DECEMBER 31, 2	023 AND 2022. AS ADDITIONAL				
	N-41-41-01 DD011-DDD 1 DDD0011-1-4				
CONSIDERATION OF EMPLOYMENT, THE ORGA	NIZATION PROVIDED A PERSONAL LC	DAN			
FACILITY NOT TO EXCEED \$200,000. THIS	LOAN FACILITY HAS AN INTEREST				
RATE OF 2.0%, MATURES ON MARCH 31, 20	27, AND HAS ANNUAL PRINCIPAL AN	1D			
INTEREST REPAYMENTS. THE LOAN FACILIT	Y BALANCE WAS \$135,000 AND				
612E 000 AM DECEMBED 21 2022 AND 202	22 DEGDEGMINELY				
\$125,000 AT DECEMBER 31, 2023 AND 202	z, RESPECTIVELI.				
SCHEDULE L, PART II:					
MULTIPLE SHORT-TERM ADVANCES HAVE BEE	N MADE TO THE CEO, WHICH ARE TO	) BE			
DDDAID DDD MUD MDDMC OD MUD IMIDDDIVIN	IC ADVIANCE ADDANGEMENTS TO	A NT			
REPAID PER THE TERMS OF THE UNDERLYIN	G ADVANCE ARRANGEMENTS. THE LOA	71/			
BALANCE WAS \$ 3,027 AT DECEMBER 31, 2	023.				
,					

Schedule L (Form 990) 2023

#### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

	MINNEAPOLIS JEWISH FEDERATION 41-069								
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1ç	ı	Method noncash cor	(d) of determin ntribution ar	_	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	98	5,402,539	STOC	K MARKET	QUOTES		
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ( )								
29	Number of Forms 8283 received by the organization	zation during	the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement <b>29</b>				0	
								Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throu	gh 28,	that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for				
	exempt purposes for the entire holding period?	?					30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard contribu	ıtions?		31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?						32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is che	cked,				
	describe in Part II.								

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023 MINNEAPOLIS JEWISH FEDERATION	41-0693866	Page 2
<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information.	nd 33, and whether the organi a combination of both. Also co	zation
SCHEDULE M, PART I, COLUMN (B):		
COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.		
COLOMN (B) REFRESENTS THE NOMBER OF CONTRIBUTIONS.		

## SCHEDULE O (Form 990)

## 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 Form 990-EZ.

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

2023 Open to Publi

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

MINNEAPOLIS JEWISH FEDERATION

Inspection
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 VI, SECTION A, LINE 1A:
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
FEDERATION; AND
5. ANY ELECTION TO FILL A VACANCY AMONG THE DIRECTORS.

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

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** MINNEAPOLIS JEWISH FEDERATION 41-0693866 ROBERT YOST AND SUSAN YOST FAMILY RELATIONSHIP MATT HEILICHER AND ZEHORIT HEILICHER 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 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; ONE REPRESENTIVE OF THE FEDERATION'S YOUNG ADULT PROGRAMMING RECOMMENDED BY THE NOMINATING SUB-COMMITTEE AND APPROVED BY THE MEMBERS; AND

Schedule O (Form 990) 2023

8. ASSISTANT TREASURER RECOMMENDED BY THE NOMINATING COMMITTEE AND APPROVED

<u>Schedule O (Form 990) 2023</u> Page **2** 

Name of the organization **Employer identification number** MINNEAPOLIS JEWISH FEDERATION 41-0693866 BY THE MEMBERS. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S SENIOR DIRECTOR OF ACCOUNTING AND 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. FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION OF THE CEO IS SET BY WRITTEN AGREEMENT AND REVIEWED

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Name of the organization  MINNEAPOLIS JEWISH FEDERATION	Employer identification number 41-0693866
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 2024.	
FORM 990, PART VI, SECTION B, LINE 15B:	
COMPENSATION FOR OTHER OFFICERS IS SET BY THE CHIEF EXECUTIVE OFFICER AND	
IS REVIEWED WITH THE PRESIDENT, 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	
2024.	
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 -114,260.	

#### SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MINNEAPOLIS JEWISH FEDERATION

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
JCF CONDO HOLDINGS, LLC					
4330 SOUTH CEDAR LAKE ROAD	HOLDING AND SELLING REAL				MINNEAPOLIS JEWISH
MINNEAPOLIS, MN 55416	ESTATE DONATIONS	MINNESOTA	0.	0.	FEDERATION
AP DOWNTOWN LLC					
4330 SOUTH CEDAR LAKE ROAD	HOLDING AND SELLING REAL				MINNEAPOLIS JEWISH
MINNEAPOLIS, MN 55416	ESTATE DONATIONS	MINNESOTA	0.	0.	FEDERATION
MINNESOTA JEWISH COMMUNITY FOUNDATION LLC	FUNDRAISING AND INVESTING				
4330 SOUTH CEDAR LAKE ROAD	FOR THE BENEFIT OF MJF AND				MINNEAPOLIS JEWISH
MINNEAPOLIS, MN 55416	COMMUNITY FOUNDATION	MINNESOTA	23,468,007.	164,960,161.	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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
THE JEWISH COMMUNITY BUILDING CORPORATION -							
41-1933056, 4330 SOUTH CEDAR LAKE ROAD,	SUPPORT MINNEAPOLIS JEWISH				MINNEAPOLIS		
MINNEAPOLIS, MN 55416	FEDERATION	MINNESOTA	501(C)(25)		JEWISH FEDERATION	х	
KELEN FAMILY FOUNDATION - 41-1854293							
4900 IDS TOWER, 80 S EIGHTH STREET	SUPPORT MINNEAPOLIS JEWISH				MINNEAPOLIS		İ
MINNEAPOLIS, MN 55402	FEDERATION	MINNESOTA	501(C)(3)	LINE 12A, I	JEWISH FEDERATION	х	
EFFRESS-MILLER FAMILY FOUNDATION -							
41-1781993, 8545 AVENIDA DE LAS ONDAS, LA	SUPPORT MINNEAPOLIS JEWISH				MINNEAPOLIS		
JOLLA, CA 92037	FEDERATION	MINNESOTA	501(C)(3)	LINE 12A, I	JEWISH FEDERATION	х	
THE JUDITH AND MICHAEL BERMAN FOUNDATION -							
26-0181739, 4330 SOUTH CEDAR LAKE ROAD,	SUPPORT MINNEAPOLIS JEWISH				MINNEAPOLIS		ĺ
MINNEAPOLIS, MN 55416	FEDERATION	MINNESOTA	501(C)(3)	LINE 12A, I	JEWISH FEDERATION	х	

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

Schedule R (Form 990) 2023

Part II	Continuation of Identification of Related Tax-Exempt Organizations

(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))	<b>(f)</b> Direct controlling entity	Section 5 controrganiz	rolled
OREN AND SHARRON STEINFELDT FOUNDATION - 13-4228266, 240 BRIDLE LANE, HOPKINS, MN	SUPPORT MINNEAPOLIS JEWISH				MINNEAPOLIS	res	NO
55305	FEDERATION	MINNESOTA	501(C)(3)	LINE 12A, I	JEWISH FEDERATION	х	
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n	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 rela	ated
	organizations treated as a partnership during the tax year.		
	9		

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	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	Disprop	h) nortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managin partner? Yes No	(k) Percentage ownership

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
CHARITABLE REMAINDER TRUSTS (6) 4330 SOUTH CEDAR LAKE ROAD		country						Yes	No
MINNEAPOLIS, MN 55416	INVESTMENT	MN	N/A	TRUST	N/A	N/A	N/A	Х	

Schedule R (Form 990) 2023 MINNEAPOLIS JEWISH FEDERATION 41-0693866

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?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х	
	Gift, grant, or capital contribution to related organization(s)	1b	Х		
	Gift, grant, or capital contribution from related organization(s)	1c	Х		
	Loans or loan guarantees to or for related organization(s)	1d		Х	
	Loans or loan guarantees by related organization(s)	1e		Х	
f	Dividends from related organization(s)	1f		Х	
g	Sale of assets to related organization(s)	1g		Х	
	Purchase of assets from related organization(s)	1h		Х	
i	Exchange of assets with related organization(s)	1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х		
	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х		
	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х	
	Sharing of paid employees with related organization(s)	10		Х	
р	Reimbursement paid to related organization(s) for expenses	1p	Х		
q	Reimbursement paid by related organization(s) for expenses	1q		Х	
r	Other transfer of cash or property to related organization(s)	1r		Х	
s	Other transfer of cash or property from related organization(s)	1s		Х	
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	С	160,000.	CASH TRANSFERRED
(2) JEWISH COMMUNITY BUILDING CORP	М	87,965.	CASH RECEIVED/PAID
(3) THE JUDITH AND MICHAEL BERMAN FOUNDATION	С	43,000.	CASH TRANSFERRED
(4) EFFRESS MILLER FAMILY FOUNDATION	С	5,000.	CASH TRANSFERRED
(5) KELEN FAMILY FOUNDATION	С	75,000.	CASH TRANSFERRED
<u>(6)</u>			

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Schedule R (Form 990) 2023 MINNEAPOLIS JEWISH FEDERATION 41-0693866 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000

332165 09-28-23 Schedule R (Form 990) 2023