

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2024**  
Open to Public  
Inspection

<b>A</b> For the <b>2024</b> calendar year, or tax year beginning and ending																												
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>MINNEAPOLIS JEWISH FEDERATION</b></td> <td rowspan="4"><b>D</b> Employer identification number  41-0693866</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">4330 SOUTH CEDAR LAKE ROAD</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55416</td> <td><b>E</b> Telephone number 952-593-2600</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: JAMES A. COHEN SAME AS C ABOVE</td> <td><b>G</b> Gross receipts \$ 64,694,633.</td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>J</b> Website: WWW.JEWISHMINNEAPOLIS.ORG</td> <td><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td><b>H(c)</b> Group exemption number</td> </tr> <tr> <td colspan="2"><b>L</b> Year of formation: 1930</td> <td><b>M</b> State of legal domicile: MN</td> </tr> </table>	<b>C</b> Name of organization <b>MINNEAPOLIS JEWISH FEDERATION</b>		<b>D</b> Employer identification number  41-0693866	Doing business as		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	4330 SOUTH CEDAR LAKE ROAD		City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55416		<b>E</b> Telephone number 952-593-2600	<b>F</b> Name and address of principal officer: JAMES A. COHEN SAME AS C ABOVE		<b>G</b> Gross receipts \$ 64,694,633.	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>J</b> Website: WWW.JEWISHMINNEAPOLIS.ORG		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>H(c)</b> Group exemption number	<b>L</b> Year of formation: 1930		<b>M</b> State of legal domicile: MN
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	30
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	30
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	57
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	750
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-5,589.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	33,432,911.	32,868,038.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,688,679.	11,101,396.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,685,264.	1,159,734.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,806,854.	45,129,168.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	32,434,009.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,478,348.	4,353,640.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		2,485,132.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,301,526.	2,626,270.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		40,213,883.	26,842,065.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-407,029.	18,287,103.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	196,720,132.	243,634,365.
	<b>21</b> Total liabilities (Part X, line 26)	58,472,090.	84,121,010.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	138,248,042.	159,513,355.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	RAFINA LARSEN, CFO				
Type or print name and title					
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	KAREN A. GRIES	KAREN A. GRIES	11/17/25		P00078514
<b>Preparer Use Only</b>	Firm's name	Firm's EIN			
	BAKER TILLY ADVISORY GROUP, LP	39-0859910			
Firm's address			Phone no.		
225 S 6TH ST #2300 MINNEAPOLIS, MN 55402			612.876.4500		

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

**Part III** Statement of Program Service AccomplishmentsCheck 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 ☒ 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 ☒ 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 expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 22,806,397. including grants of \$ 19,862,155. ) (Revenue \$ 0. )

MINNEAPOLIS JEWISH FEDERATION IS A FEDERATED FUNDRAISING ORGANIZATION  
SUPPORTING THE MINNEAPOLIS AREA, AS WELL AS NATIONAL AND INTERNATIONAL  
COMMUNITIES. THE FEDERATION RAISES FUNDS THROUGH ANNUAL AND DIRECTED  
CAMPAIGNS TO SUPPORT BENEFICIARY AGENCIES TO BUILD NEW AND UPGRADE  
EXISTING PROGRAMS. ADDITIONALLY, THE MINNESOTA JEWISH COMMUNITY  
FOUNDATION, WHICH SERVES AS THE FOUNDATION'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 MINNEAPOLIS JEWISH FEDERATION HAS HAD ON THE  
COMMUNITY, PLEASE SEE THE LATEST IMPACT REPORT AT  
WWW.JEWISHMINNEAPOLIS.ORG/WHO-WE-ARE/NUMBERS.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 22,806,397.Form **990** (2024)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b> X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b> X	
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b> X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b> X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 60	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 57		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		X
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		X
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	30			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		30		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....			X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....				X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....				X
<b>6</b> Did the organization have members or stockholders? .....			X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....			X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....				X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			X	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....				X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	X	
<b>13</b> Did the organization have a written whistleblower policy? .....	X	
<b>14</b> Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....	X	
<b>b</b> Other officers or key employees of the organization .....		X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. ....		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</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? .....		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed MN, CA

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 RAFINA Y. LARSEN - 952-593-2600  
 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.

- 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES A. COHEN CHIEF EXECUTIVE OFFICER	40.00 1.50			X				453,360.	0.	37,979.
(2) STEVEN BAKER CHIEF PHILANTHROPY OFFICER	40.00 0.00			X				191,843.	0.	12,334.
(3) MARTIN K. LIPSHUTZ CHIEF FINANCIAL OFFICER	40.00 3.00			X				178,399.	0.	3,117.
(4) SHAI AVNY CHIEF OPERATING OFFICER	40.00 1.00			X				146,364.	0.	31,728.
(5) ALENE SUSSMAN FOUNDATION DIRECTOR	40.00 0.00					X		166,154.	0.	3,298.
(6) EILAT HAREL CHIEF IMPACT OFFICER	40.00 0.00					X		116,259.	0.	2,304.
(7) MARK APPELBAUM PRESIDENT	20.00 0.50	X		X				0.	0.	0.
(8) BRAD BIRNBERG IMMEDIATE PAST PRESIDENT	1.00 0.50	X		X				0.	0.	0.
(9) ARIELLE KAUFMAN SECRETARY	1.00 0.00	X		X				0.	0.	0.
(10) JOHN MACDONALD TREASURER	1.00 0.50	X		X				0.	0.	0.
(11) SANDY DONALDSON ASSISTANT TREASURER	1.00 0.00	X		X				0.	0.	0.
(12) ABBI ROSE DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) BRITTANY WILLIS DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) DAN AHLSTROM DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) DAN LIEBERMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) DEBBIE STILLMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) DINA BLUMENFIELD DIRECTOR	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GAYLE KAPLAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) JUDAH DRUCK DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) JUDY WITEBSKY DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) KEN RASKIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) LAUREN ZABEZHINSKY DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) MATT HEILICHER DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) RABBI MATT GOLDBERG DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) RABBI TZVI KUPFER DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) RAFI FORBUSH DIRECTOR	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								1,252,379.	0.	90,760.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,252,379.	0.	90,760.

**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

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- 3** 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* .....
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* .....
- 5** 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* .....

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRIME GENERAL CONTRACTORS 1710 ALEXANDER ROAD, EAGAN, MN 55121	BUILDING RENOVATIONS	281,537.
ALLWEATHER ROOF, 9211 PLYMOUTH AVENUE NORTH, GOLDEN VALLEY, MN 55427	ROOF REPAIR	235,523.

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

2

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2024)



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) REBECCA SKELTON DIRECTOR	1.00 0.00	X						0.	0.	0.
(28) ROBERT YOST DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) RON MANDELBAUM DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) ROZ SEGAL DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) SETH TOGAL DIRECTOR	1.00 0.00	X						0.	0.	0.
(32) TAYLOR SZTAINER DIRECTOR	1.00 0.00	X						0.	0.	0.
(33) TOM FRISHBERG DIRECTOR	1.00 0.00	X						0.	0.	0.
(34) VALERIE KREPS DIRECTOR	1.00 0.00	X						0.	0.	0.
(35) ZEHORIT HEILICHER DIRECTOR	1.00 0.00	X						0.	0.	0.
(36) AARON GOLDSTEIN DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII** **Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>	7,326,177.			
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	25,541,861.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 7,383,614.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		32,868,038.			
<b>Program Service Revenue</b>	<b>2 a</b>			<b>Business Code</b>			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....					
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			4,496,992.	-5,589.
<b>4</b>		Income from investment of tax-exempt bond proceeds .....					
<b>5</b>		Royalties .....					
<b>6 a</b>		Gross rents .....	<b>6a</b>	(i) Real	(ii) Personal		
<b>b</b>		Less: rental expenses ...	<b>6b</b>				
<b>c</b>		Rental income or (loss) .....	<b>6c</b>				
<b>d</b>		Net rental income or (loss) .....					
<b>7 a</b>		Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	(ii) Other		
<b>b</b>		Less: cost or other basis and sales expenses .....	<b>7b</b>				
<b>c</b>		Gain or (loss) .....	<b>7c</b>				
<b>d</b>		Net gain or (loss) .....			6,604,404.		6,604,404.
<b>8 a</b>		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>				
<b>b</b>		Less: direct expenses .....	<b>8b</b>				
<b>c</b>		Net income or (loss) from fundraising events .....					
<b>9 a</b>		Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>				
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>11 a</b>	MISCELLANEOUS INCOME	900099	525,433.			525,433.
	<b>b</b>	ADMINISTRATIVE FEE INCOME	900099	380,743.			380,743.
	<b>c</b>	REGISTRATION FEES	900099	163,234.			163,234.
	<b>d</b>	All other revenue .....	900099	90,324.			90,324.
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		1,159,734.			
	<b>12</b>	<b>Total revenue.</b> See instructions .....			45,129,168.	0.	-5,589.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	16,542,110.	16,542,110.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	430,207.	430,207.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	2,889,838.	2,889,838.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,055,124.	377,848.	166,098.	511,178.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	2,825,267.	1,018,932.	454,544.	1,351,791.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	42,719.	15,406.	6,872.	20,441.
<b>9</b> Other employee benefits .....	148,803.	53,703.	23,992.	71,108.
<b>10</b> Payroll taxes .....	281,727.	101,422.	45,076.	135,229.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	91,592.		91,592.	
<b>b</b> Legal .....	45,897.	22,862.	12,148.	10,887.
<b>c</b> Accounting .....	41,093.		41,093.	
<b>d</b> Lobbying .....	101,427.	101,427.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	381,332.		381,332.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	389,204.	389,204.		
<b>12</b> Advertising and promotion .....	145,683.	9,061.	72,051.	64,571.
<b>13</b> Office expenses .....	99,425.	8,186.	25,804.	65,435.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	121,560.		121,560.	
<b>17</b> Travel .....	210,173.	210,173.		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	518,050.	242,980.	37,941.	237,129.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	67,914.		67,914.	
<b>23</b> Insurance .....	73,200.	36,463.	19,374.	17,363.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROGRAM EXPENSES	252,626.	252,626.		
<b>b</b> REPAIRS AND MAINTENANCE	103,949.	103,949.		
<b>c</b> BAD DEBT	-16,855.		-16,855.	
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	26,842,065.	22,806,397.	1,550,536.	2,485,132.
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	18,042,802.	<b>1</b>	3,826,157.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	2,365,676.
	<b>3</b> Pledges and grants receivable, net .....	4,809,375.	<b>3</b>	6,801,944.
	<b>4</b> Accounts receivable, net .....	559,433.	<b>4</b>	709,231.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	186,600.	<b>5</b>	155,768.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	131,337.	<b>9</b>	257,836.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,152,210.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 350,407.		
	<b>11</b> Investments - publicly traded securities .....	129,252,515.	<b>11</b>	168,175,195.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	28,565,586.	<b>12</b>	46,156,745.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	20,480.	<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	14,282,286.	<b>15</b>	14,384,010.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	196,720,132.	<b>16</b>	243,634,365.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	753,550.	<b>17</b>	720,384.
	<b>18</b> Grants payable .....	14,801,833.	<b>18</b>	9,441,453.
	<b>19</b> Deferred revenue .....	111,266.	<b>19</b>	22,815.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	39,895,002.	<b>21</b>	70,724,547.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,910,439.	<b>25</b>	3,211,811.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	58,472,090.	<b>26</b>	84,121,010.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	119,713,775.	<b>27</b>	142,122,177.
	<b>28</b> Net assets with donor restrictions .....	18,534,267.	<b>28</b>	17,391,178.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	138,248,042.	<b>32</b>	159,513,355.
	<b>33</b> Total liabilities and net assets/fund balances .....	196,720,132.	<b>33</b>	243,634,365.

Form **990** (2024)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	45,129,168.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	26,842,065.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	18,287,103.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	138,248,042.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	3,050,430.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	47,512.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-119,732.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	159,513,355.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b> 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? _____		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2024)

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

**Open to Public  
Inspection**

Name of the organization

MINNEAPOLIS JEWISH FEDERATION

Employer identification number

41-0693866

<b>Part I</b>	<b>Reason for Public Charity Status.</b> (All organizations must complete this part.) See instructions.
---------------	---

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

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

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	27,784,392.	16,052,826.	14,960,019.	33,432,911.	32,868,038.	125,098,186.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	27,784,392.	16,052,826.	14,960,019.	33,432,911.	32,868,038.	125,098,186.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						20,504,112.
<b>6 Public support.</b> Subtract line 5 from line 4.						104,594,074.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	27,784,392.	16,052,826.	14,960,019.	33,432,911.	32,868,038.	125,098,186.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2,082,301.	2,021,451.	2,544,803.	4,084,985.	4,496,992.	15,230,532.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	283,396.	355,243.	373,018.	1,685,264.	1,159,734.	3,856,655.
<b>11 Total support.</b> Add lines 7 through 10						144,185,373.

<b>12</b> Gross receipts from related activities, etc. (see instructions) .....	<b>12</b>	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....		<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	72.54 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	61.45 %
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990) 2024

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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



**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV** Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> 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 <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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 <b>Part VI</b> 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.			
<b>2a</b>			
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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 <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

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

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

Schedule A (Form 990) 2024

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

		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b>	Distributable amount for 2024 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2024			
<b>a</b>	From 2019			
<b>b</b>	From 2020			
<b>c</b>	From 2021			
<b>d</b>	From 2022			
<b>e</b>	From 2023			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to under distributions of prior years			
<b>h</b>	Applied to 2024 distributable amount			
<b>i</b>	Carryover from 2019 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2024 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2024 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b>	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2020			
<b>b</b>	Excess from 2021			
<b>c</b>	Excess from 2022			
<b>d</b>	Excess from 2023			
<b>e</b>	Excess from 2024			

Schedule A (Form 990) 2024

**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

2020 AMOUNT: \$ 283,396.  
2021 AMOUNT: \$ 355,243.  
2022 AMOUNT: \$ 373,018.  
2023 AMOUNT: \$ 1,685,264.  
2024 AMOUNT: \$ 1,159,734.

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

Name of the organization

MINNEAPOLIS JEWISH FEDERATION

**Employer identification number**

41-0693866

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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) (Rev. 12-2024)

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

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,524,735.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 689,561.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 676,750.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 7,091,819.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,400,908.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,180,784.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

**Part I**   **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 916,502.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 697,760.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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	500 SHARES OF HOULIAN LOKEY INC STOCK	\$ 676,750.	05/16/24
6	2240 SHARES OF INVESTCO QQQ TRUST STOCK	\$ 1,180,784.	12/24/24
8	VARIOUS STOCK GIFTS	\$ 664,713.	12/09/24
9	4900 SHARES OF ISHARES CORE S & P US GROWTH ETF	\$ 697,760.	12/09/24
		\$	

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

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

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

SCHEDULE C  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2024

Open to Public  
Inspection

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

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures	\$	
3 Volunteer hours for political campaign activities		

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

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

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

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

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

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

Schedule C (Form 990) 2024

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

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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

**4-Year Averaging Period Under Section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

**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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?	X		101,427.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			101,427.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

<b>1</b> Dues, assessments, and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	5	

**Part IV** Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE FEDERATION PAID \$101,427 TO THE JEWISH COMMUNITY RELATIONS COUNCIL  
FOR A GOVERNMENT RELATIONS POSITION FOR LOBBYING ON BEHALF OF THE  
ENTIRE TWIN CITIES JEWISH COMMUNITY.

SCHEDULE D  
(Form 990)

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

MINNEAPOLIS JEWISH FEDERATION

Employer identification number

41-0693866

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	304	819
2 Aggregate value of contributions to (during year)	9,912,358.	39,533,339.
3 Aggregate value of grants from (during year)	8,841,764.	8,340,005.
4 Aggregate value at end of year	65,593,997.	145,390,736.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) (Rev. 12-2024)

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☒

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,530,272.	6,101,426.	7,176,160.	6,443,944.	6,056,668.
b Contributions	5,737.	21,636.	6,375.	6,298.	6,557.
c Net investment earnings, gains, and losses	673,346.	754,003.	-724,355.	1,062,472.	595,126.
d Grants or scholarships	272,249.	283,979.	292,779.	269,305.	156,355.
e Other expenditures for facilities and programs					
f Administrative expenses	67,242.	62,814.	63,975.	67,249.	58,052.
g End of year balance	6,869,864.	6,530,272.	6,101,426.	7,176,160.	6,443,944.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment .0000 %

b Permanent endowment 64.0000 %

c Term endowment 36.0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		932,610.	136,691.	795,919.
d Equipment		113,217.	107,333.	5,884.
e Other		106,383.	106,383.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				801,803.

Schedule D (Form 990) (Rev. 12-2024)

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) PRIVATE EQUITY AND HEDGE FUNDS		
(B) (ALTERNATIVES)	40,595,807.	END-OF-YEAR MARKET VALUE
(C) CORPORATE BONDS (ALTERNATIVES)	1,350,000.	END-OF-YEAR MARKET VALUE
(D) REAL ESTATE FUNDS (ALTERNATIVES)	323,515.	END-OF-YEAR MARKET VALUE
(E) ISRAEL BONDS	816,057.	END-OF-YEAR MARKET VALUE
(F) INTEREST IN REAL ESTATE PARTNERSHIPS	2,136,587.	COST
(G) CSV OF LIFE INSURANCE	934,779.	END-OF-YEAR MARKET VALUE
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	46,156,745.	

**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)		
<b>Total.</b> (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	4,097,840.
(3) POOLED INCOME FUNDS HELD IN CHARITABLE TRUSTS BY OTHERS	91,014.
(4) RECEIVABLE FROM TERMED CHARITABLE TRUST	213,196.
(5) LIFE INSURANCE	603,442.
(6) INTEREST IN CHARITABLE TRUSTS HELD BY OTHERS	3,518.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	14,384,010.

**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	2,254,588.
(3) DUE TO RELATED ENTITY	761,407.
(4) DEFERRED INCOME UNDER POOLED INCOME AGREEMENTS	57,993.
(5) OTHER LIABILITIES	137,823.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	3,211,811.

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

Schedule D (Form 990) (Rev. 12-2024)



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

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

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

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

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

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

**Part XIII Supplemental Information**

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

**PART IV, LINE 2B:**

THE FEDERATION HOLDS FUNDS FOR WHICH DONORS HAVE SPECIFIED THE ULTIMATE BENEFICIARY, BUT FOR WHICH DISTRIBUTIONS HAVE NOT YET BEEN MADE FROM. THE ORGANIZATION FOLLOWS ACCOUNTING GUIDANCE REGARDING TRANSFER OF ASSETS TO A NONPROFIT THAT RAISES OR HOLDS CONTRIBUTIONS FOR OTHERS. AGENCY TRANSACTIONS ARE NOT REPORTED AS CONTRIBUTION REVENUES OR GRANT DISTRIBUTIONS IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES UNLESS THE ORGANIZATION HAS VARIANCE POWER WITH RESPECT TO THE DETERMINATION OF THE BENEFICIARY. VARIANCE POWER IS THE UNILATERAL ABILITY TO REDIRECT THE USE OF THE TRANSFERRED ASSETS TO ANOTHER BENEFICIARY.

**PART V, LINE 4:**

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

**PART X, LINE 2:**

THE ORGANIZATION RECEIVED AUTHORITY FROM THE INTERNAL REVENUE SERVICE (IRS) TO OPERATE AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). HOWEVER, ANY UNRELATED BUSINESS INCOME MAY BE SUBJECT TO TAXATION. THE ORGANIZATION IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION. MJFFS AND MJCF ARE A WHOLLY OWNED LIMITED LIABILITY CORPORATIONS OF THE ORGANIZATION AND ALL ACTIVITIES ARE INCLUDED IN THE FILINGS OF THE ORGANIZATION.

THE ORGANIZATION HAS ADOPTED A POLICY THAT CLARIFIES THE ACCOUNTING FOR

**Part XIII** Supplemental Information *(continued)*

UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS. THE POLICY DESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE ORGANIZATION FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2024 AND 2023, RESPECTIVELY. THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES.

**SCHEDULE F  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

MINNEAPOLIS JEWISH FEDERATION

Employer identification number

41-0693866

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		17,900,120.
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		816,057.
SEE PART V FOR EXPLANATION ON PASSTHROUGH GRANTS OUTSIDE THE US	0	0	GRANTS (INDIRECT)		2,869,838.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS (DIRECT)		20,000.
<b>3 a Subtotal</b> .....	0	0			21,606,015.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			21,606,015.

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

Schedule F (Form 990) (Rev. 12-2024)

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SEE PART V	SEE PART V FOR MORE INFORMATION ON PASSTHROUGH GRANTS OUTSIDE THE US	2869838.	WIRE/CHECK	0.	N/A	
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	20,000.	WIRE/CHECK	0.	N/A	

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 2
- 3 Enter total number of other organizations or entities ..... 0

Part III

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

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* ..... ☒ **Yes** ☐ **No**
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ..... ☐ **Yes** ☒ **No**
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* ..... ☒ **Yes** ☐ **No**
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* ..... ☒ **Yes** ☐ **No**
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* ..... ☒ **Yes** ☐ **No**
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* ..... ☐ **Yes** ☒ **No**

Schedule F (Form 990) (Rev. 12-2024)

**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.

## SCHEDULE F, PART IV, LINE 5:

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

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

MINNEAPOLIS JEWISH FEDERATION

Employer identification number

41-0693866

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....

☒ **Yes** ☐ **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ACCELERATE CHANGE 294 WASHINGTON STREET, SUITE 500 BOSTON, MA 02108	82-3400062	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
ACLU OF MN FOUNDATION PO BOX 14720 MINNEAPOLIS, MN 55414	41-6050012	501(C)(3)	75,200.	0.			GENERAL OPERATING SUPPORT
ADAS ISRAEL CONGREGATION 2850 QUEBEC STREET, NW WASHINGTON, DC 20008	53-0196563	501(C)(3)	9,485.	0.			GENERAL OPERATING SUPPORT
ADATH JESHURUN CONGREGATION 10500 HILLSIDE LANE WEST MINNETONKA, MN 55305	41-0693940	501(C)(3)	80,305.	0.			GENERAL OPERATING SUPPORT
ALIGHT 1325 QUINCY ST NE, STE A1 MINNEAPOLIS, MN 55413	36-3241033	501(C)(3)	43,800.	0.			GENERAL OPERATING SUPPORT
ALL 4 ISRAEL 1070 RIVER RD, APT 205 NEW MILFORD, NJ 07646	05-0553417	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 152.

**3** 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) (Rev. 12-2024)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION MN & ND 12701 WHITEWATER DR, SUITE 290 MINNETONKA, MN 55343	13-3039601	501(C)(3)	13,000.	0.			GENERAL OPERATING SUPPORT
AMERICAN FRIENDS OF MAGEN DAVID ADOM - 3175 COMMERCIAL AVENUE, SUITE 101 - NORTHBROOK, IL 60062	13-1790719	501(C)(3)	126,450.	0.			GENERAL OPERATING SUPPORT
AMERICAN INDEPENDENT FDN 800 MAINE AVE SW STE 500 WASHINGTON, DC 20024-2866	33-1137541	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
AMERICAN ISRAEL EDUCATION FDN (AIEF) - 251 H STREET NW - WASHINGTON, DC 20001	52-1623781	501(C)(3)	65,000.	0.			GENERAL OPERATING SUPPORT
AMERICAN JEWISH COMMITTEE NY 165 EAST 56TH STREET NEW YORK, NY 10022-2709	13-5563393	501(C)(3)	46,860.	0.			GENERAL OPERATING SUPPORT
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE - PO BOX 4124 - NEW YORK, NY 10163	13-1656634	501(C)(3)	240,500.	0.			GENERAL OPERATING SUPPORT
AMERICAN JEWISH WORLD SERVICE - NY PO BOX 568 ETNA, NH 03750	22-2584370	501(C)(3)	50,100.	0.			GENERAL OPERATING SUPPORT
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037-0839	53-0196605	501(C)(3)	86,500.	0.			GENERAL OPERATING SUPPORT
AMERICAN TECHNION SOCIETY 55 EAST 59TH STREET NEW YORK, NY 10022	13-0434195	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

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ANGEL FOUNDATION 1155 CENTRE POINTE DR, STE 7 MENDOTA HEIGHTS, MN 55120	41-1990883	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
ANIMAL HUMANE SOCIETY 845 MEADOW LANE N GOLDEN VALLEY, MN 55422	41-0693842	501(C)(3)	5,350.	0.			GENERAL OPERATING SUPPORT
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158	13-1818723	501(C)(3)	113,170.	0.			GENERAL OPERATING SUPPORT
ARK CHICAGO 6450 N CALIFORNIA AVE CHICAGO, IL 60645	23-7164967	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
BABY'S SPACE 2438 18TH AVENUE SOUTH MINNEAPOLIS, MN 55404-4006	20-4502788	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
BAIS YAAKOV HIGH SCHOOL OF THE TWIN CITIES - 4509 MINNETONKA BLVD - ST. LOUIS PARK, MN 55416	41-1797413	501(C)(3)	50,105.	0.			GENERAL OPERATING SUPPORT
BAIS YISROEL CONGREGATION 4221 SUNSET BLVD ST LOUIS PARK, MN 55416	41-1664904	501(C)(3)	24,044.	0.			GENERAL OPERATING SUPPORT
BAY AREA COMMUNITY RESOURCES 171 CARLOS DR SAN RAFAEL, CA 94903	94-2346815	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
BEACON INTERFAITH HOUSING COLLABORATIVE - 2610 UNIVERSITY AVENUE W, SUITE 100 - ST PAUL, MN 55114	41-1953599	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEND THE ARC-A JEWISH PARTNERSHIP FOR JUSTICE - 330 SEVENTH AVE, SUITE 1900 - NEW YORK, NY 10001	52-1332694	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
BET SHALOM CONGREGATION 13613 ORCHARD ROAD MINNETONKA, MN 55305	41-1409208	501(C)(3)	228,641.	0.			GENERAL OPERATING SUPPORT
BETH EL FOUNDATION OF MN 5225 BARRY ST W ST LOUIS PARK, MN 55416	46-4866772	501(C)(3)	20,720.	0.			GENERAL OPERATING SUPPORT
BETH EL SYNAGOGUE 5225 BARRY STREET W ST LOUIS PARK, MN 55416	41-0711587	501(C)(3)	461,241.	0.			GENERAL OPERATING SUPPORT
BIRTHRIGHT ISRAEL FDN 711 THIRD AVE, 10TH FLOOR NEW YORK, NY 10017	13-4092050	501(C)(3)	10,250.	0.			GENERAL OPERATING SUPPORT
BRIDGE FOR YOUTH 1111 WEST 2ND STREET MINNEAPOLIS, MN 55405	41-0983062	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
CAMP RAMAH IN WI 67 E. MADISON STREET, SUITE 1905 CHICAGO, IL 60603	36-6009250	501(C)(3)	9,830.	0.			GENERAL OPERATING SUPPORT
CHABAD AT OHIO STATE UNIVERSITY 207 E 15TH AVE COLUMBUS, OH 43201	81-2505414	501(C)(3)	10,500.	0.			GENERAL OPERATING SUPPORT
CHABAD UNIVERSITY OF MINNESOTA 1121 UNIVERSITY AVENUE SE MINNEAPOLIS, MN 55414	27-2057339	501(C)(3)	69,016.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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CHABAD YOUNG PROF UPTOWN 3017 JAMES AVE S MINNEAPOLIS, MN 55408	81-3401822	501(C)(3)	28,818.	0.			GENERAL OPERATING SUPPORT
CLEAN WATER FUND 1444 EYE STREET NW, SUITE 400 WASHINGTON, DC 20005	52-1043444	501(C)(3)	13,270.	0.			GENERAL OPERATING SUPPORT
CLIMATE REALITY PROJECT - ALLIANCE FOR CLIMATE PROTECTION - 555 12TH STREET NW, STE 350 - WASHINGTON, DC 20004	87-0745629	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
COMMONBOND COMMUNITIES 1080 MONTREAL AVENUE ST. PAUL, MN 55116-2311	41-1260469	501(C)(3)	45,150.	0.			GENERAL OPERATING SUPPORT
COMMUNITIES IN SCHOOLS CHARLOTTE MECKLENBURG - 601 EAST 5TH STREET, #300 - CHARLOTTE, NC 28202	58-1661795	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
CONSTELLATION FUND 323 WASHINGTON AVE N, SUITE 200 MINNEAPOLIS, MN 55401	82-4027046	501(C)(3)	135,000.	0.			GENERAL OPERATING SUPPORT
DARCHEI NOAM CONGREGATION MN 2950 JOPPA AVE S ST LOUIS PARK, MN 55416	20-3022860	501(C)(3)	57,143.	0.			GENERAL OPERATING SUPPORT
DISABLED AMERICAN VETERANS CHARITABLE SERVICE TRUST - 3725 ALEXNDRIA PIKE - COLD SPRINGS, KY 41076	52-1521276	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
DOCTORS WITHOUT BORDERS USA INC. 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006-1751	13-3433452	501(C)(3)	15,350.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

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FEEDING AMERICA PO BOX 96749 WASHINGTON, DC 20090-6749	36-3673599	501(C)(3)	15,200.	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
FOOD GROUP 8501 54TH AVENUE NORTH NEW HOPE, MN 55428	41-1246504	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF HAGAL SHELI 8 THE GREEN STE R DOVER, DE 19901	36-5019715	501(C)(3)	12,766.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF THE EARTH 1101 15TH STREET NW, 11TH FLOOR WASHINGTON, DC 20005	23-7420660	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF THE ISRAEL DEFENSE FORCES - PO BOX 4224 - NEW YORK, NY 10163	13-3156445	501(C)(3)	33,300.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF UNITED HATZALAH 442 5TH AVENUE #1866 NEW YORK, NY 10018	11-3533002	501(C)(3)	5,585.	0.			GENERAL OPERATING SUPPORT
GIFFORDS LAW CENTER TO PREVENT GUN VIOLENCE - 268 BUSH ST #555 - SAN FRANCISCO, CA 94104	46-4638549	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
GLOBAL HUNGER PROJECT 110 WEST 30TH ST, 6TH FLOOR NEW YORK, NY 10001	94-2443282	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

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GLOBAL VILLAGE CONNECT 5536 LORING LN GOLDEN VALLEY, MN 55422	46-1480033	501(C)(3)	29,500.	0.			GENERAL OPERATING SUPPORT
GREATER TWIN CITIES UNITED WAY PO BOX 2949 MINNEAPOLIS, MN 55402-0949	41-1973442	501(C)(3)	204,200.	0.			GENERAL OPERATING SUPPORT
GUTHRIE THEATER FOUNDATION 818 SOUTH 2ND STREET MINNEAPOLIS, MN 55415	41-0854160	501(C)(3)	11,500.	0.			GENERAL OPERATING SUPPORT
HABONIM DROR FOUNDATION, INC. 426 E DUATE RD MONROVIA, CA 91016	11-3301957	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
HEBREW INSTITUTE OF RIVERDALE (BAYIT) - 3700 HENRY HUDSON PARKWAY - BRONX, NY 10463	13-1740456	501(C)(3)	14,680.	0.			GENERAL OPERATING SUPPORT
HERZL CAMP 5905 GOLDEN VALLEY RD GOLDEN VALLEY, MN 55422	41-6009136	501(C)(3)	187,788.	0.			GENERAL OPERATING SUPPORT
HUGE IMPROV THEATER 2728 LYNDAL AVE S MINNEAPOLIS, MN 55408	26-3326882	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
INTERNATIONAL COMMUNITY FOUNDATION 2505 N AVENUE NATIONAL CITY, CA 91950	33-0457858	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD, SUITE 1500 LOS ANGELES, CA 90025	95-3949646	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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ISRAAID (US) PO BOX 61227 PALO ALTO, CA 94306	46-2118225	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
JEWFOLK MEDIA INC. 2909 S WAYZATA BLVD MINNEAPOLIS, MN 55405	27-4463056	501(C)(3)	98,070.	0.			GENERAL OPERATING SUPPORT
JEWISH AGENCY FOR ISRAEL NORTH AMERICA - 633 THIRD AVENUE, 21ST FLOOR - NEW YORK, NY 10017	23-0053483	501(C)(3)	130,184.	0.			GENERAL OPERATING SUPPORT
JEWISH COMMUNITY ACTION 2375 UNIVERSITY AVE W, SUITE 150 ST PAUL, MN 55114	41-1830619	501(C)(3)	5,200.	0.			GENERAL OPERATING SUPPORT
JEWISH COMMUNITY RELATIONS COUNCIL MN & DAKOTAS - 4330 S CEDAR LAKE RD - MINNEAPOLIS, MN 55416	41-0826434	501(C)(3)	2,351,470.	0.			SECURITY
JEWISH FAMILY & CHILDRENS SVC - OPERATING - 5905 GOLDEN VALLEY RD - GOLDEN VALLEY, MN 55422	41-0693860	501(C)(3)	1,490,717.	0.			GENERAL OPERATING SUPPORT
JEWISH FEDERATION CENTER FOR JEWISH PHILANTHROPY OF GTR PHOENIX - 12701 NORTH SCOTTSDALE ROAD, SUITE 201 - SCOTTSDALE, AZ 85254	45-3910992	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
JEWISH FEDERATION OF GREATER LOS ANGELES - 6505 WILSHIRE BLVD - LOS ANGELES, CA 90048	95-1643388	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
JEWISH FEDERATION OF GREATER NAPLES - 4720 PINE RIDGE RD - NAPLES, FL 34119	59-2151725	501(C)(3)	9,360.	0.			GENERAL OPERATING SUPPORT

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JEWISH FEDERATION OF GREATER PORTLAND - 9900 SW GREENBURG RD, SUITE 220 - TIGARD, OR 97223	93-0386825	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
JEWISH FEDERATION OF SAN ANTONIO 12500 NW MILITARY HWY, SUITE 200 SAN ANTONIO, TX 78231	74-1109662	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
JEWISH FEDERATION OF SARASOTA-MANATEE - 580 S MCINTOSH RD - SARASOTA, FL 34232-1959	59-1227747	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
JEWISH HISTORICAL SOCIETY OF THE UPPER MIDWEST - 4330 SOUTH CEDAR LAKE RD - ST LOUIS PARK, MN 55416	36-3337514	501(C)(3)	42,504.	0.			GENERAL OPERATING SUPPORT
JEWISH HOUSING AND PROGRAMMING (J-HAP) - 9280 GOLDEN VALLEY RD, STE 140 - GOLDEN VALLEY, MN 55427	27-2033464	501(C)(3)	174,960.	0.			GENERAL OPERATING SUPPORT
JEWISH NATIONAL FUND NY - NATL 78 RANDALL AVENUE ROCKVILLE CENTRE, NY 11570	13-1659627	501(C)(3)	38,880.	0.			GENERAL OPERATING SUPPORT
KEHILLA KEDOSHA JANINA SYNAGOGUE AND MUSEUM - 280 BROOME STREET - NEW YORK, NY 10002-3702	13-3072153	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
KENESSETH ISRAEL SYNAGOGUE 4330 W 28TH STREET ST LOUIS PARK, MN 55416	41-0780896	501(C)(3)	48,594.	0.			GENERAL OPERATING SUPPORT
KIVA MICROFUNDS 875 HOWARD STREET, SUITE 340 SAN FRANCISCO, CA 94103	71-0992446	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)



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MAAYANOT COMMUNITY MIKVEH OF MN 1065 OVERLOOK RD MENDOTA HEIGHTS, MN 55118	88-3722040	501(C)(3)	45,000.	0.			GENERAL OPERATING SUPPORT
MASORTI FOUNDATION FOR CONSERVATIVE JUDAISM IN ISRAEL - 3080 BROADWAY - NEW YORK, NY 10027	13-3137586	501(C)(3)	28,000.	0.			GENERAL OPERATING SUPPORT
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	20,500.	0.			GENERAL OPERATING SUPPORT
MAZON, INC. A JEWISH RESPONSE TO HUNGER - PO BOX 96119 - WASHINGTON, DC 20090	22-2624532	501(C)(3)	27,000.	0.			GENERAL OPERATING SUPPORT
MILKWEED EDITIONS 1011 WASHINGTON AVENUE S MINNEAPOLIS, MN 55415-1246	41-1365177	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
MINNEAPOLIS CHABAD LUBAVITCH 11033 HILLSIDE LANE WEST MINNETONKA, MN 55305	41-1873584	501(C)(3)	27,680.	0.			GENERAL OPERATING SUPPORT
MINNEAPOLIS COMMUNITY KOLLEL 2930 INGLEWOOD AVE S ST LOUIS PARK, MN 55416	41-1903600	501(C)(3)	5,023.	0.			GENERAL OPERATING SUPPORT
MINNEAPOLIS FOUNDATION 80 S EIGHTH STREET MINNEAPOLIS, MN 55402	41-6029402	501(C)(3)	47,365.	0.			GENERAL OPERATING SUPPORT
MINNESOTA CENTER FOR ENVIRONMENTAL ADVOCACY - 1919 UNIVERSITY AVE W, SUITE 515 - ST PAUL, MN 55104	23-7412105	501(C)(3)	50,800.	0.			GENERAL OPERATING SUPPORT

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MINNESOTA HILLEL 1521 UNIVERSITY AVENUE SE MINNEAPOLIS, MN 55414	41-6038613	501(C)(3)	375,839.	0.			GENERAL OPERATING SUPPORT
MINNESOTA JCC 1375 SAINT PAUL AVE ST PAUL, MN 55116-2828	41-0833543	501(C)(3)	792,389.	0.			GENERAL OPERATING SUPPORT
MINNESOTA PUBLIC RADIO 480 CEDAR STREET ST. PAUL, MN 55101	41-0953924	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
MN MILK BANK FOR BABIES 2833 FAIRVIEW AVE N ROSEVILLE, MN 55113	46-0845657	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
MOISHE HOUSE 441 SAXONY ROAD ENCINITAS, CA 92024	26-2599786	501(C)(3)	50,533.	0.			GENERAL OPERATING SUPPORT
MOUNT ZION TEMPLE 1300 SUMMIT AVENUE ST. PAUL, MN 55105	41-0711505	501(C)(3)	5,300.	0.			GENERAL OPERATING SUPPORT
MY VERY OWN BED 34 13TH AVE NE, SUITE B002A MINNEAPOLIS, MN 55413	46-5071773	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
NAMI PO BOX 49104 BALTIMORE, MD 21297	43-1201653	501(C)(3)	25,250.	0.			GENERAL OPERATING SUPPORT
NATIONAL CONFERENCE OF SYNAGOGUE YOUTH - MPLS - 2607 RALEIGH AVE - MINNEAPOLIS, MN 55416	13-5623717	501(C)(3)	25,540.	0.			GENERAL OPERATING SUPPORT

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NATIONAL COUNCIL OF JEWISH WOMEN MN - 5905 GOLDEN VALLEY RD, STE 1 - GOLDEN VALLEY, MN 55422	41-0675915	501(C)(3)	28,166.	0.			GENERAL OPERATING SUPPORT
NATIONAL MEDICAL FELLOWSHIPS INC 1199 N FAIRFAX ST, SUITE 600 ALEXANDRIA, VA 22314	01-0963657	501(C)(3)	5,750.	0.			GENERAL OPERATING SUPPORT
NATURE CONSERVANCY MN 1101 W RIVER PKWY, SUITE 200 MINNEAPOLIS, MN 55415-1291	53-0242652	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
NETWORK FOR OREGON AFFORDABLE HOUSING - 1750 S HARBOR WAY, SUITE 245 - PORTLAND, OR 97201-5167	93-1037330	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
NEVE MICHAEL CHILDREN'S VILLAGE PO BOX 260067 PEMBROKE PINES, FL 33026	20-8499330	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
NEW IMPACT FUND 4816 NICOLLET AVE S MINNEAPOLIS, MN 55419	46-5187324	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
NEW ISRAEL FUND PO BOX 177 LEWISTON, ME 04243-0177	94-2607722	501(C)(3)	80,360.	0.			GENERAL OPERATING SUPPORT
NORTHSIDE ACHIEVEMENT ZONE 1964 N 2ND STREET MINNEAPOLIS, MN 55411	30-0238807	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
ONE LOVE YOGA PO BOX 103 CHANHASSEN, MN 55317	85-4367949	501(C)(3)	8,242.	0.			GENERAL OPERATING SUPPORT

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OREGON FOOD BANK, INC. 7900 NE 33RD DRIVE PORTLAND, OR 97211	93-0785786	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
OUR AMERICAN FUTURE FDN 275 SEVENTH AVE NEW YORK, NY 10003	88-4235954	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
PARTNERS IN HEALTH 800 BOYLSTON STREET, SUITE 300 BOSTON, MA 02199	04-3567502	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
PAUSE 4 PAWS PO BOX 41028 PLYMOUTH, MN 55441	45-2865854	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)	82,243.	0.			GENERAL OPERATING SUPPORT
PEOPLE FOR THE AMERICAN WAY FDN 1101 15TH STREET NW 6TH FL WASHINGTON, DC 20005	13-3065716	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
PEOPLE SERVING PEOPLE, INC. 614 3RD STREET SOUTH MINNEAPOLIS, MN 55415	41-1443148	501(C)(3)	25,500.	0.			GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD FEDERATION OF AMERICA - PO BOX 97166 - WASHINGTON, DC 20090-7166	13-1644147	501(C)(3)	7,300.	0.			GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD NORTH CENTRAL STATES - 1200 LAGOON AVE - MINNEAPOLIS, MN 55408	41-0948382	501(C)(3)	28,400.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLLINATOR FRIENDLY ALLIANCE PO BOX 934 STILLWATER, MN 55082	82-4815095	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
PRISM 1220 ZANE AVENUE N GOLDEN VALLEY, MN 55422	41-1442049	501(C)(3)	8,425.	0.			GENERAL OPERATING SUPPORT
PRO CHOICE MN FDN (NARAL) 2300 MYRTLE AVENUE, SUITE 120 ST PAUL, MN 55114	52-1100361	501(C)(3)	15,850.	0.			GENERAL OPERATING SUPPORT
PROJECT FOR PRIDE IN LIVING, INC 1035 E FRANKLIN AVENUE MINNEAPOLIS, MN 55404	23-7232208	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
PROPEL NONPROFITS 1 SE MAIN STREET, SUITE 600 MINNEAPOLIS, MN 55414	41-1916337	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
PUBLIC CITIZEN FOUNDATION 1600 20TH STREET NW WASHINGTON, DC 20009	52-1263996	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
RIVERDALE SENIOR SERVICES 2600 NETHERLAND AVE BRONX, NY 10463	23-7357997	501(C)(3)	5,075.	0.			GENERAL OPERATING SUPPORT
SANDY HOOK PROMISE FOUNDATION PO BOX 3489 NEWTOWN, CT 06470	46-1657101	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
SANNEH FOUNDATION 1276 UNIVERSITY AVE W ST PAUL, MN 55104	56-2332269	501(C)(3)	14,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCIENCE MUSEUM OF MINNESOTA 120 W KELLOGG BLVD ST PAUL, MN 55102-1208	41-0706172	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SECOND HARVEST HEARTLAND 7101 WINNETKA AVE N BROOKLYN PARK, MN 55428	23-7417654	501(C)(3)	111,820.	0.			GENERAL OPERATING SUPPORT
SECURE COMMUNITY NETWORK 350 W HUBBARD ST, STE 470 CHICAGO, IL 60654	20-1437733	501(C)(3)	121,040.	0.			GENERAL OPERATING SUPPORT
SEMPER FI & AMERICA'S FUND 825 COLLEGE BLVD, SUITE 102 OCEANSIDE, CA 92057	26-0086305	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
SHA'ARIM 8085 WAYZATA BLVD #106 GOLDEN VALLEY, MN 55426	41-1917521	501(C)(3)	245,392.	0.			GENERAL OPERATING SUPPORT
SHIR TIKVAH CONGREGATION 1360 W MINNEHAHA PKWY MINNEAPOLIS, MN 55419-1199	41-1632627	501(C)(3)	129,239.	0.			GENERAL OPERATING SUPPORT
SHOLOM COMMUNITY ALLIANCE 3620 PHILLIPS PARKWAY MINNEAPOLIS, MN 55426	41-1837022	501(C)(3)	118,288.	0.			GENERAL OPERATING SUPPORT
SHOLOM FOUNDATION 3610 PHILLIPS PKWY ST LOUIS PARK, MN 55426-3765	36-3411361	501(C)(3)	152,031.	0.			GENERAL OPERATING SUPPORT
SIMON WIESENTHAL CENTER 1399 SOUTH ROXBURY DRIVE LOS ANGELES, CA 90035	95-3964928	501(C)(3)	26,250.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIMPSON HOUSING SERVICES, INC. 2100 PILLSBURY AVENUE S MINNEAPOLIS, MN 55404	41-1759477	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SIX POINTS THEATER PO BOX 16155 ST. PAUL, MN 55116	41-1789509	501(C)(3)	13,800.	0.			GENERAL OPERATING SUPPORT
SMITH JEWISH ACADEMY - SJA 4330 S CEDAR LAKE RD ST LOUIS PARK, MN 55416	41-1522634	501(C)(3)	561,356.	0.			GENERAL OPERATING SUPPORT
STEP-ST LOUIS PARK EMERGENCY PROGRAM - 6812 W LAKE STREET - ST. LOUIS PARK, MN 55426	51-0188692	501(C)(3)	56,030.	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 SOUTH CEDAR LAKE RD ST LOUIS PARK, MN 55416	41-0714419	501(C)(3)	277,598.	0.			GENERAL OPERATING SUPPORT
TEMPLE ADATH OR INC 4581 WESTON ROAD, SUITE #160 WESTON, FL 33331	59-2740747	501(C)(3)	10,600.	0.			GENERAL OPERATING SUPPORT
TEMPLE ISRAEL 2323 FREMONT AVENUE S MINNEAPOLIS, MN 55405	41-1769841	501(C)(3)	389,889.	0.			GENERAL OPERATING SUPPORT
TEMPLE ISRAEL-RABBI ZIMMERMAN DISCRETIONARY FUND - 2323 FREMONT AVENUE S - MINNEAPOLIS, MN 55405	41-1769841	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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)	10,550.	0.			GENERAL OPERATING SUPPORT
THRESHOLD TO NEW LIFE 10031 SARATOGA WAY MAPLE GROVE, MN 55369	46-3883789	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
TORAH ACADEMY OF MINNEAPOLIS 2800 JOPPA AVE SOUTH ST LOUIS PARK, MN 55416	41-6007486	501(C)(3)	397,153.	0.			GENERAL OPERATING SUPPORT
TWIN CITIES PUBLIC TELEVISION INC 172 E 4TH STREET ST PAUL, MN 55101	41-0769851	501(C)(3)	9,380.	0.			GENERAL OPERATING SUPPORT
UNION OF CONCERNED SCIENTISTS INC TWO BRATTLE SQUARE, SUITE 6 CAMBRIDGE, MA 02138	04-2535767	501(C)(3)	35,180.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 MINNEAPOLIS, MN 55486-0266	41-6042488	501(C)(3)	44,850.	0.			GENERAL OPERATING SUPPORT
WIKIMEDIA FOUNDATION INC. PO BOX 98204 WASHINGTON, DC 20090	20-0049703	501(C)(3)	6,780.	0.			GENERAL OPERATING SUPPORT
WILSON'S IMAGE COLLEGE SCHOLARSHIP FUND - 3242 LYNDAL AVE N - MINNEAPOLIS, MN 55412	85-1376567	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
WORLD JEWISH CONGRESS - AMERICAN SECTION, INC. - 501 MADISON AVE - NEW YORK, NY 10022	13-1790756	501(C)(3)	35,250.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)





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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CAMP SCHOLARSHIPS	456	400,528.	0.	N/A	N/A
PROGRAM ASSISTANCE	11	29,679.	0.		

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

PART I, LINE 2:

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

SCHEDULE J  
(Form 990)

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

MINNEAPOLIS JEWISH FEDERATION

Employer identification number

41-0693866

Part I Questions Regarding Compensation

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

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

- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....
- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAMES A. COHEN CHIEF EXECUTIVE OFFICER	(i)	404,532.	46,971.	1,857.	4,343.	33,636.	491,339.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN BAKER CHIEF PHILANTHROPY OFFICER	(i)	174,752.	15,500.	1,591.	3,457.	8,877.	204,177.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARTIN K. LIPSHUTZ CHIEF FINANCIAL OFFICER	(i)	147,972.	30,000.	427.	3,117.	0.	181,516.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHAI AVNY CHIEF OPERATING OFFICER	(i)	130,025.	15,000.	1,339.	3,346.	28,382.	178,092.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ALENE SUSSMAN FOUNDATION DIRECTOR	(i)	164,640.	0.	1,514.	3,298.	0.	169,452.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

PART I, LINE 7:

THE CEO'S BONUS IS BASED ON THE DISCRETION OF THE COMPENSATION COMMITTEE

AND ALL OTHER STAFF'S BONUSES ARE BASED ON THE DISCRETION OF THE CEO.

SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

MINNEAPOLIS JEWISH FEDERATION

Employer identification number

41-0693866

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

Part II Loans to and/or From Interested Persons

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) JAMES COHEN	CEO	SEE STMT		X	122,825.	48,000.		X	X		X	
(2) JAMES COHEN	CEO	SEE STMT		X	3,000.	21,033.		X	X		X	
(3) JAMES COHEN	CEO	SEE STMT		X	135,000.	86,735.		X	X		X	
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$ 155,768.						

Part III Grants or Assistance Benefiting Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) (Rev. 12-2024)



SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

Name of the organization

MINNEAPOLIS JEWISH FEDERATION

Employer identification number

41-0693866

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 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 .....	X	90	7,383,614.	STOCK 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 during the tax year for contributions  
for which the organization completed Form 8283, Part V, Donee Acknowledgement .....

29

0

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it  
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

Yes No

30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2024



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

COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE O  
(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization	MINNEAPOLIS JEWISH FEDERATION	Employer identification number	41-0693866
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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:  
MATT HEILICHER AND ZEHORIT HEILICHER HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:  
THE FEDERATION'S MEMBERS CONSIST OF ANY INDIVIDUAL WHO IS AT LEAST 18 YEARS  
OLD AND WHO HAS PLEDGED OR CONTRIBUTED AT LEAST \$10 TO THE MOST RECENTLY  
COMPLETED ANNUAL GENERAL CAMPAIGN.

FORM 990, PART VI, SECTION A, LINE 7A:  
SELECTION OF THE FOLLOWING DIRECTORS REQUIRES THE APPROVAL OF THE MEMBERS:

- 1. ONE RABBINIC REPRESENTATIVE RECOMMENDED BY THE NOMINATING SUB-COMMITTEE  
AND APPROVED BY THE MEMBERS;
- 2. ONE REPRESENTATIVE OF THE BOARD CHAIRS OR PRESIDENTS OF THE PARTNER  
AGENCIES RECOMMENDED BY THE NOMINATING SUB-COMMITTEE AND APPROVED BY THE  
MEMBERS;
- 3. ONE REPRESENTATIVE OF THE CHIEF EXECUTIVE OFFICERS OF THE PARTNER  
AGENCIES RECOMMENDED BY THE NOMINATING SUB-COMMITTEE AND APPROVED BY THE  
MEMBERS;
- 4. FIVE DIRECTORS-AT-LARGE RECOMMENDED BY THE NOMINATING SUB-COMMITTEE AND  
APPROVED BY THE MEMBERS;
- 5. UP TO THREE CAMPAIGN REPRESENTATIVES RECOMMENDED BY THE NOMINATING  
SUB-COMMITTEE AND APPROVED BY THE MEMBERS;
- 6. UP TO FIVE PRESIDENTIAL APPOINTMENTS RECOMMENDED BY THE PRESIDENT AND  
APPROVED BY THE NOMINATING SUB-COMMITTEE AND MEMBERS;
- 7. ONE REPRESENTATIVE OF THE FEDERATION'S YOUNG ADULT PROGRAMMING RECOMMENDED  
BY THE NOMINATING SUB-COMMITTEE AND APPROVED BY THE MEMBERS; AND

Name of the organization MINNEAPOLIS JEWISH FEDERATION	Employer identification number 41-0693866
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8. ASSISTANT TREASURER RECOMMENDED BY THE NOMINATING COMMITTEE AND APPROVED BY THE MEMBERS.

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

THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S 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 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.

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.

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 -119,732.

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUSTS (6)									
4330 SOUTH CEDAR LAKE ROAD									
MINNEAPOLIS, MN 55416	INVESTMENT	MN	N/A	TRUST	N/A	N/A	N/A	X	

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

MINNEAPOLIS JEWISH FEDERATION

Employer identification number

41-0693866

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MJF FISCAL SPONSOR, LLC - 41-0693866 4330 SOUTH CEDAR LAKE ROAD MINNEAPOLIS, MN 55416	FISCAL SPONSOR FOR COMMUNITY PROJECTS AND INITIATIVES	MINNESOTA	973,388.	616,665.	MINNEAPOLIS JEWISH FEDERATION
AP DOWNTOWN LLC - 41-0693866 4330 SOUTH CEDAR LAKE ROAD MINNEAPOLIS, MN 55416	HOLDING AND SELLING REAL ESTATE DONATIONS	MINNESOTA	0.	0.	MINNEAPOLIS JEWISH FEDERATION
MINNESOTA JEWISH COMMUNITY FOUNDATION LLC - 41-0693866, 4330 SOUTH CEDAR LAKE ROAD, MINNEAPOLIS, MN 55416	FUNDRAISING AND INVESTING FOR THE BENEFIT OF MJF AND COMMUNITY FOUNDATION	MINNESOTA	35,520,323.	217,842,132.	MINNEAPOLIS JEWISH FEDERATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE JEWISH COMMUNITY BUILDING CORPORATION - 41-1933056, 4330 SOUTH CEDAR LAKE ROAD, MINNEAPOLIS, MN 55416	SUPPORT MINNEAPOLIS JEWISH FEDERATION	MINNESOTA	501(C)(25)		MINNEAPOLIS JEWISH FEDERATION	X	
KELEN FAMILY FOUNDATION - 41-1854293 4900 IDS TOWER, 80 S EIGHTH STREET MINNEAPOLIS, MN 55402	SUPPORT MINNEAPOLIS JEWISH FEDERATION	MINNESOTA	501(C)(3)	LINE 12A, I	MINNEAPOLIS JEWISH FEDERATION	X	
EFFRESS-MILLER FAMILY FOUNDATION - 41-1781993, 8545 AVENIDA DE LAS ONDAS, LA JOLLA, CA 92037	SUPPORT MINNEAPOLIS JEWISH FEDERATION	MINNESOTA	501(C)(3)	LINE 12A, I	MINNEAPOLIS JEWISH FEDERATION	X	
THE JUDITH AND MICHAEL BERMAN FOUNDATION - 26-0181739, 4330 SOUTH CEDAR LAKE ROAD, MINNEAPOLIS, MN 55416	SUPPORT MINNEAPOLIS JEWISH FEDERATION	MINNESOTA	501(C)(3)	LINE 12A, I	MINNEAPOLIS JEWISH FEDERATION	X	

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

Schedule R (Form 990) (Rev. 1-2025)

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) JEWISH COMMUNITY BUILDING CORP	L	60,000.	CASH
(2) JEWISH COMMUNITY BUILDING CORP	K	121,560.	CASH
(3) JEWISH COMMUNITY BUILDING CORP	C	342,327.	CASH
(4) JEWISH COMMUNITY BUILDING CORP	B	739,878.	CASH
(5)			
(6)			

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.

[illegible]

<b>Part VII</b>	<b>Supplemental Information</b>
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Provide additional information for responses to questions on Schedule R. See instructions.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

**File a separate application for each return.**  
**Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions.  MINNEAPOLIS JEWISH FEDERATION	Taxpayer identification number (TIN)  41-0693866
	Number, street, and room or suite no. If a P.O. box, see instructions. 4330 SOUTH CEDAR LAKE ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MINNEAPOLIS, MN 55416	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of RAFINA Y. LARSEN

4330 SOUTH CEDAR LAKE ROAD - MINNEAPOLIS, MN 55416

Telephone No. 952-593-2600

Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until NOVEMBER 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☒ calendar year 20 24 or  
☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2025)