|                  |                      |                            | ** PUBI  | LIC DISCLOSURE                              | COPY *         | *                            |                               |
|------------------|----------------------|----------------------------|--|---|----------------|------------------------------|-------------------------------|
|                  | 0                    |                            | Return of Orga   | nization Exemp                              | ot From        | n Income Tax                 | OMB No. 1545-0047             |
| Forr             | n YY                 | JU                         | Under section 501(c), 527, or 49   |   |                |                              |                               |
|                  |                      | ary 2020)                  |  | security numbers on this for                |                |                              | Open to Public                |
| Depa<br>Intern   | rtment of t          | the Treasury<br>ue Service |  | ov/Form990 for instructions                 |                |                              | Inspection                    |
|                  |                      |                            | ar year, or tax year beginning   |   |                | APR 30, 2020                 |                               |
|                  | heck if              |                            | organization   | •   | -              | D Employer identific         | <br>cation number             |
| a                | pplicable:           |                            | UNITED JEWISH FUNI   | AND COUNCIL                                 |                |                              |                               |
|                  | Address<br>change    |                            | SH FEDERATION OF (   |   | JL             |                              |                               |
|                  | Name<br>change       |                            |  | FEDERATION OF                               |                | ER 41-069388                 | 87                            |
|                  | Initial              | J                          | and street (or P.O. box if mail is not o                                     |   | Room/s         |                              | <br>r                         |
|                  | <br>Final<br>return/ |                            | SOUTH CLEVELAND AV   | ,   | 227            | 651-690-2                    |                               |
|                  | termin-<br>ated      | City or to                 | own, state or province, country, an  | d ZIP or foreign postal code                | •              | <b>G</b> Gross receipts \$   | 5,220,005.                    |
|                  | Amende<br>return     |                            | PAUL, MN 55116   |   |                | H(a) Is this a group re      | eturn                         |
|                  | Applica-             | F Name a                   | nd address of principal officer: ${f TE}$                                    | D FLAUM                                     |                | for subordinates             | ? Yes X No                    |
|                  | pending              | SAME .                     | AS C ABOVE   |   |                | H(b) Are all subordinates in | cluded? Yes No                |
| <u>I</u> T       | ax-exer              | mpt status:                | X 501(c)(3) 501(c) (   | ) 🗲 (insert no.) 🗌 4947(a                   | ı)(1) or 🗌     | 527 If "No," attach a        | list. (see instructions)      |
|                  |                      |                            | JEWISHSTPAUL.ORG   |   |                | H(c) Group exemption         |                               |
| <u>K</u> F       | orm of c             | organization:              | X Corporation Trust  | Association 🔄 Other 🕨                       | LY             | /ear of formation: 1935 N    | A State of legal domicile: MN |
| Pa               |                      | Summary                    |  |   |                |                              |                               |
| n                | 1 E                  | Briefly describ            | e the organization's mission or mo   | st significant activities: $\underline{TO}$ | UNITE          | , SUSTAIN AND                | ENHANCE                       |
| nce              | ב                    | THE ST.                    | PAUL JEWISH COMMU  | JNITY.                                      |                |                              |                               |
| rna              | 2 0                  | Check this bo              | x 🕨 📃 if the organization disc   | continued its operations or di              | sposed of m    | nore than 25% of its net ass | ets.                          |
| Governance       | 3 N                  | lumber of vot              | ing members of the governing bod   | y (Part VI, line 1a)                        |                | 3                            | 41                            |
|                  | <b>4</b> N           | lumber of ind              | ependent voting members of the g   |   | 41             |                              |                               |
| Activities &     | <b>5</b> T           | otal number                | 5  | 11  |                |                              |                               |
| vitie            | <b>6</b> T           | otal number                | of volunteers (estimate if necessary   | 0   |                |                              | 90                            |
| \cti             | 7a⊺                  | otal unrelated             | d business revenue from Part VIII, o   | column (C), line 12                         |                | 7a                           | 0.                            |
| -                | b١                   | let unrelated              | business taxable income from Forr  | n 990-T, line 39                            |                | 7b                           | 0.                            |
|                  |                      |                            |  |   |                | Prior Year                   | Current Year                  |
| e                | <b>8</b> C           | Contributions              | and grants (Part VIII, line 1h)  |   |                | 1,731,065.                   | 2,412,488.                    |
| Revenue          | <b>9</b> F           | Program servi              | ce revenue (Part VIII, line 2g)  |   |                | 65,000.                      | 96,746.                       |
| eve              | <b>10</b> Ir         | nvestment inc              | come (Part VIII, column (A), lines 3,  | 4, and 7d)                                  |                | 781,885.                     | 461,192.                      |
| щ                | <b>11</b> C          | Other revenue              | (Part VIII, column (A), lines 5, 6d, 8                                       | Bc, 9c, 10c, and 11e)                       |                | -10,884.                     | 0.                            |
|                  | <b>12</b> T          | otal revenue               | - add lines 8 through 11 (must equa  | al Part VIII, column (A), line 1            | 2)             | 2,567,066.                   | 2,970,426.                    |
|                  | <b>13</b> G          | Grants and sir             | nilar amounts paid (Part IX, column  | ı (A), lines 1-3)                           |                | 1,813,449.                   | 2,416,432.                    |
|                  | <b>1</b> 4 E         | Benefits paid t            | to or for members (Part IX, column   | (A), line 4)                                |                | 0.                           | 0.                            |
| Se               | <b>15</b> S          | Salaries, other            | compensation, employee benefits  | (Part IX, column (A), lines 5-              | 10)            | 759,085.                     | 583,921.                      |
| Expenses         | <b>16</b> a F        | Professional fu            | undraising fees (Part IX, column (A)<br>ng expenses (Part IX, column (D), li | , line 11e)                                 |                | 0.                           | 0.                            |
| ad x             | b⊺                   | otal fundraisi             | ng expenses (Part IX, column (D), li   | ine 25) 🕨 <u>218</u>                        | <u>,054.</u>   | (50.460                      |                               |
| ш                | <b>17</b> C          | Other expense              | es (Part IX, column (A), lines 11a-11  | d, 11f-24e)                                 |                | 653,462.                     | 599,860.                      |
|                  |                      |                            | s. Add lines 13-17 (must equal Part  |   |                | 3,225,996.                   | 3,600,213.                    |
|                  |                      | Revenue less               | expenses. Subtract line 18 from lin  | e 12  | <u></u>        | -658,930.                    | -629,787.                     |
| s or<br>nces     |                      |                            |  |   |                | Beginning of Current Year    | End of Year                   |
| Assets<br>Balanc | <b>20</b> T          |                            |  |   |                | 16,475,381.                  | 14,949,733.                   |
| Net A<br>und F   |                      |                            |  |   |                | 2,072,065.                   | 2,032,419.                    |
|                  |                      |                            | fund balances. Subtract line 21 from   | m line 20                                   |                | 14,403,316.                  | 12,917,314.                   |
|                  | rt II                | Signature                  |  | n including and and a line including        | العرفي والمرام | tomanta and to the base of   | unoulodge and hall of the     |
|                  |                      |                            | declare that I have examined this retur                                      |   |                |                              | knowledge and beller, it is   |
| true,            | correct,             | , anu complete.            | Declaration of preparer (other than offi                                     | cer) is based on all information            | or which prep  | arer nas any knowledge.      |                               |
| 0.               | _                    | Signature                  | e of officer   |   |                | Date                         |                               |
| Sigr             |                      | -                          | FLAUM, CEO   |   |                | Duit                         |                               |
| Her              | e                    |                            | rint name and title  |   |                |                              |                               |
|                  |                      | ,                          |  | Dreparer's signature                        |                | Date Check                   | PTIN                          |
| Paid             |                      | Print/Type prep<br>FARTE A | • PRIMUS, CPA  | Preparer's signature                        |                | A 11/05/20                   |                               |
| Prep             |                      |                            | ▶ BERGANKDV, LTD.  | A A A A A A A A A A A A A A A A A A A       |                |                              | <u>41–1431613</u>             |
| Fich             |                      | FILLES HALLE               |  |   |                |                              | <u> </u>                      |

|            | Thin o haino       | BERGANKDV, LTD.  | Firm's EIN ▶ 41-1431613    |
|------------|--------------------|--|----------------------------|
| Use Only   | Firm's address 🕨   | 220 PARK AVE S   |                            |
|            |                    | ST. CLOUD, MN 56301                                    | Phone no. 320 - 251 - 7010 |
| May the IF | RS discuss this re | turn with the preparer shown above? (see instructions) | X Yes No                   |
|            |                    |  |                            |

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

|        | THE UNITED JEWISH FUND AND COUNCIL  |
|--------|---|
|        | 990 (2019) JEWISH FEDERATION OF GREATER ST. PAUL 41-0693887 Page 2  |
| Pa     | t III Statement of Program Service Accomplishments  |
|        | Check if Schedule O contains a response or note to any line in this Part III  |
| 1      | Briefly describe the organization's mission:  |
|        | TO UNITE, SUSTAIN AND ENHANCE THE ST. PAUL JEWISH COMMUNITY AND<br>STRENGTHEN BONDS WITH JEWISH COMMUNITIES IN ISRAEL AND AROUND THE  |
|        | WORLD.  |
|        | WORLD:  |
| 2      | Did the organization undertake any significant program services during the year which were not listed on the  |
| 2      | prior Form 990 or 990-EZ?   |
|        | 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?  |
| U      | 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 \$ 2,773,748. including grants of \$ 2,375,682. ) (Revenue \$ 11,579. )   |
|        | ALLOCATIONS, SCHLIACH, IYL  |
|        | THE ST. PAUL JEWISH FEDERATION FORMS THE FOUNDATION OF THE  |
|        | APPROXIMATELY 22,000 MEMBERS OF THE GREATER ST. PAUL JEWISH COMMUNITY.  |
|        | WE SERVE AS THE CENTRAL COMMUNITY PLANNER, CONVENER, AND FUNDER FOR THE   |
|        | GREATER ST. PAUL JEWISH COMMUNITY. WE OFFER PROGRAMS AS WELL AS   |
|        | CRITICAL FUNDING TO MORE THAN A DOZEN LOCAL, NATIONAL AND OVERSEAS  |
|        | ORGANIZATIONS. THROUGH OUR PROGRAMS AND GRANTS WE SUPPORT THE MOST  |
|        | VULNERABLE MEMBERS OF OUR LOCAL JEWISH COMMUNITY AS WELL AS THOSE IN 70   |
|        | OTHER COUNTRIES. WE STRENGTHEN JEWISH LIFE AND IDENTITY THROUGH   |
|        | EDUCATIONAL, CULTURAL AND SOCIAL PROGRAMMING, AND BUILD STRONG BONDS  |
|        | BETWEEN THE ST. PAUL JEWISH COMMUNITY AND WORLD JEWRY, INCLUDING  |
|        | ISRAEL. WE SAFEGUARD JEWISH INSTITUTIONS AND PROTECT JEWS AGAINST   |
| 4b     | (Code:) (Expenses \$151,845. including grants of \$) (Revenue \$_ |
|        | HK, YALA, RUSSIAN EVENTS (RAJMN)  |
|        | THE FEDERATION PARTNERS WITH JEWISH AND NON-JEWISH AGENCIES TO ENSURE A   |
|        | VIBRANT, COHESIVE AND INCLUSIVE JEWISH COMMUNITY IN ST. PAUL BY   |
|        | BRINGING IN LOCAL, NATIONAL AND INTERNATIONAL SPEAKERS, CONVENING   |
|        | PROGRAMS, COLLABORATING WITH AGENCIES TO ADDRESS ISSUES OF  |
|        | ANTI-SEMITISM, AND CREATING EVENTS AND SERVICES TO GROW AND ENGAGE  |
|        | TOMORROW'S LEADERS. IT STRENGTHENS THE RELATIONSHIP BETWEEN THE LOCAL   |
|        | JEWISH COMMUNITY AND WORLD JEWRY BY BRINGING ISRAELIS TO THE COMMUNITY<br>TO BUILD PERSONAL RELATIONSHIPS, PROVIDING ISRAELI FOCUSED PROGRAMMING,   |
|        | OFFERING SCHOLARSHIPS TO ISRAELIS TO ATTEND AMERICAN UNIVERSITIES AND   |
|        | SUPPORTING EXPERIENCES IN ISRAEL AND OTHER COUNTRIES.   |
|        | DOTTORTING EXTERTENCED IN IDRAED AND OTHER COONTRIED.   |
| 40     | (Code:) (Expenses \$ 101,469. including grants of \$ 40,750. ) (Revenue \$)   |
| 40     | PJ LIBRARY, PASSPORT TO ISRAEL, BIRTHRIGHT ISRAEL, MASA ISRAEL, CAMP  |
|        | SCHOLARSHIPS  |
|        | THE FEDERATION HELPS YOUTH TO BUILD STRONG JEWISH IDENTITIES THROUGH  |
|        | TIME-TESTED PROGRAMS. WE INTRODUCE CHILDREN TO THE CONCEPT OF TZEDAKAH,   |
|        | BY ALLOWING THEM TO ESTABLISH THEIR OWN PHILANTHROPIC FUND WHICH THEY   |
|        | THEN CAN MAKE DONATIONS TO ANY NON-PROFIT ORGANIZATION OF THEIR CHOICE.   |
|        | WE PROVIDE DOZENS OF SCHOLARSHIPS FOR JEWISH YOUTH TO ATTEND SUMMER   |
|        | CAMP AND ISRAEL EXPERIENCES. EVERY MONTH, WE PROVIDE MORE THAN 400  |
|        | CHILDREN AGES SIX MONTHS TO EIGHT YEARS WITH FREE JEWISH-CONTENT BOOKS  |
|        | AND MUSIC THROUGH THE PJ LIBRARY PROGRAM. WE HELP YOUNG PEOPLE GO TO  |
|        | ISRAEL THROUGH OUR PASSPORT TO ISRAEL PROGRAM AND OTHER ISRAEL  |
|        | EXPERIENCE PROGRAMS.  |
| 4d     | Other program services (Describe on Schedule O.)  |
|        | (Expenses \$ including grants of \$ ) (Revenue \$ )   |
| 4e     | Total program service expenses ► 3,027,062.   |
|        | Form <b>990</b> (2019)  |
| 932002 | 2 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S)   |

# Form 990 (2019) JEWISH FEDERATION OF GREATER ST. PAUL Part IV Checklist of Required Schedules

|     |   |     | Yes      | No       |
|-----|---|-----|----------|----------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                                     |     |          |          |
|     | If "Yes," complete Schedule A   | 1   | X        |          |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2   | Х        |          |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for         |     |          |          |
|     | public office? If "Yes," complete Schedule C, Part I  | 3   |          | X        |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect        |     |          |          |
|     | during the tax year? If "Yes," complete Schedule C, Part II   | 4   |          | <u> </u> |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or            |     |          |          |
| _   | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5   |          | <u> </u> |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to               |     | v        |          |
| _   | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I            | 6   | X        |          |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,                               | _   |          |          |
| _   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                    | 7   |          | X        |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete            |     |          | v        |
| _   | Schedule D, Part III  | 8   |          | X        |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for           |     |          |          |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?               |     |          | v        |
|     | If "Yes," complete Schedule D, Part IV  | 9   |          | X        |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                            | 10  | х        |          |
|     | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10  | <u> </u> |          |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X         |     |          |          |
| _   | as applicable.  |     |          |          |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,             | 11a | х        |          |
| h   | Part VI<br>Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 11a | - 23     |          |
| b   | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b | х        |          |
| с   | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total             |     |          |          |
| C   | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c |          | x        |
| Ь   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in           |     |          |          |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d |          | x        |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                   | 11e | Х        |          |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                 |     |          |          |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                  | 11f | х        |          |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                     |     |          |          |
|     | Schedule D, Parts XI and XII  | 12a | Х        |          |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?                               |     |          |          |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                   | 12b |          | X        |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                       | 13  |          | X        |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |          | X        |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,                 |     |          |          |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000              |     |          |          |
|     | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b |          | X        |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any               |     |          |          |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |          | X        |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to                |     |          |          |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16  |          | X        |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,                 |     |          | _        |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  | 17  |          | X        |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines            |     |          |          |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  |          | X        |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"                  |     |          |          |
|     | complete Schedule G, Part III   | 19  |          | X        |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |          | X        |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                            | 20b |          | <u> </u> |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                             |     |          |          |
|     | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II                                       | 21  | Х        |          |

# Form 990 (2019) JEWISH FEDERATION OF GREATER ST. PAUL Part IV Checklist of Required Schedules (continued)

|     |   |           | Yes | No |
|-----|---|-----------|-----|----|
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on               |           |     |    |
|     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22        | Х   |    |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current  |           |     |    |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete              |           |     |    |
|     | Schedule J  | 23        |     | X  |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the     |           |     |    |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete          |           |     |    |
|     | Schedule K. If "No," go to line 25a   | 24a       |     | X  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                           | 24b       |     |    |
| с   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease        |           |     |    |
|     | any tax-exempt bonds?   | 24c       |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                     | 24d       |     |    |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                |           |     |    |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                               | 25a       |     | X  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  |           |     |    |
|     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete       |           |     |    |
|     | Schedule L, Part I  | 25b       |     | X  |
| 26  | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current             |           |     |    |
|     | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                     |           |     |    |
|     | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                          | 26        |     | X  |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, |           |     |    |
|     | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled |           |     |    |
|     | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III    | 27        |     | Х  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV           |           |     |    |
|     | instructions, for applicable filing thresholds, conditions, and exceptions):  |           |     |    |
| а   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If            |           |     |    |
|     | "Yes," complete Schedule L, Part IV   | 28a       |     | Х  |
| b   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                             | 28b       |     | Х  |
|     | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If                   |           |     |    |
|     | "Yes," complete Schedule L, Part IV   | 28c       |     | Х  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                    | 29        | Х   |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation |           |     |    |
|     | contributions? If "Yes," complete Schedule M  | 30        |     | х  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I          | 31        |     | Х  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete            |           |     |    |
|     | Schedule N, Part II   | 32        |     | х  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                  |           |     |    |
|     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33        |     | х  |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   |           |     |    |
|     | Part V, line 1  | 34        | Х   |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                     | 35a       | Х   |    |
|     | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   |           |     |    |
|     | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                                     | 35b       |     | Х  |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  |           |     |    |
|     | If "Yes," complete Schedule R, Part V, line 2   | 36        |     | Х  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization            |           |     |    |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                | 37        |     | Х  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?              |           |     |    |
|     | Note: All Form 990 filers are required to complete Schedule O   | 38        | Х   |    |
| Pa  |   |           |     |    |
|     | Check if Schedule O contains a response or note to any line in this Part V  | <u></u> . |     |    |
|     |   |           | Yes | No |
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 12  |           |     |    |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0  |           |     |    |
| с   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming          |           |     |    |
| _   | (gambling) winnings to prize winners?   | 1c        | Х   |    |

| THE | UNITED | JEWISH | FUND | AND | COUNCIL |  |
|-----|--------|--------|------|-----|---------|--|
|     |        |        |      |     |         |  |

| 41-0693887 Page 5 |
|-------------------|
|-------------------|

| Form    | 990 (2019) JEWISH FEDERATION OF GREATER ST. PAUL 41-0693   | 887      | Р   | age <b>5</b> |  |  |  |  |
|---------|--|----------|-----|--------------|--|--|--|--|
| Par     | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)  |          |     |              |  |  |  |  |
|         |  |          | Yes | No           |  |  |  |  |
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |          |     |              |  |  |  |  |
|         | filed for the calendar year ending with or within the year covered by this return 2a 11  |          |     |              |  |  |  |  |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b       | Х   |              |  |  |  |  |
|         | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)   |          |     |              |  |  |  |  |
| 3a      | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a       |     | X            |  |  |  |  |
| b       | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | 3b       |     |              |  |  |  |  |
|         | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                                    |          |     |              |  |  |  |  |
|         | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a       |     | X            |  |  |  |  |
| b       | If "Yes," enter the name of the foreign country 🕨  |          |     |              |  |  |  |  |
|         | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |          |     |              |  |  |  |  |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a       |     | X            |  |  |  |  |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b       |     | X            |  |  |  |  |
|         | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c       |     |              |  |  |  |  |
| 6a      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit                                  |          |     |              |  |  |  |  |
|         | any contributions that were not tax deductible as charitable contributions?  | 6a       |     | X            |  |  |  |  |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   |          |     |              |  |  |  |  |
|         | were not tax deductible?   | 6b       |     |              |  |  |  |  |
| 7       | Organizations that may receive deductible contributions under section 170(c).  |          |     |              |  |  |  |  |
| а       | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?              | 7a       |     | X            |  |  |  |  |
|         | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b       |     |              |  |  |  |  |
| С       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  |          |     |              |  |  |  |  |
|         | to file Form 8282?   | 7c       |     | X            |  |  |  |  |
|         | If "Yes," indicate the number of Forms 8282 filed during the year 7d   |          |     |              |  |  |  |  |
| е       | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e<br>7f |     | X<br>X       |  |  |  |  |
| f       |  |          |     |              |  |  |  |  |
| g       |  |          |     |              |  |  |  |  |
| -       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                           | 7h       |     |              |  |  |  |  |
| 8       | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   |          |     |              |  |  |  |  |
| -       | sponsoring organization have excess business holdings at any time during the year?   | 8        |     |              |  |  |  |  |
| 9       | Sponsoring organizations maintaining donor advised funds.  | -        |     |              |  |  |  |  |
| a       | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a       |     | <u> </u>     |  |  |  |  |
|         | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b       |     |              |  |  |  |  |
| 10      | Section 501(c)(7) organizations. Enter:  |          |     |              |  |  |  |  |
|         | Initiation fees and capital contributions included on Part VIII, line 12 10a   |          |     |              |  |  |  |  |
| b       | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  |          |     |              |  |  |  |  |
| 11      | Section 501(c)(12) organizations. Enter:   |          |     |              |  |  |  |  |
|         | Gross income from members or shareholders       11a         Gross income from other sources (Do not net amounts due or paid to other sources against       1 |          |     |              |  |  |  |  |
| b       |  |          |     |              |  |  |  |  |
| 100     | amounts due or received from them.) [11b]<br>Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?      | 100      |     |              |  |  |  |  |
|         | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12a      |     |              |  |  |  |  |
| ь<br>13 | Section 501(c)(29) qualified nonprofit health insurance issuers.   |          |     |              |  |  |  |  |
|         | Is the organization licensed to issue qualified health plans in more than one state?   | 13a      |     |              |  |  |  |  |
| a       | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | 154      |     |              |  |  |  |  |
| h       | Enter the amount of reserves the organization is required to maintain by the states in which the   |          |     |              |  |  |  |  |
| b       | organization is licensed to issue qualified health plans   |          |     |              |  |  |  |  |
| с       | Enter the amount of reserves on hand   |          |     |              |  |  |  |  |
| 14a     |  | 14a      |     | x            |  |  |  |  |
|         | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>   | 14b      |     | _ <u></u>    |  |  |  |  |
| 15      | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  |          |     |              |  |  |  |  |
|         | excess parachute payment(s) during the year?   | 15       |     | x            |  |  |  |  |
|         | If "Yes," see instructions and file Form 4720, Schedule N.   |          |     |              |  |  |  |  |
| 16      | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 16       |     | х            |  |  |  |  |
|         | If "Yes," complete Form 4720, Schedule O.  |          |     |              |  |  |  |  |
| -       |  |          |     |              |  |  |  |  |

Form **990** (2019)

JEWISH FEDERATION OF GREATER ST. PAUL 41-0693887

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   |          |         | X   |
|-----|---|----------|---------|-----|
| Sec | tion A. Governing Body and Management   |          |         |     |
|     |   |          | Yes     | No  |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year 1a 41   |          |         |     |
|     | If there are material differences in voting rights among members of the governing body, or if the governing                         |          |         |     |
|     | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.                               |          |         |     |
| b   | Enter the number of voting members included on line 1a, above, who are independent 1b 41  |          |         |     |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other            |          |         |     |
|     | officer, director, trustee, or key employee?  | 2        | Х       |     |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision               |          |         |     |
|     | of officers, directors, trustees, or key employees to a management company or other person?   | 3        |         | Х   |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4        |         | Х   |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5        |         | Х   |
| 6   | Did the organization have members or stockholders?  | 6        | Х       |     |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or                      |          |         |     |
|     | more members of the governing body?   | 7a       | x       |     |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                  |          |         |     |
|     | persons other than the governing body?  | 7b       | x       |     |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |          |         |     |
| а   | The governing body?   | 8a       | Х       |     |
| b   | Each committee with authority to act on behalf of the governing body?   | 8b       | Х       |     |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                |          |         |     |
|     | organization's mailing address? If "Yes." provide the names and addresses on Schedule O   | 9        |         | Х   |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                    |          |         |     |
|     |   |          | Yes     | No  |
| 10a | Did the organization have local chapters, branches, or affiliates?  | 10a      |         | Х   |
|     | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,          |          |         |     |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?                                     | 10b      |         |     |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         | 11a      | Х       |     |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                       |          |         |     |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a      | Х       |     |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b      | Х       |     |
| с   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                  |          |         |     |
|     | in Schedule O how this was done   | 12c      | Х       |     |
| 13  | Did the organization have a written whistleblower policy?   | 13       | Х       |     |
| 14  | Did the organization have a written document retention and destruction policy?  | 14       | Х       |     |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent                  |          |         |     |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                   |          |         |     |
| а   | The organization's CEO, Executive Director, or top management official  | 15a      | Х       |     |
| b   | Other officers or key employees of the organization   | 15b      | Х       |     |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |          |         |     |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a               |          |         |     |
|     | taxable entity during the year?   | 16a      |         | Х   |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation        |          |         |     |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                      |          |         |     |
|     | exempt status with respect to such arrangements?  | 16b      |         |     |
| Sec | tion C. Disclosure  |          |         |     |
| 17  | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright MN$                                 |          |         |     |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)-    | s only)  | availal | ble |
|     | for public inspection. Indicate how you made these available. Check all that apply.   |          |         |     |
|     | Own website X Another's website X Upon request Other (explain on Schedule O)  |          |         |     |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and     | l financ | cial    |     |
|     | statements available to the public during the tax year.   |          |         |     |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records                      |          |         |     |
|     | THE ORGANIZATION - 651-690-1707   |          |         |     |
|     | 790 SOUTH CLEVELAND AVENUE, NO. 227, ST PAUL, MN 55116  |          |         |     |

Form 990 (2019)

Page 6

| THE UNITED JEWISH FUND AND COUNCIL   |                              |             |  |  |  |  |  |  |
|--|------------------------------|-------------|--|--|--|--|--|--|
| Form 990 (2019) JEWISH FEDERATION OF GREATER ST. PAUL  | 41-0693887                   | Page 7      |  |  |  |  |  |  |
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp  | ensated                      |             |  |  |  |  |  |  |
| 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 | s tax year. |  |  |  |  |  |  |
| • List all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.<br>Enter -0- in columns (D), (E), and (F) if no compensation was paid. |                              |             |  |  |  |  |  |  |
| • List all of the organization's current key employees, if any. See instructions for definition of "key employee."   |                              |             |  |  |  |  |  |  |
| • List the organization's five current highest compensated employees (other than an officer, director, trustee, or   | key employee) who receive    | ed report-  |  |  |  |  |  |  |

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of

reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and title                           | (B)<br>Average<br>hours per  | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |           |  | than o<br>s both      | n an | <b>(D)</b><br>Reportable<br>compensation       | <b>(E)</b><br>Reportable<br>compensation         | <b>(F)</b><br>Estimated<br>amount of  |
|---|--|--|-----------------------|-----------|--|-----------------------|------|--|--|---|
|   | week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | stee or director   | Institutional trustee | Officer D |  | Highest compensated A | ,    | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) ROB JACOBS                                  | 40.00  |  |                       | x         |  |                       |      | 90,865.  | 0.   | 0.  |
| EXECUTIVE DIRECTOR (PARTIAL YEAR) (2) TED FLAUM | 45.00  |  |                       | Δ         |  |                       |      | 90,005.  | 0.   | 0.  |
| CEO   | 45.00  |  |                       | х         |  |                       |      | 83,364.  | 0.   | 5,510.  |
| (3) MARK ADELMAN                                | 5.00   |  |                       | Δ         |  |                       |      | 05,504.  | 0.   | J, JIU.   |
| PRESIDENT                                       | 5.00   | x  |                       | х         |  |                       |      | 0.   | 0.   | 0.  |
| (4) SHARON BENMAMAN                             | 5.00   |  |                       |           |  |                       |      |  |  |   |
| VICE PRESIDENT                                  |  | х  |                       | х         |  |                       |      | 0.   | 0.   | 0.  |
| (5) ALAN BERNICK                                | 5.00   |  |                       |           |  |                       |      |  |  |   |
| VICE PRESIDENT                                  |  | х  |                       | х         |  |                       |      | 0.   | Ο.   | 0.  |
| (6) RON MATZ                                    | 5.00   |  |                       |           |  |                       |      |  |  |   |
| SECRETARY                                       |  | Х  |                       | Х         |  |                       |      | 0.   | 0.   | 0.  |
| (7) DEB WEISS                                   | 5.00   |  |                       |           |  |                       |      |  |  |   |
| TREASURER                                       |  | Х  |                       | Х         |  |                       |      | 0.   | 0.   | 0.  |
| (8) RICK LINSK                                  | 5.00   |  |                       |           |  |                       |      |  |  |   |
| PRESIDENT ELECT                                 |  | Х  |                       | Х         |  |                       |      | 0.   | 0.   | 0.  |
| (9) STEVE BRAND                                 | 2.00   |  |                       |           |  |                       |      |  |  |   |
| IMMEDIATE PAST PRESIDENT                        |  | Х  |                       |           |  |                       |      | 0.   | 0.   | 0.  |
| (10) SUSAN MINSBERG                             | 2.00   |  |                       |           |  |                       |      |  |  |   |
| PAST PRESIDENT                                  |  | Х  |                       |           |  |                       |      | 0.   | 0.   | 0.  |
| (11) JAY BALDINGER                              | 2.00   |  |                       |           |  |                       |      |  |  |   |
| DIRECTOR  |  | х  |                       |           |  |                       |      | 0.   | 0.   | 0.  |
| (12) ERIN BALDINGER                             | 2.00   |  |                       |           |  |                       |      |  | 0  | 0   |
| DIRECTOR  | 0.00   | X  |                       |           |  |                       |      | 0.   | 0.   | 0.  |
| (13) RABBI ZALMAN BENDET                        | 2.00   | 77   |                       |           |  |                       |      |  | 0  | 0   |
| DIRECTOR  | 2 00   | Х  |                       |           |  |                       |      | 0.   | 0.   | 0.  |
| (14) LISA BERNICK<br>DIRECTOR                   | 2.00   | x  |                       |           |  |                       |      | 0.   | 0.   | 0.  |
|   | 2 00   | Δ  |                       |           |  |                       |      | 0.   | 0.   | <u>U.</u>   |
| (15) AARON BIEL<br>DIRECTOR                     | 2.00   | x  |                       |           |  |                       |      | 0.   | 0.   | 0.  |
| (16) JON BROD FARBER                            | 2.00   | ^  |                       |           |  |                       |      | 0.   | 0.   | 0.  |
| DIRECTOR  | 2.00   | x  |                       |           |  |                       |      | 0.   | 0.   | 0.  |
| (17) DEB FRISHBERG                              | 2.00   |  |                       |           |  |                       |      | 0.   | 0.   | <u>v</u> .  |
| DIRECTOR  |  | х  |                       |           |  |                       |      | 0.   | 0.   | 0.  |
|   | 1  |  |                       |           |  | I                     |      | Ŭ.   | ••   | <b>990</b> (0010)   |

#### THE UNITED JEWISH FUND AND COUNCIL TEWISH FEDERATION OF GREATER ST. PAUL

41-0693887 Page 8

|  | EDERATIC               | )N                              | OF                     | ' G     | RE           | :AT                             | ER     | R ST. PAUL                | 41-069            | 388    | <u>7 ғ</u>           | Page <b>8</b> |
|--|------------------------|---------------------------------|------------------------|---------|--------------|---------------------------------|--------|---------------------------|-------------------|--------|----------------------|---------------|
| Part VII Section A. Officers, Directors, Tru   | stees, Key Em          | oloy                            | ees,                   | and     | d Hig        | ghes                            | st C   | ompensated Employee       | s (continued)     |        |                      |               |
| (A)  | (B)                    |                                 |                        |         | C)           |                                 |        | (D)                       | (E)               |        | (F)                  |               |
| Name and title   | Average                | (do                             |                        |         | ition        | ו<br>than d                     | ne     | Reportable                | Reportable        |        | Estimat              | ted           |
|  | hours per              | box                             | , unles                | ss pe   | rson i       | is botł                         | n an   | compensation              | compensation      |        | amount               | t of          |
|  | week                   |                                 | cer an                 | dad     | Irecto       | or/trus                         | tee)   | from                      | from related      |        | othe                 |               |
|  | (list any<br>hours for | recto                           |                        |         |              |                                 |        | the                       | organizations     |        | ompens               |               |
|  | related                | or di                           | ee                     |         |              | ated                            |        | organization              | (W-2/1099-MISC)   |        | from t               |               |
|  | organizations          | rustee                          | l trust                |         | 66           | npens                           |        | (W-2/1099-MISC)           |                   |        | organiza<br>and rela |               |
|  | below                  | dual ti                         | ıtiona                 | _       | nploy        | st cor                          | -      |                           |                   |        | rganizat             |               |
|  | line)                  | In dividual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                           |                   |        | J                    |               |
| (18) MITZI GRAMLING  | 2.00                   |                                 |                        |         |              |                                 |        |                           |                   |        |                      |               |
| DIRECTOR   |                        | Х                               |                        |         |              |                                 |        | 0.                        | 0                 | •      |                      | 0.            |
| (19) JERRY HELFAND   | 2.00                   |                                 |                        |         |              |                                 |        |                           |                   |        |                      |               |
| DIRECTOR   |                        | Х                               |                        |         |              |                                 |        | 0.                        | 0                 | •      |                      | 0.            |
| (20) BRIAN KAMIN   | 2.00                   |                                 |                        |         |              |                                 |        |                           |                   |        |                      |               |
| DIRECTOR   |                        | Х                               |                        |         |              |                                 |        | 0.                        | 0                 | •      |                      | 0.            |
| (21) JENNIFER KAPLAN   | 2.00                   |                                 |                        |         |              |                                 |        |                           |                   |        |                      |               |
| DIRECTOR   |                        | Х                               |                        |         |              |                                 |        | 0.                        | 0                 | •      |                      | 0.            |
| (22) DAVID KRCO  | 2.00                   |                                 |                        |         |              |                                 |        |                           |                   |        |                      |               |
| DIRECTOR   |                        | Х                               |                        |         |              |                                 |        | 0.                        | 0                 | · —    |                      | 0.            |
| (23) NANCY LANE  | 2.00                   |                                 |                        |         |              |                                 |        |                           |                   |        |                      |               |
| DIRECTOR   |                        | Х                               |                        |         |              |                                 |        | 0.                        | 0                 | •      |                      | 0.            |
| (24) ADI LEVIATAN  | 2.00                   |                                 |                        |         |              |                                 |        |                           |                   |        |                      | •             |
| DIRECTOR   |                        | Х                               |                        |         |              |                                 |        | 0.                        | 0                 | •      |                      | 0.            |
| (25) MICHAEL LEVITT  | 2.00                   |                                 |                        |         |              |                                 |        |                           |                   |        |                      | •             |
| DIRECTOR   |                        | Х                               |                        |         |              | -                               |        | 0.                        | 0                 | •      |                      | 0.            |
| (26) SCOTT MARVY   | 2.00                   |                                 |                        |         |              |                                 |        | 0                         | 0                 |        |                      | 0             |
| DIRECTOR   |                        | Х                               |                        |         |              |                                 |        | 0.                        | 0                 |        |                      | 0.            |
| 1b Subtotal  |                        |                                 |                        |         |              |                                 |        | 174,229.                  | 0                 |        | 5,5                  | 510.          |
| c Total from continuation sheets to Part V   |                        |                                 |                        |         |              |                                 |        | 0.                        | 0                 |        |                      | 0.            |
| d Total (add lines 1b and 1c)  |                        |                                 |                        |         |              |                                 |        | ,                         |                   | •      | 5,3                  | 510.          |
| 2 Total number of individuals (including but   | not limited to th      | ose                             | liste                  | d at    | ove          | e) wh                           | o re   | eceived more than \$100,  | 000 of reportable |        |                      | 0             |
| compensation from the organization   |                        |                                 |                        |         |              |                                 |        |                           |                   |        | Yes                  |               |
| <b>3</b> Did the organization list any <b>former</b> office  | divector truct         |                                 |                        |         |              | ~ ~ ~                           | hia    | best componented amp      |                   |        | 103                  |               |
| 5  |                        |                                 |                        |         |              | '                               | 0      |                           | ,                 | 3      |                      | x             |
| line 1a? <i>If "Yes," complete Schedule J for</i><br><b>4</b> For any individual listed on line 1a, is the s |                        |                                 |                        |         |              |                                 |        |                           |                   | 3      | ,                    |               |
| and related organizations greater than \$15  |                        |                                 |                        |         |              |                                 |        |                           |                   | 4      |                      | x             |
| 5 Did any person listed on line 1a receive or  |                        |                                 |                        |         |              |                                 |        |                           |                   | · – –  |                      |               |
| rendered to the organization? If "Yes." col  |                        |                                 |                        |         |              |                                 |        |                           |                   | . 5    | :                    | x             |
| Section B. Independent Contractors   |                        | - 0 10                          | <u>JI 50</u>           |         | 0015         | 011 .                           |        |                           |                   |        |                      |               |
| 1 Complete this table for your five highest c  | ompensated inc         | lepe                            | nder                   | nt co   | ontra        | acto                            | rs th  | nat received more than \$ | 100.000 of compen | sation | from                 |               |
| the organization. Report compensation for  | •                      | •                               |                        |         |              |                                 |        |                           | •                 |        |                      |               |
| (A)  |                        |                                 |                        | U       |              |                                 |        | (B)                       |                   |        | (C)                  |               |
| Name and busines   | s address              | NC                              | ONE                    | 2       |              |                                 |        | Description of s          | ervices           |        | pensatio             | on            |
|  |                        |                                 |                        |         |              |                                 |        |                           |                   |        |                      |               |
|  |                        |                                 |                        |         |              |                                 |        |                           |                   |        |                      |               |
|  |                        |                                 |                        |         |              |                                 |        |                           |                   |        |                      |               |
|  |                        |                                 |                        |         |              |                                 |        |                           |                   |        |                      |               |
|  |                        |                                 |                        |         |              |                                 |        |                           |                   |        |                      |               |
|  |                        |                                 |                        |         |              |                                 |        |                           |                   |        |                      |               |
|  |                        |                                 |                        |         |              |                                 |        |                           |                   |        |                      |               |
|  |                        |                                 |                        |         |              |                                 |        |                           |                   |        |                      |               |
|  |                        |                                 |                        |         |              |                                 |        |                           |                   |        |                      |               |
|  |                        |                                 |                        |         |              |                                 |        |                           |                   |        |                      |               |
| 2 Total number of independent contractors  | including but n        | ot lin                          | nitec                  | to to   | thos         | se lis                          | ted    | above) who received mo    | ore than          |        |                      |               |

Form 990

# JEWISH FEDERATION OF GREATER ST. PAUL

| Part VII Section A. Officers, Directors, | Trustees, Key Er  | nplo                               | yee                   | s, ar   | nd H         | lighe                        | est (  | Compensated Employe | es (continued)                   |                          |
|--|-------------------|------------------------------------|-----------------------|---------|--------------|------------------------------|--------|---------------------|----------------------------------|--------------------------|
| (A) (B) (C)                              |                   |                                    |                       |         |              |                              |        | (D)                 | (E)                              | (F)                      |
| Name and title                           | Average           | Position<br>(check all that apply) |                       |         |              |                              |        | Reportable          | Reportable                       | Estimated                |
|  | hours             | (C                                 | heck                  | all t   | that         | app                          | ly)    | compensation        | compensation                     | amount of                |
|  | per               |                                    |                       |         |              | n                            |        | from                | from related                     | other                    |
|  | week<br>(list any | or                                 |                       |         |              | oloyee                       |        | the<br>organization | organizations<br>(W-2/1099-MISC) | compensation<br>from the |
|  | hours for         | direct                             |                       |         |              | d em l                       |        | (W-2/1099-MISC)     | (00-2/1099-00130)                | organization             |
|  | related           | ee or                              | stee                  |         |              | nsate                        |        |                     |                                  | and related              |
|  | organizations     | trust                              | al tru                |         | oyee         | om pe                        |        |                     |                                  | organizations            |
|  | below             | Individual trustee or director     | Institutional trustee | er      | Key employee | Highest compensated employee | ıer    |                     |                                  |                          |
|  | line)             | Indiv                              | Insti                 | Officer | Key          | High                         | Former |                     |                                  |                          |
| (27) CHARLIE NAUEN                       | 2.00              |                                    |                       |         |              |                              |        |                     |                                  |                          |
| DIRECTOR                                 |                   | х                                  |                       |         |              |                              |        | 0.                  | 0.                               | 0.                       |
| (28) LINDA NIDES                         | 2.00              |                                    |                       |         |              |                              |        |                     |                                  |                          |
| DIRECTOR                                 |                   | х                                  |                       |         |              |                              |        | 0.                  | 0.                               | 0.                       |
| (29) POLLY SAXON                         | 2.00              |                                    |                       |         |              |                              |        |                     |                                  |                          |
| DIRECTOR                                 |                   | х                                  |                       |         |              |                              |        | 0.                  | 0.                               | 0.                       |
| (30) JEFFREY PERLMAN                     | 2.00              |                                    |                       |         |              |                              |        |                     | •••                              |                          |
| DIRECTOR                                 |                   | х                                  |                       |         |              |                              |        | 0.                  | 0.                               | 0.                       |
| (31) BONNIE RESNICK                      | 2.00              |                                    |                       |         |              |                              |        | <b>```</b>          |                                  |                          |
| DIRECTOR                                 | 2.00              | x                                  |                       |         |              |                              |        | 0.                  | 0.                               | 0.                       |
| (32) MARSHA SCHOENKIN                    | 2.00              | 23                                 |                       |         |              |                              |        | <b>Ŭ</b>            |                                  | <u>.</u>                 |
| DIRECTOR                                 | 2.00              | x                                  |                       |         |              |                              |        | 0.                  | 0.                               | 0.                       |
| (33) MITCH RUBINSTEIN                    | 2.00              | 21                                 |                       |         |              |                              |        |                     | 0.                               |                          |
| DIRECTOR                                 | 2.00              | x                                  |                       |         |              |                              |        | 0.                  | 0.                               | 0.                       |
| (34) LYNNE SANDERS                       | 2.00              | Δ                                  |                       |         |              |                              |        |                     | 0.                               |                          |
| DIRECTOR                                 | 2.00              | x                                  |                       |         |              |                              |        | 0.                  | 0.                               | 0.                       |
| (35) MICHAEL SAXON                       | 2.00              | Δ                                  |                       |         |              |                              |        | 0.                  | 0.                               | 0.                       |
| DIRECTOR                                 | 2.00              | x                                  |                       |         |              |                              |        | 0.                  | 0.                               | 0.                       |
| (36) YOAV SEGAL                          | 2.00              | Δ                                  |                       |         |              |                              |        |                     | 0.                               | <b>U •</b>               |
| DIRECTOR                                 | 2.00              | x                                  |                       |         |              |                              |        | 0.                  | 0.                               | 0.                       |
| (37) ROSALYN SEGAL                       | 2.00              | ~                                  |                       |         |              |                              |        | 0.                  | 0.                               | 0.                       |
| DIRECTOR                                 | 2.00              | x                                  |                       |         |              |                              |        | 0.                  | 0.                               | 0.                       |
| (38) EZRA STROHM                         | 2.00              | Δ                                  |                       |         |              |                              |        | 0.                  | 0.                               | <u>0.</u>                |
|  | 2.00              | x                                  |                       |         |              |                              |        | 0.                  | 0.                               | 0.                       |
| DIRECTOR (39) MARNI TSELOS               | 2.00              | Λ                                  |                       |         |              |                              |        | 0.                  | 0.                               | 0.                       |
|  | 2.00              | 77                                 |                       |         |              |                              |        | 0.                  | 0.                               |                          |
| DIRECTOR<br>(40) MARK USEM               | 2 00              | Х                                  |                       |         |              |                              |        | 0.                  | 0.                               | 0.                       |
|  | 2.00              | x                                  |                       |         |              |                              |        |                     | 0                                |                          |
| DIRECTOR                                 | 2 00              | A                                  |                       |         |              |                              |        | 0.                  | 0.                               | 0.                       |
| (41) MARY ANN BARROWS WARK               | 2.00              | 77                                 |                       |         |              |                              |        |                     | 0                                |                          |
| DIRECTOR                                 |                   | Х                                  |                       |         |              |                              |        | 0.                  | 0.                               | 0.                       |
| (42) RAFAEL FORBUSH                      | 2.00              |                                    |                       |         |              |                              |        |                     | <u>^</u>                         |                          |
| DIRECTOR                                 |                   | Х                                  |                       |         |              |                              |        | 0.                  | 0.                               | 0.                       |
| (43) BRUCE GOLDFARB                      | 2.00              |                                    |                       |         |              |                              |        |                     | <u>^</u>                         |                          |
| DIRECTOR (PARTIAL YEAR)                  |                   | Х                                  |                       |         |              |                              |        | 0.                  | 0.                               | 0.                       |
| (44) KAREN GORDON                        | 2.00              |                                    |                       |         |              |                              |        | _                   |                                  |                          |
| DIRECTOR (PARTIAL YEAR)                  |                   | Х                                  |                       |         |              |                              |        | 0.                  | 0.                               | 0.                       |
| (45) LIZA HENRY                          | 2.00              |                                    |                       |         |              |                              |        | _                   | _                                | _                        |
| DIRECTOR (PARTIAL YEAR)                  |                   | Х                                  |                       |         |              |                              |        | 0.                  | 0.                               | 0.                       |
| (46) RYAN LOHR                           | 2.00              |                                    |                       |         |              |                              |        | _                   | _                                | _                        |
| DIRECTOR (PARTIAL YEAR)                  |                   | Х                                  |                       |         |              |                              |        | 0.                  | 0.                               | 0.                       |
|  |                   |                                    |                       |         |              |                              |        |                     |                                  |                          |
| Total to Part VII, Section A, line 1c    |                   |                                    |                       |         |              |                              |        |                     |                                  |                          |
|  |                   |                                    |                       |         |              |                              |        |                     |                                  |                          |

#### THE UNITED JEWISH FUND AND COUNCIL TEWISH FEDERATION OF CREATER ST

| Form 990 JEWISH F                           | EDERATIC   | )N                             | OF                    | ' G     | RE            | AT                             | 'ER    | ST. PAUL                               | 41-069                                     | 3887   |
|---|--|--------------------------------|-----------------------|---------|---------------|--------------------------------|--------|--|--|--|
| Part VII Section A. Officers, Directors, Tr | ustees, Key Er   | nplo                           | yee                   | s, a    | nd H          | ligh                           | est (  | Compensated Employ                     | ees (continued)                            | -  |
| (A)   | (B)  |                                |                       | (0      | C)            |                                |        | (D)                                    | (E)  | (F)  |
| Name and title                              | Average<br>hours<br>per  | (c                             | hecł                  |         | ition<br>that | app                            | ily)   | Reportable<br>compensation<br>from     | Reportable<br>compensation<br>from related | Estimated<br>amount of<br>other  |
|   | week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer | Key employee  | Highest com pensated em ployee | Former | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)           | compensation<br>from the<br>organization<br>and related<br>organizations |
| (47) JON PARRITZ                            | 2.00   |                                |                       |         |               |                                |        |  |  |  |
| DIRECTOR (PARTIAL YEAR)                     |  | Х                              |                       |         |               |                                |        | 0.                                     | 0.   | 0.   |
| (48) LINDA PERRY                            | 2.00   |                                |                       |         |               |                                |        |  |  |  |
| DIRECTOR (PARTIAL YEAR)                     |  | Х                              |                       |         |               |                                |        | 0.                                     | 0.   | 0.   |
| (49) BEN SAXON                              | 2.00   |                                |                       |         |               |                                |        |  |  |  |
| DIRECTOR (PARTIAL YEAR)                     |  | Х                              |                       |         |               |                                |        | 0.                                     | 0.   | 0.   |
| (50) MICHELLE SHALLER                       | 2.00   |                                |                       |         |               |                                |        |  |  |  |
| DIRECTOR (PARTIAL YEAR)                     |  | Х                              |                       |         |               |                                |        | 0.                                     | 0.   | 0.   |
| (51) STEVE SHALLER                          | 2.00   |                                |                       |         |               |                                |        |  |  |  |
| DIRECTOR (PARTIAL YEAR)                     |  | Х                              |                       |         |               |                                |        | 0.                                     | 0.   | 0.   |
| (52) SALLY SILK                             | 2.00   |                                |                       |         |               |                                |        |  |  |  |
| DIRECTOR (PARTIAL YEAR)                     |  | х                              |                       |         |               |                                |        | 0.                                     | 0.   | 0.   |
| (53) HOWARD ZACK                            | 2.00   |                                |                       |         |               |                                |        |  |  |  |
| DIRECTOR (PARTIAL YEAR)                     |  | х                              |                       |         |               |                                |        | 0.                                     | 0.   | 0.   |
|   | 1  | 1                              | 1                     | 1       | 1             | 1                              | 1      |  |  | 1  |

|   | related<br>organizations<br>below<br>line) | Individual trustee o | Institutional truste | Officer | Key employee | Highest com pen sa | Former |    |    | and related organizations |
|---|--|----------------------|----------------------|---------|--------------|--------------------|--------|----|----|---------------------------|
| (47) JON PARRITZ                            | 2.00                                       |                      |                      |         |              |                    |        |    |    |                           |
| DIRECTOR (PARTIAL YEAR)                     |  | x                    |                      |         |              |                    |        | 0. | 0. | 0.                        |
| (48) LINDA PERRY                            | 2.00                                       |                      |                      |         |              |                    |        |    |    |                           |
| DIRECTOR (PARTIAL YEAR)                     |  | Х                    |                      |         |              |                    |        | 0. | 0. | 0.                        |
| (49) BEN SAXON                              | 2.00                                       |                      |                      |         |              |                    |        |    |    |                           |
| DIRECTOR (PARTIAL YEAR)                     |  | Х                    |                      |         |              |                    |        | 0. | 0. | 0.                        |
| (50) MICHELLE SHALLER                       | 2.00                                       |                      |                      |         |              |                    |        |    |    |                           |
| DIRECTOR (PARTIAL YEAR)                     |  | Х                    |                      |         |              |                    |        | 0. | 0. | 0.                        |
| (51) STEVE SHALLER                          | 2.00                                       |                      |                      |         |              |                    |        | •  |    | <u>^</u>                  |
| DIRECTOR (PARTIAL YEAR)                     |  | Х                    |                      |         |              |                    |        | 0. | 0. | 0.                        |
| (52) SALLY SILK                             | 2.00                                       |                      |                      |         |              |                    |        | 0  |    | 0                         |
| DIRECTOR (PARTIAL YEAR)                     |  | X                    |                      |         |              |                    |        | 0. | 0. | 0.                        |
| (53) HOWARD ZACK<br>DIRECTOR (PARTIAL YEAR) | 2.00                                       | x                    |                      |         |              |                    |        | 0. | 0. | 0.                        |
|   |  |                      |                      |         |              |                    |        |    |    |                           |
|   |  | -                    |                      |         |              |                    |        |    |    |                           |
|   |  |                      |                      |         |              |                    |        |    |    |                           |
|   |  |                      |                      |         |              |                    |        |    |    |                           |
|   |  |                      |                      |         |              |                    |        |    |    |                           |
|   |  | 1                    |                      |         |              |                    |        |    |    |                           |
| Total to Part VII, Section A, line 1c       |  |                      |                      | <u></u> |              |                    |        |    |    |                           |

THE UNITED JEWISH FUND AND COUNCIL JEWISH FEDERATION OF GREATER ST. PAUL

#### Page **9** 41-0693887

|   |      |                          |                                   |                 |          | EDERA     | TION OF (          | GREATER ST    | . PAUL                   | 41-0693          | 887 Page <b>9</b>       |
|---|------|--------------------------|-----------------------------------|-----------------|----------|-----------|--------------------|---------------|--------------------------|------------------|-------------------------|
| Pa  | rt V | <u>/   </u>              | Statement of Re                   | ver             | nue      |           |                    |               |                          |                  |                         |
|   |      |                          | Check if Schedule O               | cont            | ains a r | esponse   | or note to any lin | (             | (5)                      | (0)              |                         |
|   |      |                          |                                   |                 |          |           |                    | (A)           | (B)<br>Related or exempt | (C)<br>Unrelated | (D)<br>Revenue excluded |
|   |      |                          |                                   |                 |          |           |                    | Total revenue |                          | business revenue | from tax under          |
|   |      |                          |                                   |                 |          |           |                    |               |                          |                  | sections 512 - 514      |
| ts<br>ts  | 1    | а                        | Federated campaigns               |                 |          | 1a        |                    |               |                          |                  |                         |
| ran   |      |                          | Membership dues                   |                 |          | 1b        |                    |               |                          |                  |                         |
| Gu  |      | с                        | Fundraising events                |                 |          | 1c        |                    |               |                          |                  |                         |
| ifts<br>ar A  |      |                          | Related organizations             |                 |          | 1d        |                    | 1             |                          |                  |                         |
| s, G  |      |                          | Government grants (contr          |                 |          | 1e        |                    |               |                          |                  |                         |
| Sir   |      |                          | All other contributions, gifts,   |                 |          |           |                    |               |                          |                  |                         |
| her   |      |                          | similar amounts not included      |                 |          | 1f        | 2,412,488.         |               |                          |                  |                         |
| otiti   |      | g                        | Noncash contributions included in |                 |          | 1g \$     | 569,930.           |               |                          |                  |                         |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |      | -                        | Total. Add lines 1a-1f            |                 |          |           |                    | 2,412,488.    |                          |                  |                         |
| 0.0   |      |                          |                                   |                 |          |           | Business Code      | , ,           |                          |                  |                         |
|   | 2    | a                        | FEE INCOME                        |                 |          |           | 525920             | 85,167.       | 85,167.                  |                  |                         |
| vice  | 2    | a<br>b                   | EVENT INCOME                      |                 |          |           | 900099             | 11,579.       | 11,579.                  |                  |                         |
| ser,<br>ue  |      |                          |                                   |                 |          |           |                    |               |                          |                  |                         |
| m S<br>ven  |      | C                        |                                   |                 |          |           |                    |               |                          |                  |                         |
| Be  |      | d                        |                                   |                 |          |           |                    |               |                          |                  |                         |
| Program Service<br>Revenue                                |      | e                        |                                   |                 |          |           |                    |               |                          |                  |                         |
|   |      |                          | All other program service         |                 |          |           |                    | 96,746.       |                          |                  |                         |
|   | 3    | g                        | Total. Add lines 2a-2f            |                 |          |           |                    | 50,740.       |                          |                  |                         |
|   | 3    |                          | Investment income (includ         |                 |          |           |                    | 64,182.       |                          |                  | 64,182.                 |
|   |      |                          | other similar amounts)            |                 |          |           |                    | 04,102.       |                          |                  | 04,102.                 |
|   | 4    |                          | Income from investment of         |                 |          |           |                    |               |                          |                  |                         |
|   | 5    |                          | Royalties                         | ··· <u>····</u> |          | Real      |                    |               |                          |                  |                         |
|   |      |                          |                                   |                 |          | Real      | (ii) Personal      |               |                          |                  |                         |
|   | 6    | а                        | Gross rents                       | 6a              |          |           |                    |               |                          |                  |                         |
|   |      | b                        | Less: rental expenses             | 6b              |          |           |                    |               |                          |                  |                         |
|   |      | С                        | Rental income or (loss)           | 6c              |          |           |                    |               |                          |                  |                         |
|   |      |                          | Net rental income or (loss        | ;) <u> </u>     |          |           | ····· •            |               |                          |                  |                         |
|   | 7    | а                        | Gross amount from sales of        |                 |          | curities  | (ii) Other         |               |                          |                  |                         |
|   |      |                          | assets other than inventory       | 7a              | 2,6      | 46,589.   |                    |               |                          |                  |                         |
|   |      | b                        | Less: cost or other basis         |                 |          |           |                    |               |                          |                  |                         |
| venue   |      |                          | and sales expenses                | 7b              | _        | 49,579.   |                    |               |                          |                  |                         |
| ver   |      | С                        | Gain or (loss)                    | 7c              | 3        | 97,010.   |                    |               |                          |                  |                         |
| Re  |      |                          | Net gain or (loss)                |                 |          |           | 🕨                  | 397,010.      |                          |                  | 397,010.                |
| Other R   | 8    | а                        | Gross income from fundraisi       | ng ev           | /ents (n | ot        |                    |               |                          |                  |                         |
| ð   |      |                          | including \$                      |                 |          | of        |                    |               |                          |                  |                         |
|   |      |                          | contributions reported on         | line            | 1c). Se  | e         |                    |               |                          |                  |                         |
|   |      |                          | Part IV, line 18                  |                 |          | <u>8a</u> |                    |               |                          |                  |                         |
|   |      | b                        | Less: direct expenses             |                 |          | 8b        |                    |               |                          |                  |                         |
|   |      |                          | Net income or (loss) from         |                 | -        |           | <b>&gt;</b>        |               |                          |                  |                         |
|   | 9    | а                        | Gross income from gamin           | ng ac           | tivities | See       |                    |               |                          |                  |                         |
|   |      |                          | Part IV, line 19                  |                 |          | 9a        |                    |               |                          |                  |                         |
|   |      | b                        | Less: direct expenses             |                 |          |           |                    |               |                          |                  |                         |
|   |      |                          | Net income or (loss) from         |                 |          |           | ►                  |               |                          |                  |                         |
|   | 10   | а                        | Gross sales of inventory, I       | less            | returns  |           |                    |               |                          |                  |                         |
|   |      |                          | and allowances                    |                 |          |           | a                  |               |                          |                  |                         |
|   |      | b                        | Less: cost of goods sold          |                 |          |           |                    |               |                          |                  |                         |
|   |      |                          | Net income or (loss) from         |                 |          |           | ►                  |               |                          |                  |                         |
|   |      |                          |                                   |                 |          |           | Business Code      |               |                          |                  |                         |
| sno   | 11   | а                        |                                   |                 |          |           |                    |               |                          |                  |                         |
| ane   |      | b                        |                                   |                 |          |           |                    |               |                          |                  |                         |
| eve   |      | с                        |                                   |                 |          |           |                    |               |                          |                  |                         |
| Miscellaneous<br>Revenue                                  |      | c<br>d All other revenue |                                   |                 |          |           |                    |               |                          |                  |                         |
| 2   |      |                          | Total. Add lines 11a-11d          |                 |          |           |                    |               |                          |                  |                         |
|   | 12   |                          | Total revenue. See instruction    | ons             |          |           | ►                  | 2,970,426.    | 96,746.                  | 0.               | 461,192.                |

#### THE UNITED JEWISH FUND AND COUNCIL Form 990 (2019) JEWISH FEDERA Part IX Statement of Functional Expenses JEWISH FEDERATION OF GREATER ST. PAUL

| Doi      | Check if Schedule O contains a respons   | (A)            | (B)                                     | (C)                             | (D)                     |
|----------|--|----------------|---|---------------------------------|-------------------------|
|          | 8b, 9b, and 10b of Part VIII.  | Total expenses | Program service<br>expenses             | Management and general expenses | Fundraising<br>expenses |
| 1        | Grants and other assistance to domestic organizations  | 0 005 600      | 0 005 600                               |                                 |                         |
| _        | and domestic governments. See Part IV, line 21   | 2,385,682.     | 2,385,682.                              |                                 |                         |
| 2        | Grants and other assistance to domestic  | 20 750         | 20 750                                  |                                 |                         |
| _        | individuals. See Part IV, line 22  | 30,750.        | 30,750.                                 |                                 |                         |
| 3        | Grants and other assistance to foreign   |                |   |                                 |                         |
|          | organizations, foreign governments, and foreign  |                |   |                                 |                         |
|          | individuals. See Part IV, lines 15 and 16  |                |   |                                 |                         |
| 4<br>5   | Benefits paid to or for members  |                |   |                                 |                         |
| 5        | Compensation of current officers, directors,   | 184,366.       | 101,401.                                | 31,343.                         | 51,622                  |
| 6        | trustees, and key employees<br>Compensation not included above to disqualified   | 104,500.       | 101,401.                                | JI, JIJ.                        | 51,022                  |
| 0        | persons (as defined under section 4958(f)(1)) and  |                |   |                                 |                         |
|          | persons described in section 4958(c)(3)(B)   |                |   |                                 |                         |
| 7        | Other salaries and wages   | 295,535.       | 162,544.                                | 50,241.                         | 82,750                  |
| 8        | Pension plan accruals and contributions (include   |                |   |                                 |                         |
| -        | section 401(k) and 403(b) employer contributions)  | 14,146.        | 7,780.                                  | 2,405.                          | 3,963                   |
| 9        | Other employee benefits  | 54,736.        | 30,105.                                 | 9,305.                          | <u>3,96</u><br>15,32    |
| 0        | Payroll taxes  | 35,138.        | 19,326.                                 | 5,973.                          | 9,83                    |
| 1        | Fees for services (nonemployees):  |                |   |                                 | - , - •                 |
| a        | Management   |                |   |                                 |                         |
| b        | Legal  |                |   |                                 |                         |
|          | Accounting   | 119,798.       |   | 119,798.                        |                         |
| d        | Lobbying   |                |   |                                 |                         |
| е        | Professional fundraising services. See Part IV, line 17  |                |   |                                 |                         |
| f        | Investment management fees   | 68,912.        |   | 68,912.                         |                         |
| g        | Other. (If line 11g amount exceeds 10% of line 25,   |                |   |                                 |                         |
| -        | column (A) amount, list line 11g expenses on Sch O.)   | 14,706.        |   | 14,706.                         |                         |
| 2        | Advertising and promotion  |                |   |                                 |                         |
| 3        | Office expenses  | 35,769.        | 14,726.                                 | 13,546.                         | 7,49<br>9,61            |
| 4        | Information technology   | 34,340.        | 18,887.                                 | 5,838.                          | 9,61                    |
| 5        | Royalties  |                |   |                                 |                         |
| 6        | Occupancy  | 99,116.        | 54,514.                                 | 16,850.                         | 27,752                  |
| 7        | Travel   |                |   |                                 |                         |
| 8        | Payments of travel or entertainment expenses   |                |   |                                 |                         |
|          | for any federal, state, or local public officials  |                |   |                                 |                         |
| 9        | Conferences, conventions, and meetings   | 24,903.        | 15,439.                                 | 9,464.                          |                         |
| 0        | Interest   |                |   |                                 |                         |
| 1        | Payments to affiliates   |                |   |                                 |                         |
| 2        | Depreciation, depletion, and amortization  | 4,769.         |   | 4,769.                          |                         |
| 3        | Insurance  | 11,449.        | 6,297.                                  | 1,947.                          | 3,20                    |
| 4        | Other expenses. Itemize expenses not covered<br>above (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A)<br>amount, list line 24e expenses on Schedule 0.) |                |   |                                 |                         |
| а        | OTHER PROGRAM EXPENSES   | 179,611.       | 179,611.                                |                                 |                         |
| a<br>b   | FUNDRAISING CAMPAIGN   | 6,487.         | _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                 | 6,48                    |
| c        |  |                |   |                                 | -, -0                   |
| d        |  |                |   |                                 |                         |
| e        | All other expenses   |                |   |                                 |                         |
| 5        | Total functional expenses. Add lines 1 through 24e   | 3,600,213.     | 3,027,062.                              | 355,097.                        | 218,05                  |
| <u> </u> | Joint costs. Complete this line only if the organization   | , ,            | . ,                                     |                                 |                         |
|          | reported in column (B) joint costs from a combined   |                |   |                                 |                         |
|          | educational campaign and fundraising solicitation.   |                |   |                                 |                         |
|          | Check here if following SOP 98-2 (ASC 958-720)   |                |   |                                 |                         |

| <u>Form 990 (</u> |               |
|-------------------|---------------|
| Part X            | Balance Sheet |

#### THE UNITED JEWISH FUND AND COUNCIL JEWISH FEDERATION OF GREATER ST. PAUL

| га                          | 17  | Dalalice Slieet   |             |                     |                                 |          |                           |
|-----------------------------|-----|---|-------------|---------------------|---------------------------------|----------|---------------------------|
|                             |     | Check if Schedule O contains a response or not  | e to any    | line in this Part X | (A)                             |          | (P)                       |
|                             |     |   |             |                     | <b>(A)</b><br>Beginning of year |          | <b>(B)</b><br>End of year |
|                             | 1   | Cash - non-interest-bearing   |             |                     | 100.                            | 1        | 0.                        |
|                             | 2   | Savings and temporary cash investments  |             |                     | 161,078.                        | 2        | 393,435.                  |
|                             | 3   | Pledges and grants receivable, net  |             |                     | 322,497.                        | 3        | 109,014.                  |
|                             | 4   | Accounts receivable, net  |             |                     | -                               | 4        |                           |
|                             | 5   | Loans and other receivables from any current of   |             |                     |                                 |          |                           |
|                             |     | trustee, key employee, creator or founder, subs   |             |                     |                                 |          |                           |
|                             |     | controlled entity or family member of any of the  | se perso    | ns                  |                                 | 5        |                           |
|                             | 6   | Loans and other receivables from other disquali   | fied pers   | sons (as defined    |                                 |          |                           |
|                             |     | under section 4958(f)(1)), and persons described  |             | 6                   |                                 |          |                           |
| ŝ                           | 7   | Notes and loans receivable, net   |             |                     |                                 | 7        |                           |
| Assets                      | 8   | Inventories for sale or use   |             |                     |                                 | 8        |                           |
| Ş                           | 9   |   |             |                     | 17,605.                         | 9        | 19,676.                   |
|                             | 10a | Land, buildings, and equipment: cost or other   |             |                     |                                 |          |                           |
|                             |     | basis. Complete Part VI of Schedule D   |             | 115,864.            |                                 |          |                           |
|                             | b   | Less: accumulated depreciation  | 10b         | 107,034.            | 13,599.                         | 10c      | 8,830.                    |
|                             | 11  | Investments - publicly traded securities  |             |                     | 4,338,516.                      | 11       | 4,211,847.                |
|                             | 12  | Investments - other securities. See Part IV, line   | 11,435,041. | 12                  | 10,081,693.                     |          |                           |
|                             | 13  | Investments - program-related. See Part IV, line  |             |                     | 13                              |          |                           |
|                             | 14  | Intangible assets   |             |                     | 14                              |          |                           |
|                             | 15  | Other assets. See Part IV, line 11  |             |                     | 186,945.                        | 15       | 125,238.                  |
|                             | 16  | Total assets. Add lines 1 through 15 (must equ  |             |                     | 16,475,381.                     | 16       | 14,949,733.               |
|                             | 17  | Accounts payable and accrued expenses   |             |                     | 267,277.                        | 17       | 175,484.                  |
|                             | 18  | Grants payable  |             | 332,584.            | 18                              | 433,948. |                           |
|                             | 19  | Deferred revenue  |             | 36,321.             | 19                              | 7,250.   |                           |
|                             | 20  | Tax-exempt bond liabilities   |             |                     | (00 )))                         | 20       | C11 170                   |
|                             | 21  | Escrow or custodial account liability. Complete   |             |                     | 689,233.                        | 21       | 611,170.                  |
| es                          | 22  | Loans and other payables to any current or forn   |             |                     |                                 |          |                           |
| ilit                        |     | trustee, key employee, creator or founder, subs   |             |                     |                                 |          |                           |
| Liabilities                 |     | controlled entity or family member of any of the  | -           | F                   |                                 | 22       |                           |
| _                           | 23  | Secured mortgages and notes payable to unrela   |             |                     |                                 | 23       | 119,990.                  |
|                             | 24  | Unsecured notes and loans payable to unrelated  |             |                     |                                 | 24       | 119,990.                  |
|                             | 25  | Other liabilities (including federal income tax, pa<br>parties, and other liabilities not included on lines | •           |                     |                                 |          |                           |
|                             |     | of Schedule D   | s 17-24).   |                     | 746,650.                        | 25       | 684,577.                  |
|                             | 26  |   |             |                     | 2,072,065.                      | 26       | 2,032,419.                |
|                             | 20  | Organizations that follow FASB ASC 958, che   |             | ▶ X                 |                                 | 20       | _,                        |
| es                          |     | and complete lines 27, 28, 32, and 33.  |             |                     |                                 |          |                           |
| ů.                          | 27  |   |             |                     | 6,429,098.                      | 27       | 5,963,491.                |
| Bala                        | 28  |   |             |                     | 7,974,218.                      | 28       | 6,953,823.                |
| β                           |     | Organizations that do not follow FASB ASC 9   |             |                     |                                 |          | .,                        |
| Fur                         |     | and complete lines 29 through 33.   |             |                     |                                 |          |                           |
| р<br>С                      | 29  | Capital stock or trust principal, or current funds  |             |                     | 29                              |          |                           |
| šets                        | 30  | Paid-in or capital surplus, or land, building, or ed  |             |                     | 30                              |          |                           |
| Ass                         | 31  | Retained earnings, endowment, accumulated in  |             |                     |                                 | 31       |                           |
| Net Assets or Fund Balances | 32  | Total net assets or fund balances   |             |                     | 14,403,316.                     | 32       | 12,917,314.               |
|                             | 33  | Total liabilities and net assets/fund balances  | 16,475,381. | 33                  | 14,949,733.                     |          |                           |
|                             |     |   |             |                     |                                 |          | Form <b>990</b> (2019)    |

Form **990** (2019)

|     | THE UNITED JEWISH FUND AND COUNCIL  |             |        |                            |                  |
|-----|---|-------------|--------|----------------------------|------------------|
|     | 1990 (2019) JEWISH FEDERATION OF GREATER ST. PAUL   | 41-0        | 693887 | Pa                         | <sub>ge</sub> 12 |
| Par | rt XI Reconciliation of Net Assets  |             |        |                            |                  |
|     | Check if Schedule O contains a response or note to any line in this Part XI                                       | <u> </u>    |        |                            | X                |
|     |   |             | 0.07   | ~ 4                        | <u>م</u> د       |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)   | 1           | 2,97   | $\frac{1}{2}, \frac{4}{2}$ | <u>20.</u>       |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2           | 3,60   |                            |                  |
| 3   | Revenue less expenses. Subtract line 2 from line 1  | 3           | -62    |                            |                  |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                         |             | 14,40  |                            |                  |
| 5   | Net unrealized gains (losses) on investments  | 5           | -843   | 3,9                        | 74.              |
| 6   | Donated services and use of facilities  | 6           |        |                            |                  |
| 7   | Investment expenses   | 7           |        |                            |                  |
| 8   | Prior period adjustments  | 8           |        |                            |                  |
| 9   | Other changes in net assets or fund balances (explain on Schedule O)  | 9           | -1:    | 2,2                        | 41.              |
| 10  | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                |             |        |                            |                  |
|     | column (B))   | 10          | 12,91  | 7,3                        | 14.              |
| Par | rt XII Financial Statements and Reporting   |             |        |                            |                  |
|     | Check if Schedule O contains a response or note to any line in this Part XII                                      |             |        |                            | X                |
|     |   |             |        | Yes                        | No               |
| 1   | Accounting method used to prepare the Form 990: Cash X Accrual Other  |             |        |                            |                  |
|     | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul     | e O.        |        |                            |                  |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?                   |             | 2a     |                            | X                |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed   | ed on a     |        |                            |                  |
|     | separate basis, consolidated basis, or both:  |             |        |                            |                  |
|     | Separate basis Consolidated basis Both consolidated and separate basis  |             |        |                            |                  |
| b   | Were the organization's financial statements audited by an independent accountant?                                |             | 2b     | Х                          |                  |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat   | te basis,   |        |                            |                  |
|     | consolidated basis, or both:  |             |        |                            |                  |
|     | X Separate basis Consolidated basis Both consolidated and separate basis  |             |        |                            |                  |
| с   | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t  | ne audit,   |        |                            |                  |
|     | review, or compilation of its financial statements and selection of an independent accountant?                    |             | 2c     | Х                          |                  |
|     | If the organization changed either its oversight process or selection process during the tax year, explain on Sc  | hedule O.   |        |                            |                  |
| 3a  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S | ingle Audit |        |                            |                  |
|     | Act and OMB Circular A-133?   |             | За     |                            | X                |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req  | uired audit |        |                            |                  |
|     | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                          |             | 3b     |                            |                  |
|     |   |             |        | 000                        | (0010)           |

Form **990** (2019)

| SC       | HE     | DULE A  |                          | <b>Dublic Cha</b>      | rity Status an   |                | lia Qu                            | unnort                                  |               | OMB No. 1545-0047          |  |  |  |
|----------|--------|---|--------------------------|------------------------|--|----------------|-----------------------------------|---|---------------|----------------------------|--|--|--|
| (Fo      | rm 99  | 90 or 990-EZ)   |                          |                        | nization is a section 50 <sup>-</sup>                        |                |                                   |   |               | 2010                       |  |  |  |
|          |        |   |                          | • •                    | 47(a)(1) nonexempt cha                                       |                |                                   |   |               | 2013                       |  |  |  |
|          |        | of the Treasury<br>nue Service  |                          |                        | Attach to Form 990 or I                                      |                |                                   |   |               | Open to Public             |  |  |  |
|          |        |   |                          |                        | v/Form990 for instructi                                      |                |                                   | nformation.                             | <b>F</b>      | Inspection                 |  |  |  |
| Nan      | ne or  | the organizati  |                          |                        | ISH FUND AND   |                |                                   |   |               | identification number      |  |  |  |
| Pa       | rt I   | Reason  |                          |                        | LON OF GREAT:  |                |                                   |   |               | 1-0693887                  |  |  |  |
|          |        |   |                          |                        |  |                |                                   |   |               |                            |  |  |  |
| 1<br>1   | lorgal |   | -                        |                        | (For lines 1 through 12, c<br>on of churches described       | -              |                                   | ()(A)(i)                                |               |                            |  |  |  |
| 2        | H      |   |                          |                        | (Attach Schedule E (Forr                                     |                |                                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |               |                            |  |  |  |
| 3        | H      |   |                          |                        | anization described in s                                     |                |                                   | ii)                                     |               |                            |  |  |  |
| 4        | H      | •   | •                        |                        | njunction with a hospital                                    |                |                                   | •                                       | )(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, sta  | te, or local go          | vernment or governr    | mental unit described in                                     | section 17     | 70(b)(1)(A)                       | (v).                                    |               |                            |  |  |  |
| 7        | X      | An organizati   | on that norma            | ally receives a substa | antial part of its support f                                 | rom a gove     | ernmental                         | unit or from th                         | ne general p  | oublic described in        |  |  |  |
|          |        | section 170(  | b <b>)(1)(A)(vi).</b> (C | Complete Part II.)     |  |                |                                   |   |               |                            |  |  |  |
| 8        | Щ      | A community   | trust describe           | ed in section 170(b)   | (1)(A)(vi). (Complete Par                                    | t II.)         |                                   |   |               |                            |  |  |  |
| 9        |        | 0   |                          |                        | l in section 170(b)(1)(A)(                                   |                |                                   |   | °,            |                            |  |  |  |
|          |        |   | or a non-land-o          | grant college of agric | culture (see instructions).                                  | Enter the      | name, city                        | , and state of                          | the college   | or                         |  |  |  |
|          |        | university:   |                          |                        |  |                |                                   |   |               |                            |  |  |  |
| 10       |        |   |                          |                        | e than 33 1/3% of its sup                                    |                |                                   |   |               |                            |  |  |  |
|          |        |   |                          |                        | ect to certain exceptions,<br>e (less section 511 tax) fro   |                |                                   |   |               |                            |  |  |  |
|          |        |   |                          | mplete Part III.)      |  |                | ses acqui                         |   | anization a   | itter ourie oo, 1975.      |  |  |  |
| 11       |        |   |                          |                        | sively to test for public sa                                 | fetv. See      | section 5                         | )9(a)(4).                               |               |                            |  |  |  |
| 12       |        |   |                          |                        | sively for the benefit of, to                                |                |                                   |   | rry out the   | purposes of one or         |  |  |  |
|          |        | -   | -                        | -                      | ed in section 509(a)(1)                                      | -              |                                   |   | •             |                            |  |  |  |
|          |        | lines 12a thro  | ough 12d that            | describes the type of  | of supporting organization                                   | n and com      | plete lines                       | 12e, 12f, and                           | 12g.          |                            |  |  |  |
| а        |        | <b>Type I.</b> A s  | upporting orga           | anization operated, s  | supervised, or controlled                                    | by its supp    | ported org                        | anization(s), t                         | pically by    | giving                     |  |  |  |
|          |        | the suppor  | ted organizatio          | on(s) the power to re  | egularly appoint or elect a                                  | a majority c   | of the direc                      | tors or truste                          | es of the su  | ipporting                  |  |  |  |
|          | _      | organizatio   | n. <b>You must</b> o     | complete Part IV, Se   | ections A and B.   |                |                                   |   |               |                            |  |  |  |
| b        |        |   |                          |                        | d or controlled in connec                                    |                |                                   | 0                                       |               | •                          |  |  |  |
|          |        |   | •                        |                        | anization vested in the s                                    | ame perso      | ns that co                        | ntrol or mana                           | ge the supp   | ported                     |  |  |  |
|          |        | _ ~   | ( )                      | st complete Part IV,   |  |                |                                   |   |               |                            |  |  |  |
| C        |        |   | -                        |                        | ng organization operated                                     |                |                                   |   | ly integrate  | d with,                    |  |  |  |
| d        |        |   | 0                        | . , .                  | <li>S). You must complete<br/>porting organization oper</li> |                |                                   | -                                       | tod organi-   | ration(a)                  |  |  |  |
| U        |        | ••  | -                        |                        | zation generally must sat                                    |                |                                   |   | -             |                            |  |  |  |
|          |        |   |                          | •                      | mplete Part IV, Sections                                     | •              |                                   | •                                       | anatonin      | 61633                      |  |  |  |
| е        |        | - ·   | ·                        | ,                      | written determination fro                                    |                |                                   |   | II, Type III  |                            |  |  |  |
|          |        |   | •                        |                        | onally integrated supporti                                   |                |                                   | <b>31</b> / <b>31</b>                   |               |                            |  |  |  |
| f        | Ent    | er the number   | of supported of          | organizations          |  |                |                                   |   |               |                            |  |  |  |
| <u>g</u> |        |   |                          | n about the supporte   |  |                |                                   |   |               |                            |  |  |  |
|          |        | (i) Name of supp  |                          | <b>(ii)</b> EIN        | (iii) Type of organization<br>(described on lines 1-10       | in your govern | anization listed<br>ing document? | (v) Amount of                           |               | (vi) Amount of other       |  |  |  |
|          |        | organizatior  |                          |                        | above (see instructions))                                    | Yes            | No                                | support (see ir                         | istructions)  | support (see instructions) |  |  |  |
|          |        |   |                          |                        |  |                |                                   |   |               |                            |  |  |  |
|          |        |   |                          |                        |  |                |                                   |   |               |                            |  |  |  |
|          |        |   |                          |                        |  |                |                                   |   |               |                            |  |  |  |
|          |        |   |                          |                        |  |                |                                   |   |               |                            |  |  |  |
|          |        |   |                          |                        |  |                |                                   |   |               |                            |  |  |  |
|          |        |   |                          |                        |  | 1              |                                   |   |               |                            |  |  |  |
|          |        |   |                          |                        |  |                |                                   |   |               |                            |  |  |  |
|          |        |   |                          |                        |  |                |                                   |   |               |                            |  |  |  |
|          |        |   |                          |                        |  |                |                                   |   |               |                            |  |  |  |
| Tota     | al     |   |                          |                        |  |                |                                   |   |               |                            |  |  |  |

#### Schedule A (Form 990 or 990-EZ) 2019 JEWISH FEDERATION OF GREATER ST. PAUL

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 failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.

fails to qualify under the tests listed below, please complete Part III.)

| Sec  | LION A. Public Support   |                       |                     |            |          |                    |                  |  |  |  |
|------|--|-----------------------|---------------------|------------|----------|--------------------|------------------|--|--|--|
| Cale | ndar year (or fiscal year beginning in) 🕨  | (a) 2015              | <b>(b)</b> 2016     | (c) 2017   | (d) 2018 | (e) 2019           | (f) Total        |  |  |  |
| 1    | Gifts, grants, contributions, and  |                       |                     |            |          |                    |                  |  |  |  |
|      | membership fees received. (Do not  |                       |                     |            |          |                    |                  |  |  |  |
|      | include any "unusual grants.")   | 4409001.              | 4450118.            | 4984504.   | 1731065. | 2412488.           | <u>17987176.</u> |  |  |  |
| 2    | Tax revenues levied for the organ-   |                       |                     |            |          |                    |                  |  |  |  |
|      | ization's benefit and either paid to   |                       |                     |            |          |                    |                  |  |  |  |
|      | or expended on its behalf  |                       |                     |            |          |                    |                  |  |  |  |
| 3    | The value of services or facilities  |                       |                     |            |          |                    |                  |  |  |  |
|      | furnished by a governmental unit to  |                       |                     |            |          |                    |                  |  |  |  |
|      | the organization without charge  |                       |                     |            |          |                    |                  |  |  |  |
| 4    | Total. Add lines 1 through 3   | 4409001.              | 4450118.            | 4984504.   | 1731065. | 2412488.           | 17987176.        |  |  |  |
| 5    | The portion of total contributions   |                       |                     |            |          |                    |                  |  |  |  |
|      | by each person (other than a   |                       |                     |            |          |                    |                  |  |  |  |
|      | governmental unit or publicly  |                       |                     |            |          |                    |                  |  |  |  |
|      | supported organization) included   |                       |                     |            |          |                    |                  |  |  |  |
|      | on line 1 that exceeds 2% of the   |                       |                     |            |          |                    |                  |  |  |  |
|      | amount shown on line 11,   |                       |                     |            |          |                    |                  |  |  |  |
|      | column (f)   |                       |                     |            |          |                    | 5527588.         |  |  |  |
| 6    | Public support. Subtract line 5 from line 4.   |                       |                     |            |          |                    | 12459588.        |  |  |  |
| Sec  | tion B. Total Support  |                       |                     |            | •        |                    |                  |  |  |  |
| Cale | ndar year (or fiscal year beginning in) 🕨  | (a) 2015              | <b>(b)</b> 2016     | (c) 2017   | (d) 2018 | (e) 2019           | (f) Total        |  |  |  |
| 7    | Amounts from line 4  | 4409001.              | 4450118.            | 4984504.   | 1731065. | 2412488.           | 17987176.        |  |  |  |
| 8    | Gross income from interest,  |                       |                     |            |          |                    |                  |  |  |  |
|      | dividends, payments received on  |                       |                     |            |          |                    |                  |  |  |  |
|      | securities loans, rents, royalties,  |                       |                     |            |          |                    |                  |  |  |  |
|      | and income from similar sources  | 202,040.              | 165,675.            | 78,771.    | 83,349.  | 64,182.            | 594,017.         |  |  |  |
| 9    | Net income from unrelated business   | -                     | -                   |            | -        | -                  | -                |  |  |  |
|      | activities, whether or not the   |                       |                     |            |          |                    |                  |  |  |  |
|      | business is regularly carried on   |                       | 12,798.             | 17,462.    |          |                    | 30,260.          |  |  |  |
| 10   | Other income. Do not include gain  |                       | -                   | -          |          |                    |                  |  |  |  |
|      | or loss from the sale of capital   |                       |                     |            |          |                    |                  |  |  |  |
|      | assets (Explain in Part VI.)   |                       |                     |            |          |                    |                  |  |  |  |
| 11   | <b>Total support.</b> Add lines 7 through 10   |                       |                     |            |          |                    | 18611453.        |  |  |  |
|      | Gross receipts from related activities,  | etc. (see instructio  | ons)                |            |          | 12                 | 815,534.         |  |  |  |
|      | First five years. If the Form 990 is for   |                       | ,                   |            |          |                    |                  |  |  |  |
|      | organization, check this box and <b>stor</b>   |                       |                     |            |          |                    |                  |  |  |  |
| Sec  | ction C. Computation of Publi  | c Support Per         | centage             |            |          |                    | ·                |  |  |  |
| 14   | Public support percentage for 2019 (I  | ine 6, column (f) di  | vided by line 11, c | olumn (f)) |          | 14                 | 66.95 %          |  |  |  |
| 15   | Public support percentage from 2018  | Schedule A, Part      | II, line 14         |            |          | 15                 | 65.63 %          |  |  |  |
|      | 33 1/3% support test - 2019. If the o  |                       |                     |            |          | ore, check this bo | k and            |  |  |  |
|      | stop here. The organization qualifies  | as a publicly supp    | orted organization  |            |          |                    | ► X              |  |  |  |
| b    | 33 1/3% support test - 2018. If the o  |                       |                     |            |          |                    |                  |  |  |  |
|      | and stop here. The organization qual   | ifies as a publicly s | supported organiza  | ation      |          |                    |                  |  |  |  |
| 17a  | 10% -facts-and-circumstances test  |                       |                     |            |          |                    |                  |  |  |  |
|      | and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization        |                       |                     |            |          |                    |                  |  |  |  |
|      | meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization                                      |                       |                     |            |          |                    |                  |  |  |  |
| b    | <b>b 10% -facts-and-circumstances test - 2018.</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 stop here. Explain in Part VI how the               |                       |                     |            |          |                    |                  |  |  |  |
|      | organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization                         |                       |                     |            |          |                    |                  |  |  |  |
| 18   | Private foundation. If the organization  |                       |                     | -          | • • • •  |                    |                  |  |  |  |
|      |  |                       | ,                   |            |          | dulo A (Eorm 990   |                  |  |  |  |

Schedule A (Form 990 or 990-EZ) 2019

41-0693887 Page 2

# Schedule A (Form 990 or 990 EZ) 2019 JEWISH FEDERATION OF GREATER ST. PAUL Part III Support Schedule for Organizations Described in Section 509(a)(2)

41-0693887 Page 3

(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.)

| Se   | ction A. Public Support  |                     | -                     | -                      |                     |                      | -         |
|------|--|---------------------|-----------------------|------------------------|---------------------|----------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2015     | (b) 2016              | (c) 2017               | (d) 2018            | (e) 2019             | (f) Total |
| 1    | Gifts, grants, contributions, and  |                     |                       |                        |                     |                      |           |
|      | membership fees received. (Do not  |                     |                       |                        |                     |                      |           |
|      | include any "unusual grants.")   |                     |                       |                        |                     |                      |           |
| 2    | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                     |                       |                        |                     |                      |           |
| 3    | Gross receipts from activities that<br>are not an unrelated trade or bus-<br>iness under section 513   |                     |                       |                        |                     |                      |           |
| 4    | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |                     |                       |                        |                     |                      |           |
| 5    | The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge  |                     |                       |                        |                     |                      |           |
| 6    | Total. Add lines 1 through 5   |                     |                       |                        |                     |                      |           |
| 78   | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                     |                       |                        |                     |                      |           |
| k    | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                     |                       |                        |                     |                      |           |
|      | Add lines 7a and 7b  |                     |                       |                        |                     |                      |           |
|      | Public support. (Subtract line 7c from line 6.)  |                     |                       |                        |                     |                      |           |
| Se   | ction B. Total Support   |                     |                       |                        |                     |                      | 1         |
| Cale | ndar year (or fiscal year beginning in) 🕨  | (a) 2015            | (b) 2016              | (c) 2017               | (d) 2018            | (e) 2019             | (f) Total |
|      | Amounts from line 6  |                     |                       |                        |                     |                      |           |
|      | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources   |                     |                       |                        |                     |                      |           |
| k    | • Unrelated business taxable income  |                     |                       |                        |                     |                      |           |
|      | (less section 511 taxes) from businesses   |                     |                       |                        |                     |                      |           |
|      | acquired after June 30, 1975   |                     |                       |                        |                     |                      |           |
| c    | Add lines 10a and 10b  |                     |                       |                        |                     |                      |           |
|      | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on   |                     |                       |                        |                     |                      |           |
|      | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)  |                     |                       |                        |                     |                      |           |
|      | Total support. (Add lines 9, 10c, 11, and 12.)   | L                   |                       |                        |                     |                      |           |
| 14   | First five years. If the Form 990 is for   | the organization's  | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) organiza | ation,    |
| _    |  |                     |                       |                        |                     |                      |           |
|      | ction C. Computation of Publi  |                     |                       |                        |                     | 1 1                  |           |
| 15   | Public support percentage for 2019 (li   | , (),               | <b>,</b>              | column (f))            |                     | 15                   | %         |
| 16   | Public support percentage from 2018  |                     |                       |                        |                     | 16                   | %         |
|      | ction D. Computation of Inves  |                     |                       |                        |                     | 1 1                  |           |
| 17   | Investment income percentage for 20  | 19 (line 10c, colur | mn (f), divided by l  | ne 13, column (f))     |                     | 17                   | %         |
| 18   | 1 5  |                     |                       |                        |                     | 18                   | %         |
| 19a  | a 33 1/3% support tests - 2019. If the   | organization did r  | not check the box     | on line 14, and line   | e 15 is more than 3 | 33 1/3%, and line 1  | 7 is not  |
| k    | more than 33 1/3%, check this box ar<br>33 1/3% support tests - 2018. If the   |                     |                       |                        |                     |                      | and       |
|      | line 18 is not more than 33 1/3%, che  |                     |                       |                        |                     |                      |           |
| 20   | Private foundation. If the organizatio   |                     |                       |                        |                     |                      |           |
|      |  |                     |                       |                        |                     |                      |           |

#### Schedule A (Form 990 or 990-EZ) 2019 JEWISH FEDERATION OF GREATER ST. PAUL

1

2

3a

3b

3c

Yes

No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

10b

|      | THE UNITED JEWISH FUND AND COUNCIL   |       |      |       |
|------|--|-------|------|-------|
| Sche | Jule A (Form 990 or 990-EZ) 2019 JEWISH FEDERATION OF GREATER ST. PAUL 41-069  | 9388' | 7 Ра | age 5 |
| Par  | t IV Supporting Organizations (continued)  |       |      |       |
|      |  |       | Yes  | No    |
| 11   | Has the organization accepted a gift or contribution from any of the following persons?  |       |      |       |
| а    | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)   |       |      |       |
|      | below, the governing body of a supported organization?   | 11a   |      |       |
| b    | A family member of a person described in (a) above?  | 11b   |      |       |
| с    | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  | 11c   |      |       |
| Sect | ion B. Type I Supporting Organizations   |       |      |       |
|      |  |       | Yes  | No    |
| 1    | Did the directors, trustees, or membership of one or more supported organizations have the power to  |       |      |       |
|      | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the   |       |      |       |
|      | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or  |       |      |       |
|      | controlled the organization's activities. If the organization had more than one supported organization,  |       |      |       |
|      | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported  |       |      |       |
|      | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1     |      |       |
| 2    | Did the organization operate for the benefit of any supported organization other than the supported  |       |      |       |
|      | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in   |       |      |       |
|      | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,  |       |      |       |
|      | supervised, or controlled the supporting organization.   | 2     |      |       |
| Sect | ion C. Type II Supporting Organizations  |       |      |       |
|      |  |       | Yes  | No    |
| 1    | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |       |      |       |
|      | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control  |       |      |       |
|      | or management of the supporting organization was vested in the same persons that controlled or managed   |       |      |       |
|      | the supported organization(s).   | 1     |      |       |
| Sect | ion D. All Type III Supporting Organizations   |       |      |       |
|      |  |       | Yes  | No    |
| 1    | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |       |      |       |
|      | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |       |      |       |
|      | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   |       |      |       |
|      | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1     |      |       |
| ~    | Management of the second structure of the second struc |       |      |       |

- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

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

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

| c 🗌 | The organization supported a governmental entity | Describe in Part VI how you supported a government entity (see instructions). |
|-----|--|---|
|-----|--|---|

- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer (a) and (b) below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2

3

2a

2b

3a

3b

Yes No

| Sche<br>Pa | dule A (Form 990 or 990 EZ) 2019 JEWISH FEDERATION OF GRI   |          |                | 41-0693887 Page 6                  |
|------------|---|----------|----------------|------------------------------------|
|            |   |          |                |                                    |
| 1          | Check here if the organization satisfied the Integral Part Test as a qualifying                             |          |                | in Part VI). See instructions. All |
| Sect       | other Type III non-functionally integrated supporting organizations must cor<br>ion A - Adjusted Net Income | mpiete S | (A) Prior Year | (B) Current Year<br>(optional)     |
| 1          | Net short-term capital gain   | 1        |                |                                    |
| 2          | Recoveries of prior-year distributions  | 2        |                |                                    |
| 3          | Other gross income (see instructions)   | 3        |                |                                    |
| 4          | Add lines 1 through 3.  | 4        |                |                                    |
| 5          | Depreciation and depletion  | 5        |                |                                    |
| 6          | Portion of operating expenses paid or incurred for production or  |          |                |                                    |
|            | collection of gross income or for management, conservation, or  |          |                |                                    |
|            | maintenance of property held for production of income (see instructions)                                    | 6        |                |                                    |
| 7          | Other expenses (see instructions)   | 7        |                |                                    |
| 8          | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  | 8        |                |                                    |
| Sect       | ion B - Minimum Asset Amount  |          | (A) Prior Year | (B) Current Year<br>(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):   |          |                |                                    |
| а          | Average monthly value of securities   | 1a       |                |                                    |
| b          | Average monthly cash balances   | 1b       |                |                                    |
| с          | Fair market value of other non-exempt-use assets  | 1c       |                |                                    |
| d          | Total (add lines 1a, 1b, and 1c)  | 1d       |                |                                    |
| е          | Discount claimed for blockage or other  |          |                |                                    |
|            | factors (explain in detail in <b>Part VI</b> ):   |          |                |                                    |
| 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 1-1/2% 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 .035.  | 6        |                |                                    |
| 7          | Recoveries of prior-year distributions  | 7        |                |                                    |
| 8          | Minimum Asset Amount (add line 7 to line 6)   | 8        |                |                                    |
| Sect       | ion C - Distributable Amount  |          |                | Current Year                       |
| 1          | Adjusted net income for prior year (from Section A, line 8, Column A)                                       | 1        |                |                                    |
| 2          | Enter 85% of line 1.  | 2        |                |                                    |
| 3          | Minimum asset amount for prior year (from Section B, line 8, Column A)                                      | 3        |                |                                    |
| 4          | Enter greater of line 2 or line 3.  | 4        |                |                                    |
| 5          | Income tax imposed in prior year  | 5        |                |                                    |
| 6          | Distributable Amount. Subtract line 5 from line 4, unless subject to  |          |                |                                    |
|            | emergency temporary reduction (see instructions).   | 6        |                |                                    |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

#### THE UNITED JEWISH FUND AND COUNCIL Schedule A (Form 990 or 990-EZ) 2019 JEWISH FEDERATION OF GREATER ST. P

|      | -                                       | GREATER |  | - | 41-0693887 | Page 7 |  |  |
|------|---|---------|--|---|------------|--------|--|--|
| 3) S | 3) Supporting Organizations (continued) |         |  |   |            |        |  |  |

| Par      | t V   Type III Non-Functionally Integrated 509(                 | a)(3) Supporting Orga        | inizations (continued)                 |   |
|----------|---|------------------------------|--|---|
| Section  | on D - Distributions  |                              |  | Current Year                              |
| _1       | Amounts paid to supported organizations to accomplish exer      | npt purposes                 |  |   |
| 2        | Amounts paid to perform activity that directly furthers exemp   | t purposes of supported      |  |   |
|          | organizations, in excess of income from activity                |                              |  |   |
| 3        | Administrative expenses paid to accomplish exempt purpose       | s of supported organizations | S                                      |   |
| 4        | Amounts paid to acquire exempt-use assets                       |                              |  |   |
| 5        | Qualified set-aside amounts (prior IRS approval required)       |                              |  |   |
| 6        | Other distributions (describe in Part VI). See instructions.    |                              |  |   |
| 7        | Total annual distributions. Add lines 1 through 6.              |                              |  |   |
| 8        | Distributions to attentive supported organizations to which the | e organization is responsive |  |   |
|          | (provide details in <b>Part VI</b> ). See instructions.         |                              |  |   |
| 9        | Distributable amount for 2019 from Section C, line 6            |                              |  |   |
| 10       | Line 8 amount divided by line 9 amount                          |                              |  |   |
| Section  | on E - Distribution Allocations (see instructions)              | (i)<br>Excess Distributions  | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
| _1       | Distributable amount for 2019 from Section C, line 6            |                              |  |   |
| 2        | Underdistributions, if any, for years prior to 2019 (reason-    |                              |  |   |
|          | able cause required- explain in Part VI). See instructions.     |                              |  |   |
| 3        | Excess distributions carryover, if any, to 2019                 |                              |  |   |
| a        | From 2014   |                              |  |   |
| b        | From 2015   |                              |  |   |
| C        | From 2016   |                              |  |   |
| d        | From 2017   |                              |  |   |
| e        | From 2018   |                              |  |   |
| f        | Total of lines 3a through e                                     |                              |  |   |
| g        | Applied to underdistributions of prior years                    |                              |  |   |
| h        | Applied to 2019 distributable amount                            |                              |  |   |
| i        | Carryover from 2014 not applied (see instructions)              |                              |  |   |
| j        | Remainder. Subtract lines 3g, 3h, and 3i from 3f.               |                              |  |   |
| 4        | Distributions for 2019 from Section D,                          |                              |  |   |
|          | line 7: \$  |                              |  |   |
| <u>a</u> | Applied to underdistributions of prior years                    |                              |  |   |
| b        | Applied to 2019 distributable amount                            |                              |  |   |
| C        | Remainder. Subtract lines 4a and 4b from 4.                     |                              |  |   |
| 5        | Remaining underdistributions for years prior to 2019, if        |                              |  |   |
|          | any. Subtract lines 3g and 4a from line 2. For result greater   |                              |  |   |
|          | than zero, explain in Part VI. See instructions.                |                              |  |   |
| 6        | Remaining underdistributions for 2019. Subtract lines 3h        |                              |  |   |
|          | and 4b from line 1. For result greater than zero, explain in    |                              |  |   |
|          | Part VI. See instructions.                                      |                              |  |   |
| 7        | Excess distributions carryover to 2020. Add lines 3j            |                              |  |   |
|          | and 4c.   |                              |  |   |
| 8        | Breakdown of line 7:  |                              |  |   |
| a        | Excess from 2015  |                              |  |   |
| b        | Excess from 2016  |                              |  |   |
| c        | Excess from 2017  |                              |  |   |
| d        | Excess from 2018  |                              |  |   |
| е        | Excess from 2019  |                              |  |   |

Schedule A (Form 990 or 990-EZ) 2019

|            |   |   | ITED JEW  |   |  |   |  |  |        |
|------------|---|---|---|---|--|---|--|--|--------|
| Schedule A | (Form 990 or 990-EZ) 2019   | JEWISH  | FEDERAT   | ION OF  | GREATER  | ST.                                       | PAUL   | 41-0693887   | Page 8 |
| Part VI    | Supplemental Inform<br>Part IV, Section A, lines 1,<br>line 1; Part IV, Section D, li<br>Section D, lines 5, 6, and 8 | nation. Pro<br>2, 3b, 3c, 4b<br>ines 2 and 3; | ovide the explana<br>, 4c, 5a, 6, 9a, 9<br>Part IV, Section | ations require<br>b, 9c, 11a, 1<br>E, lines 1c, 2 | ed by Part II, lir<br>1b, and 11c; P<br>a, 2b, 3a, and | ne 10; Part<br>art IV, Sect<br>3b; Part V | II, line 17a or<br>tion B, lines 1<br>, line 1; Part V | 17b; Part III, line 12;<br>and 2; Part IV, Section<br>, Section B, line 1e; Pa | ı C,   |
|            | (See instructions.)   | o, and fait v,                                | Section E, lines  | 2, 5, and 6.7                                     | AISO COMPIELE  | this part ic                              |  | iai information.   |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
| _          |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |
|            |   |   |   |   |  |   |  |  |        |

#### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Organization type (check one):

|  | 0 | - | - |
|--|---|---|---|

# Schedule of Contributors

\*\* PUBLIC DISCLOSURE COPY

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

OMB No. 1545-0047

2019

Employer identification number

| Name of the organizatio | on   |      |      |         |     |        |    |      |      |
|-------------------------|------|------|------|---------|-----|--------|----|------|------|
|                         | THE  | UNI  | TED  | JEWISH  | FUN | ID AND | CC | DUNC | ΙL   |
|                         | JEW] | SH 1 | FEDI | ERATION | OF  | GREAT  | ER | ST.  | PAUL |

41-0693887

| Filers of:         | Section:   |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)( 3) (enter number) organization   |
|                    | 4947(a)(1) nonexempt charitable trust <b>not</b> 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**

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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 for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed.

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Name of organization

THE UNITED JEWISH FUND AND COUNCIL JEWISH FEDERATION OF GREATER ST. PAUL Employer identification number

| Part I       | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed. |  |  |  |  |  |  |
|--------------|---|--|--|--|--|--|--|
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c) (d)<br>Total contributions Type of contribution  |  |  |  |  |  |
| <u>    1</u> |   | \$     471,600.       \$     Person       X       Payroll       Noncash       (Complete Part II for noncash contributions.)        |  |  |  |  |  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c) (d)<br>Total contributions Type of contribution  |  |  |  |  |  |
| 2            |   | \$     290,287.       \$     290,287.   Person Payroll Payroll Oncash (Complete Part II for noncash contributions.)                |  |  |  |  |  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c) (d)<br>Total contributions Type of contribution  |  |  |  |  |  |
| 3            |   | \$     365,212.     Person     Payroll       \$     365,212.     Noncash     X       (Complete Part II for noncash contributions.) |  |  |  |  |  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c) (d)<br>Total contributions Type of contribution  |  |  |  |  |  |
| 4            | Name, address, and ZIP + 4  | S     75,180.     Person     X       (Complete Part II for noncash contributions.)   |  |  |  |  |  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c) (d)<br>Total contributions Type of contribution  |  |  |  |  |  |
| 5            |   | S     75,000.     Person     X       (Complete Part II for noncash contributions.)   |  |  |  |  |  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c) (d)<br>Total contributions Type of contribution  |  |  |  |  |  |
| 6            |   | \$   |  |  |  |  |  |

| Schedule B (Form 9 | 990, 990-EZ, | or 990-PF) | (2019) |
|--------------------|--------------|------------|--------|
|--------------------|--------------|------------|--------|

Name of organization

THE UNITED JEWISH FUND AND COUNCIL JEWISH FEDERATION OF GREATER ST. PAUL Employer identification number

| Part I     | <b>t I Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed. |                            |   |  |  |  |  |
|------------|---|----------------------------|---|--|--|--|--|
| (a)        | (b)   | (c)                        | (d)   |  |  |  |  |
| No.        | Name, address, and ZIP + 4  | Total contributions        | Type of contribution  |  |  |  |  |
| 7          |   | \$154,606.                 | Person Payroll Noncash X<br>(Complete Part II for<br>noncash contributions.)  |  |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |  |  |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)  |  |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |  |  |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)  |  |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |  |  |
|            |   | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)  |  |  |  |  |
| (a)        | (b)   | (c)<br>Total contributions | (d)   |  |  |  |  |
| No.        | Name, address, and ZIP + 4  | \$                         | Type of contribution         Person         Payroll         Noncash         (Complete Part II for noncash contributions.) |  |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |  |  |
|            |   | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)  |  |  |  |  |

| Schedule                     | B (Form 990, 990-EZ, or 990-PF) (2019)                                  |  |            | Page <b>3</b>             |
|------------------------------|---|--|------------|---------------------------|
|                              |   |  | Employ     | ver identification number |
|                              | NITED JEWISH FUND AND COUNCIL<br>H FEDERATION OF GREATER ST. PAUL       |  | 11         | -0693887                  |
| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if | additional space is needed                   |            | -0093887                  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate<br>(See instructions |            | (d)<br>Date received      |
| 3                            | 3,200 SHARES OF GRACO INCORPORATED                                      | -  |            |                           |
|                              |   | \$159,4                                      | 64.        | 05/07/19                  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate<br>(See instructions |            | (d)<br>Date received      |
| 3                            | 2,700 SHARES OF EMERSON ELECTRIC<br>COMPANY                             | -  |            |                           |
|                              |   | \$\$205,7                                    | <u>48.</u> | 03/02/20                  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate<br>(See instructions |            | (d)<br>Date received      |
|                              | 4,600 SHARES OF AMCR  | -  |            |                           |
| <u> </u>                     |   | -<br>\$50,1                                  | 12.        | 12/20/19                  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate<br>(See instructions |            | (d)<br>Date received      |
| 7                            | 500 SHARES OF CLOROX COMPANY, 400<br>SHARES OF MCDONALD'S CORPORATION   | -  |            |                           |
|                              |   | \$ <u>154,6</u>                              | 06.        | 01/13/20                  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate<br>(See instructions |            | (d)<br>Date received      |
|                              |   | -  |            |                           |
|                              |   | _ \$   |            |                           |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate<br>(See instructions |            | (d)<br>Date received      |
|                              |   | -  |            |                           |
|                              |   | -   \$                                       |            |                           |

| Schedule B      | 3 (Form 990, 990-EZ, or 990-PF) (2019)                                |  |                              | Page <b>4</b>                                       |  |  |  |  |  |  |
|-----------------|---|--|------------------------------|---|--|--|--|--|--|--|
| Name of or      |   |  |                              | Employer identification number                      |  |  |  |  |  |  |
|                 | NITED JEWISH FUND AND C   |  |                              |   |  |  |  |  |  |  |
|                 | I FEDERATION OF GREATER   |  |                              | 41-0693887  |  |  |  |  |  |  |
| Part III        | from any one contributor. Complete columns (a                         | a) through (e) and the following line      | entry. For organization      | , or (10) that total more than \$1,000 for the year |  |  |  |  |  |  |
|                 | completing Part III, enter the total of exclusively religious,        | charitable, etc., contributions of \$1,000 | or less for the year. (Enter | r this info. once.) <b>\$</b>                       |  |  |  |  |  |  |
| (a) No.<br>from | Use duplicate copies of Part III if additional<br>(b) Purpose of gift | (c) Use of gift                            |                              | (d) Description of how gift is held                 |  |  |  |  |  |  |
| Part I          |   |  |                              |   |  |  |  |  |  |  |
|                 |   |  |                              |   |  |  |  |  |  |  |
|                 |   |  |                              |   |  |  |  |  |  |  |
|                 |   |  |                              |   |  |  |  |  |  |  |
|                 |   | (e) Transfer of                            | gift                         |   |  |  |  |  |  |  |
|                 | <b>T</b>  |  | Deteriously                  |   |  |  |  |  |  |  |
| F               | Transferee's name, address, a   |  | Relationsr                   | ip of transferor to transferee                      |  |  |  |  |  |  |
|                 |   |  |                              |   |  |  |  |  |  |  |
|                 |   |  |                              |   |  |  |  |  |  |  |
|                 |   |  |                              |   |  |  |  |  |  |  |
| (a) No.<br>from | (b) Purpose of gift   | (c) Use of gift                            |                              | (d) Description of how gift is held                 |  |  |  |  |  |  |
| Part I          | (2) - 2 - 3   | (-, 5                                      |                              | (   |  |  |  |  |  |  |
|                 |   |  |                              |   |  |  |  |  |  |  |
|                 |   |  |                              |   |  |  |  |  |  |  |
|                 |   |  |                              |   |  |  |  |  |  |  |
| Γ               | (e) Transfer of gift  |  |                              |   |  |  |  |  |  |  |
|                 |   |  |                              |   |  |  |  |  |  |  |
|                 | Transferee's name, address, a   | Ind ZIP + 4                                | Relationsh                   | ip of transferor to transferee                      |  |  |  |  |  |  |
|                 |   | [  |                              |   |  |  |  |  |  |  |
|                 |   |  |                              |   |  |  |  |  |  |  |
|                 |   |  |                              |   |  |  |  |  |  |  |
| (a) No.<br>from | (b) Purpose of gift   | (c) Use of gift                            |                              | (d) Description of how gift is hold                 |  |  |  |  |  |  |
| Part I          | (b) Purpose of gift   | (c) Use of gift                            |                              | (d) Description of how gift is held                 |  |  |  |  |  |  |
|                 |   |  |                              |   |  |  |  |  |  |  |
|                 |   |  |                              |   |  |  |  |  |  |  |
|                 |   |  |                              |   |  |  |  |  |  |  |
| F               | (e) Transfer of gift  |  |                              |   |  |  |  |  |  |  |
|                 |   |  |                              |   |  |  |  |  |  |  |
| -               | Transferee's name, address, a   | Ind ZIP + 4                                | Relationsh                   | ip of transferor to transferee                      |  |  |  |  |  |  |
|                 |   |  |                              |   |  |  |  |  |  |  |
|                 |   | [  |                              |   |  |  |  |  |  |  |
|                 |   |  |                              |   |  |  |  |  |  |  |
| (a) No.         |   |  |                              |   |  |  |  |  |  |  |
| from<br>Part I  | (b) Purpose of gift   | (c) Use of gift                            |                              | (d) Description of how gift is held                 |  |  |  |  |  |  |
|                 |   |  |                              |   |  |  |  |  |  |  |
|                 |   |  |                              |   |  |  |  |  |  |  |
|                 |   |  |                              |   |  |  |  |  |  |  |
| F               |   | (e) Transfer of                            |                              |   |  |  |  |  |  |  |
|                 | (e) Transfer of gift  |  |                              |   |  |  |  |  |  |  |
|                 | Transferee's name, address, a   | Ind ZIP + 4                                | Relationsh                   | ip of transferor to transferee                      |  |  |  |  |  |  |
| Γ               |   |  |                              |   |  |  |  |  |  |  |
|                 |   |  |                              |   |  |  |  |  |  |  |
|                 |   |  |                              |   |  |  |  |  |  |  |
| 1               |   |  |                              |   |  |  |  |  |  |  |

| 50  | SCHEDULE D Supplemental Financial Statements   |   |  |          |                                 |  |  |  |
|-----|--|---|--|----------|---------------------------------|--|--|--|
|     | Form 990) 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.<br>Attach to Form 990.  |   |  |          |                                 |  |  |  |
|     | ment of the Treasury<br>I Revenue Service  |   | Attach to Form 990.<br>90 for instructions and the latest information. |          | Open to Public<br>Inspection    |  |  |  |
| Nam | e of the organization  | on THE UNITED JEWISH 1                        | FUND AND COUNCIL   | Emp      | oloyer identification number    |  |  |  |
|     | -  |   | OF GREATER ST. PAUL  |          | 41-0693887                      |  |  |  |
| Par |  | -   | d Funds or Other Similar Funds or A                                    | ccoun    | Its. Complete if the            |  |  |  |
|     | organization   | n answered "Yes" on Form 990, Part IV, lin    |  |          |                                 |  |  |  |
|     |  |   | ,,,  | (b) Fun  | ds and other accounts           |  |  |  |
| 1   |  | nd of year                                    |  |          |                                 |  |  |  |
| 2   |  | f contributions to (during year)              |  |          |                                 |  |  |  |
| 3   |  | f grants from (during year)                   |  |          |                                 |  |  |  |
| 4   |  | t end of year                                 | writing that the assets held in donor advised fun                      | do       |                                 |  |  |  |
| 5   | -  |   | exclusive legal control?   |          | X Yes No                        |  |  |  |
| 6   |  |   | dvisors in writing that grant funds can be used o                      |          |                                 |  |  |  |
| U   |  |   | r donor advisor, or for any other purpose confer                       |          |                                 |  |  |  |
|     | impermissible priva  |   |  | 0        | X Yes No                        |  |  |  |
| Par |  |   | ganization answered "Yes" on Form 990, Part IV                         |          |                                 |  |  |  |
| 1   |  | ervation easements held by the organization   |  | ,        |                                 |  |  |  |
|     |  | of land for public use (for example, recrea   |  | orically | important land area             |  |  |  |
|     |  | f natural habitat                             | Preservation of a cert   | -        | •                               |  |  |  |
|     | Preservation   | of open space                                 |  |          |                                 |  |  |  |
| 2   | Complete lines 2a  | through 2d if the organization held a qualif  | ied conservation contribution in the form of a co                      | nserva   | tion easement on the last       |  |  |  |
|     | day of the tax year  |   |  |          | Held at the End of the Tax Year |  |  |  |
| а   | Total number of co   | onservation easements                         |  | 2a       |                                 |  |  |  |
| b   |  |   |  | 2b       |                                 |  |  |  |
| с   | Number of conserv  | vation easements on a certified historic stru | ucture included in (a)   | 2c       |                                 |  |  |  |
| d   | Number of conserv  | vation easements included in (c) acquired a   | after 7/25/06, and not on a historic structure                         |          |                                 |  |  |  |
|     | listed in the Nation   | al Register                                   |  | 2d       |                                 |  |  |  |
| 3   | Number of conserv  | vation easements modified, transferred, rel   | eased, extinguished, or terminated by the organ                        | ization  | during the tax                  |  |  |  |
|     | year 🕨   |   |  |          |                                 |  |  |  |
| 4   |  | where property subject to conservation eas    |  |          |                                 |  |  |  |
| 5   | Does the organizat   | tion have a written policy regarding the per  | iodic monitoring, inspection, handling of                              |          |                                 |  |  |  |
| _   |  | orcement of the conservation easements it     |  |          |                                 |  |  |  |
| 6   | Staff and voluntee   | r hours devoted to monitoring, inspecting,    | handling of violations, and enforcing conservation                     | on ease  | ments during the year           |  |  |  |
| -   |  |   |  |          |                                 |  |  |  |
| 7   |  | es incurred in monitoring, inspecting, nand   | lling of violations, and enforcing conservation ea                     | sement   | is during the year              |  |  |  |
| 8   |  | viction accompant reported on line 2(d) about | e satisfy the requirements of section 170(h)(4)(B                      | \/;\     |                                 |  |  |  |
| 0   |  |   |  |          | Yes No                          |  |  |  |
| 9   |  |   | n assements in its revenue and exnense staten                          |          |                                 |  |  |  |
| 5   | 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and<br>balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the |   |  |          |                                 |  |  |  |
|     |  | ounting for conservation easements.           |  | u: 0000  |                                 |  |  |  |
| Par |  |   | Art, Historical Treasures, or Other S                                  | Simila   | r Assets.                       |  |  |  |
|     | Complete if  | the organization answered "Yes" on Form       | 990, Part IV, line 8.  |          |                                 |  |  |  |
| 1a  | If the organization  | elected, as permitted under FASB ASC 95       | 8, not to report in its revenue statement and bal                      | ance sł  | neet 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   | b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of  |   |  |          |                                 |  |  |  |
|     | art, historical treas  | ures, or other similar assets held for public | exhibition, education, or research in furtheranc                       | e of put | olic service,                   |  |  |  |
|     | provide the followi  | ng amounts relating to these items:           |  |          |                                 |  |  |  |
|     | (i) Revenue included on Form 990, Part VIII, line 1  |   |  |          |                                 |  |  |  |
|     |  |   |  | •        | \$                              |  |  |  |
| 2   | If the organization  |   | asures, or other similar assets for financial gain,                    |          |                                 |  |  |  |
|     |  | unts required to be reported under FASB A     |  |          |                                 |  |  |  |
| а   | Revenue included   | on Form 990, Part VIII, line 1                | -  | . 🕨      | \$                              |  |  |  |
|     |  |   |  |          | \$                              |  |  |  |
|     |  | eduction Act Notice, see the Instructions     |  |          | Schedule D (Form 990) 2019      |  |  |  |

|          |   | TED JEWISH                                 |                       |                              |             |                   |                |           |       |              |
|----------|---|--|-----------------------|------------------------------|-------------|-------------------|----------------|-----------|-------|--------------|
| -        |   | FEDERATION                                 |                       |                              |             |                   | 41-06          |           |       | age <b>2</b> |
| Par      | t III Organizations Maintaining C   |  |                       |                              |             |                   |                | (continu  | ued)  |              |
| 3        | Using the organization's acquisition, accessi   | on, and other records                      | s, check any of the   | following that               | make sig    | nificant ι        | use of its     |           |       |              |
|          | collection items (check all that apply):  |  |                       |                              |             |                   |                |           |       |              |
| a        |   | d  |                       | change progra                |             |                   |                |           |       |              |
| b        | Scholarly research  | e  | Other                 |                              |             |                   |                |           |       |              |
| c        | Preservation for future generations   |  |                       |                              |             |                   |                |           |       |              |
| 4        | Provide a description of the organization's co  |  |                       |                              |             |                   | se in Part     | XIII.     |       |              |
| 5        | During the year, did the organization solicit o   |  |                       | -                            |             |                   |                | 7         |       | ] N.a        |
| Par      | 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, Pa  |  |                       | answereu                     |             | -0111 990         | , Faitiv, i    | ine 9, 0i |       |              |
| 1a       | Is the organization an agent, trustee, custodi  |  | ary for contribution  | s or other ass               | ets not in  | ncluded           |                |           |       |              |
|          | on Form 990, Part X?  |  |                       |                              |             |                   |                | Yes       | X     | No           |
| b        | If "Yes," explain the arrangement in Part XIII  |  |                       |                              |             |                   | ····· <u> </u> |           |       | 1.10         |
|          | ······································  |  |                       |                              |             |                   |                | Amount    |       |              |
| с        | Beginning balance   |  |                       |                              |             | 1c                |                |           |       |              |
|          | Additions during the year   |  |                       |                              |             |                   |                |           |       |              |
|          | Distributions during the year   |  |                       |                              |             |                   |                |           |       |              |
| f        | Ending balance  |  |                       |                              |             | 1f                |                |           |       |              |
| 2a       | Did the organization include an amount on F   |  |                       |                              |             | y?                | X              | Yes       |       | No           |
| b        | If "Yes," explain the arrangement in Part XIII.   |  |                       |                              |             |                   |                |           | X     | ]            |
| Par      | <b>t V</b> Endowment Funds. Complete i  | if the organization an                     | swered "Yes" on Fo    | orm 990, Part                | IV, line 10 | 0.                |                |           |       |              |
|          |   | (a) Current year                           | (b) Prior year        | (c) Two year                 | s back (    | <b>d)</b> Three y | ears back      | (e) Four  | years | back         |
|          | Beginning of year balance   |  |                       |                              |             |                   |                |           |       |              |
| b        | Contributions   |  |                       |                              |             |                   |                |           |       |              |
| С        | Net investment earnings, gains, and losses  | -304,328. 78,967. 325,454. 190,101928,030. |                       |                              |             |                   |                |           | 030.  |              |
| d        | Grants or scholarships  |  |                       |                              |             |                   |                |           |       |              |
| е        | Other expenditures for facilities   |  |                       |                              |             |                   |                |           |       |              |
|          | and programs  | 764,077.                                   | 191,990.              | 0. 159,060. 520,417. 185,257 |             |                   |                |           | 257.  |              |
| f        | Administrative expenses   |  |                       |                              |             |                   |                |           |       |              |
| -        | End of year balance   | 5,686,668.                                 | 6,739,673.            |                              | 473.        | 6,1               | 84,006.        | 5,        | 209,  | 322.         |
|          | Provide the estimated percentage of the curr  | •  | e (line 1g, column (a | )) held as:                  |             |                   |                |           |       |              |
|          | Board designated or quasi-endowment   | 3.00                                       | _%                    |                              |             |                   |                |           |       |              |
|          | Permanent endowment  97.00  | %  |                       |                              |             |                   |                |           |       |              |
| С        |   | %  |                       |                              |             |                   |                |           |       |              |
|          | The percentages on lines 2a, 2b, and 2c sho   |  |                       |                              |             |                   |                |           |       |              |
| 3a       | Are there endowment funds not in the posse  | ssion of the organiza                      | tion that are held a  | nd administer                | ed for the  | e organiza        | ation          | Г         |       |              |
|          | by:   |  |                       |                              |             |                   |                |           | Yes   | No           |
|          | (i) Unrelated organizations   |  |                       |                              |             |                   |                | 3a(i)     | X     | v            |
|          | (ii) Related organizations 3a(ii)   |  |                       |                              |             |                   |                |           |       | X            |
| -        | b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  |  |                       |                              |             |                   |                |           |       |              |
| 4<br>Par | t VI Land, Buildings, and Equipm  |  | wment tunds.          |                              |             |                   |                |           |       |              |
|          | Complete if the organization answere  |  | Part IV line 11a S    | See Form 990                 | Part X li   | ine 10            |                |           |       |              |
|          | Description of property   | (a) Cost or of                             |                       | t or other                   |             | cumulate          | h              | (d) Book  | value | 2            |
|          |   | basis (investm                             | • •                   | (other)                      | • •         | reciation         | -              | , 2000    | , and | -            |
| 1a       | Land  |  |                       |                              |             |                   |                |           |       |              |
|          | Buildings   |  |                       |                              |             |                   |                |           |       |              |
|          | Leasehold improvements  |  | 5                     | 7,489.                       |             | 57,48             | 39.            |           |       | 0.           |
|          | Equipment   |  |                       | 8,375.                       |             | 49,54             |                | 8         | , 83  |              |
|          | Other   |  |                       |                              |             |                   |                |           |       |              |
|          | Add lines 1a through 1e. (Column (d) must e   |  | X. column (B). line 1 | 0c.)                         |             |                   |                | 8         | , 83  | 30.          |
|          |   |  | ·                     |                              |             |                   | Schedule       | D (Form   | 990)  | 2019         |

932052 10-02-19

| THE | UNI | TED | JEWISH | FUNI  | ) AND       | COUNC | IL |
|-----|-----|-----|--------|-------|-------------|-------|----|
|     |     |     |        | ~ ~ ~ | ~ ~ ~ ~ ~ ~ |       |    |

11-0693887 S

|  | RATION OF GREA               | ATER ST. PAUL              | 41-0693887 Page 3                     |
|--|------------------------------|----------------------------|---------------------------------------|
| Part VII Investments - Other Securities.   |                              |                            |                                       |
| Complete if the organization answered "Yes"  |                              |                            |                                       |
| (a) Description of security or category (including name of security)   | (b) Book value               | (c) Method of Valuat       | ion: Cost or end-of-year market value |
| (1) Financial derivatives  |                              |                            |                                       |
| (2) Closely held equity interests  |                              |                            |                                       |
| (3) Other  |                              |                            |                                       |
| (A) EQUITY SECURITIES AND  |                              |                            |                                       |
| (B) FUNDS, NOT PUBLICLY  | 1 647 022                    |                            |                                       |
| (C) TRADED<br>(D) FIXED INCOME SECURITIES  | 4,647,022.                   | END-OF-IEAF                | R MARKET VALUE                        |
|  |                              |                            |                                       |
| (E) AND FUNDS, NOT PUBLICLY<br>(F) TRADED  | 821,079.                     |                            | R MARKET VALUE                        |
|  | 021,079.                     |                            | MARKEI VALUE                          |
| (G) MARKETABLE ALTERNATIVE<br>(H) FUND   | 2,287,793.                   |                            | R MARKET VALUE                        |
|  | 10,081,693.                  | END-OF-TEAP                | MARKET VADOE                          |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►<br>Part VIII Investments - Program Related. | 10,001,095.                  |                            |                                       |
| Complete if the organization answered "Yes"  | on Form 000 Dart IV/ line 1  | 110 Soo Form 000 Dart )    | V line 12                             |
| (a) Description of investment  | (b) Book value               |                            | ion: Cost or end-of-year market value |
| (1)  |                              |                            |                                       |
| (1)  |                              |                            |                                       |
| (3)  |                              |                            |                                       |
| (3)(4)   |                              |                            |                                       |
| (5)  |                              |                            |                                       |
| (6)  |                              |                            |                                       |
| (7)  |                              |                            |                                       |
| (8)  |                              |                            |                                       |
| (9)  |                              |                            |                                       |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)   |                              |                            |                                       |
| Part IX Other Assets.  |                              |                            |                                       |
| Complete if the organization answered "Yes"  | on Form 990, Part IV, line 1 | 11d. See Form 990, Part >  | X, line 15.                           |
| (a)  | Description                  |                            | (b) Book value                        |
| (1)  |                              |                            |                                       |
| (2)  |                              |                            |                                       |
| (3)  |                              |                            |                                       |
| (4)  |                              |                            |                                       |
| (5)  |                              |                            |                                       |
| (6)  |                              |                            |                                       |
| (7)  |                              |                            |                                       |
| (8)  |                              |                            |                                       |
| (9)  |                              |                            |                                       |
| Total. (Column (b) must equal Form 990, Part X. col. (B) line  | e 15.)                       |                            |                                       |
| Part X Other Liabilities.  |                              |                            |                                       |
| Complete if the organization answered "Yes"  | on Form 990, Part IV, line 1 | 11e or 11f. See Form 990   |                                       |
| 1.         (a) Description of liability  |                              |                            | (b) Book value                        |
| (1) Federal income taxes   |                              |                            |                                       |
| (2) CHARITABLE REMAINDER TRUS  | Г                            |                            | 684,577.                              |
| (3)  |                              |                            |                                       |
| (4)  |                              |                            |                                       |
| (5)  |                              |                            |                                       |
| (6)  |                              |                            |                                       |
| (7)  |                              |                            |                                       |
| (8)  |                              |                            |                                       |
| (9)  |                              |                            |                                       |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line  | ,                            |                            | ▶ 684,577.                            |
| 2. Liability for uncertain tax positions. In Part XIII, provide  | the text of the footnote to  | the organization's financi | al 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) 2019

|     | THE UNITED JEWISH FUND AND COUNCIL   |              |                |       |                              |  |  |  |  |
|-----|--|--------------|----------------|-------|------------------------------|--|--|--|--|
|     | Chedule D (Form 990) 2019 JEWISH FEDERATION OF GREATER ST. PAUL 41-0693887 Page 4<br>Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. |              |                |       |                              |  |  |  |  |
| Fai |  |              |                |       |                              |  |  |  |  |
|     | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  |              |                |       | 2,045,299.                   |  |  |  |  |
| 1   |  |              |                | 1     | 2,045,299.                   |  |  |  |  |
| 2   | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |              | 012 071        |       |                              |  |  |  |  |
| a   | Net unrealized gains (losses) on investments   |              | -843,974.      | -     |                              |  |  |  |  |
| b   | Donated services and use of facilities   |              |                | -     |                              |  |  |  |  |
| С   | Recoveries of prior year grants  |              | 10 0/1         | -     |                              |  |  |  |  |
| d   | Other (Describe in Part XIII.)   | 2d           | -12,241.       |       |                              |  |  |  |  |
| е   | Add lines 2a through 2d  |              |                | 2e    | -856,215.                    |  |  |  |  |
| 3   | Subtract line 2e from line 1   |              |                | 3     | 2,901,514.                   |  |  |  |  |
| 4   | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   | т т          |                |       |                              |  |  |  |  |
| а   | Investment expenses not included on Form 990, Part VIII, line 7b   | . <b>4</b> a | 68,912.        | _     |                              |  |  |  |  |
| b   | Other (Describe in Part XIII.)   | 4b           |                |       |                              |  |  |  |  |
| С   | Add lines 4a and 4b  |              |                | 4c    | <u>68,912.</u><br>2,970,426. |  |  |  |  |
| 5   | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  | 5            | 2,970,426.     |       |                              |  |  |  |  |
| Pa  | t XII Reconciliation of Expenses per Audited Financial Stateme   | ents With    | Expenses per l | Retur | n.                           |  |  |  |  |
|     | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  |              |                |       |                              |  |  |  |  |
| 1   | Total expenses and losses per audited financial statements   |              |                | 1     | 3,531,301.                   |  |  |  |  |
| 2   | Amounts included on line 1 but not on Form 990, Part IX, line 25:  |              |                |       |                              |  |  |  |  |
| а   | Donated services and use of facilities   | 2a           |                |       |                              |  |  |  |  |
| b   | Prior year adjustments   | 2b           |                |       |                              |  |  |  |  |
| с   | Other losses   |              |                |       |                              |  |  |  |  |
| d   | Other (Describe in Part XIII.)   |              |                |       |                              |  |  |  |  |
| е   | Add lines 2a through 2d  |              |                | 2e    | 0.                           |  |  |  |  |
| 3   | Subtract line 2e from line 1   |              |                | 3     | 3,531,301.                   |  |  |  |  |
| 4   | Amounts included on Form 990, Part IX, line 25, but not on line 1:   |              |                |       |                              |  |  |  |  |
| а   | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a           | 68,912.        |       |                              |  |  |  |  |
| b   | Other (Describe in Part XIII.)   | 4b           |                |       |                              |  |  |  |  |
| с   | Add lines 4a and 4b  |              |                | 4c    | 68,912.                      |  |  |  |  |
| 5   |  |              |                |       |                              |  |  |  |  |
| Pa  | t 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 ORGANIZATION INVESTS FUNDS FOR ONE OF ITS BENEFICIARY AGENCIES. THESE

FUNDS ARE INCLUDED WITH THE ORGANIZATION'S INVESTMENT PORTFOLIO BUT ALL

INCOME AND EXPENSES ARE DIRECTLY ASSIGNED TO THE THIRD PARTY'S ACCOUNT.

PART V, LINE 4:

THE PRIMARY INVESTMENT OBJECTIVE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS

AN EMPHASIS ON CAPITAL APPRECIATION WITH MODEST CURRENT INCOME. ENDOWMENT

SPENDING IS BASED ON BOARD APPROVED APPROPRIATIONS AND THE OVERALL NEEDS

OF THE ORGANIZATION BALANCED WITH THE LONG-TERM INVESTMENT RETURN

OBJECTIVES FOR A FUND TO BE HELD IN PERPETUITY.

| Schedule D (Form 990) 2019<br>Part XIII Supplemental Inform             | THE UNITED JEWISH FUND AND COUNCIL<br>JEWISH FEDERATION OF GREATER ST. PAUL 41-0693887<br>rmation (continued) | Page <b>5</b> |  |  |  |  |  |
|---|---|---------------|--|--|--|--|--|
| PART X, LINE 2:   |   |               |  |  |  |  |  |
| THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER    |   |               |  |  |  |  |  |
| SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND COMPARABLE MINNESOTA |   |               |  |  |  |  |  |
| STATUTE. THE ORGANIZATION IS A PUBLIC CHARITY AND CONTRIBUTIONS TO THE  |   |               |  |  |  |  |  |
| ORGANIZATION QUALIFY  | Y AS A CHARITABLE TAX DEDUCTION BY THE CONTRIBUTOR. :   | THE           |  |  |  |  |  |
| ORGANIZATION FOLLOWS THE GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR     |   |               |  |  |  |  |  |
| UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL   |   |               |  |  |  |  |  |
| STATEMENTS.   |   |               |  |  |  |  |  |
|   |   |               |  |  |  |  |  |
| THE ORGANIZATION'S 7  | TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY  |               |  |  |  |  |  |

### FEDERAL, STATE AND LOCAL AUTHORITIES.

| PART XI, LINE 2D - OTHER ADJUSTMENTS:          |          |
|--|----------|
| CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS | -15,336. |
| DISCOUNTED AMORTIZATION ON CONTRIBUTED RENT    | 3,095.   |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D          | -12,241. |

\_\_\_\_\_

#### THE UNITED JEWISH FUND AND COUNCIL Schedule D (Form 990) JEWISH FEDE Part XIII | Supplemental Information (continu JEWISH FEDERATION OF GREATER ST. PAUL

41-0693887 Page 5

|                       | r  |
|-----------------------|--|
| <b>(b)</b> Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
| 1,426,127.            | FMV  |
| 899,672.              | FMV  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       | <br>   |
|                       | 1,426,127.   |

| SCHEDULE I       Grants and Other Assistance to Organizations,         (Form 990)       Governments, and Individuals in the United States         Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. |                                       |                                    |   |   |   |                                       | OMB No. 1545-0047                             |
|--|---------------------------------------|------------------------------------|---|---|---|---------------------------------------|---|
| Department of the Treasury<br>Internal Revenue Service   | Comp                                  | -                                  | n answered "Yes"<br>Attach to Forn<br>rs.gov/Form990 fo | m 990.  |   |                                       | Open to Public<br>Inspection                  |
| ······································   |                                       | FUND AND CO<br>OF GREATER          |   |   |   |                                       | Employer identification number $41 - 0693887$ |
| Part I General Information on Grants a   | nd Assistance                         |                                    |   |   |   |                                       |   |
| <ol> <li>Does the organization maintain records t<br/>criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro-</li> </ol>   | tance?                                |                                    |   |   | -   |                                       |   |
| Part II Grants and Other Assistance to I   | Domestic Organi                       | zations and Domestic               | <b>Governments.</b> C                                   | omplete if the orga                                   | anization answered "Y   | es" on Form 990, Part                 | IV, line 21, for any                          |
| recipient that received more than<br><b>1 (a)</b> Name and address of organization<br>or government  | 65,000. Part II can<br><b>(b)</b> EIN | (c) IRC section<br>(if applicable) | onal space is neede<br>(d) Amount of<br>cash grant      | ed.<br><b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance         |
| THE JEWISH FEDERATIONS OF NORTH<br>AMERICA - 25 BROADWAY, STE 1700 -<br>NEW YORK, NY 10004   | 13-1624240                            | 501(C)(3)                          | 154,695.  | 0.  |   |                                       | GENERAL OPERATING SUPPORT                     |
| JEWISH COMMUNITY CENTER<br>1375 ST PAUL AVENUE<br>ST PAUL, MN 55116  | 41-0698596                            | 501(C)(3)                          | 418,109.  | 0.  |   |                                       | GENERAL OPERATING SUPPORT                     |
| JEWISH FAMILY SERVICE OF ST. PAUL<br>1633 SEVENTH STREET W<br>ST PAUL, MN 55102  | 41-0694697                            | 501(C)(3)                          | 172,361.  | 0.  |   |                                       | GENERAL OPERATING SUPPORT                     |
| TALMUD TORAH<br>768 HAMLINE AVENUE<br>ST PAUL, MN 55116  | 41-0694687                            | 501(C)(3)                          | 130,750.  | 0.  |   |                                       | GENERAL OPERATING SUPPORT                     |
| JEWISH COMMUNITY RELATIONS COUNCIL<br>12 NORTH 12TH STREET, STE 480<br>MINNEAPOLIS, MN 55403   | 41-0826434                            | 501(C)(3)                          | 122,500.  | 0.  |   |                                       | GENERAL OPERATING SUPPORT                     |
| HILLEL FOUNDATION<br>1521 UNIVERSITY AVENUE SE<br>MINNEAPOLIS, MN 55414  | 41-6038613                            | 501(C)(3)                          | 96,625.   | 0.  |   |                                       | GENERAL OPERATING SUPPORT                     |
| 2 Enter total number of section 501(c)(3) and  | •                                     | •                                  | e line 1 table  |   |   |                                       | ▶ <u></u>                                     |
| 3 Enter total number of other organizations  | s listed in the line                  | 1 table                            |   |   |   |                                       |   |

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

Schedule I (Form 990) (2019)

Schedule | (Form 990) JEWISH FEDERATION OF GREATER ST. PAUL

41-0693887 Page 1

| Schedule I (Form 990) JEWISH FE                                   | DERATION         | OF GREATER                       | ST. PAUL                 |   |   | 4                                      | EI-0693667 Pag                        |
|---|------------------|----------------------------------|--------------------------|---|---|--|---------------------------------------|
| Part II Continuation of Grants and Other                          | Assistance to Go | vernments and Organ              | nizations in the Un      | ited States (Sch                        | edule I (Form 990), Pa  | rt II.)                                | 1                                     |
| (a) Name and address of organization or government                | (b) EIN          | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| HERZL CAMP ASSOCIATION  |                  |                                  |                          |   |   |  |                                       |
| 4330 CEDAR LAKE ROAD S  |                  |                                  |                          |   |   |  |                                       |
| MINNEAPOLIS, MN 55416   | 41-6009136       | 501(C)(3)                        | 27,100.                  | 0.                                      |   |  | GENERAL OPERATING SUPPOR              |
| /   |                  |                                  | , -                      |   |   |  |                                       |
| MOUNT ZION TEMPLE   |                  |                                  |                          |   |   |  |                                       |
| 1300 SUMMIT AVENUE  |                  |                                  |                          |   |   |  |                                       |
| ST PAUL, MN 55105   | 41-0711505       | 501(C)(3)                        | 44,890.                  | 0.                                      |   |  | GENERAL OPERATING SUPPOR              |
| NUMBER OF A TRUTCH WHEN WER                                       |                  |                                  |                          |   |   |  |                                       |
| MINNESOTA JEWISH THEATRE  |                  |                                  |                          |   |   |  |                                       |
| PO BOX 16155<br>ST PAUL, MN 55116                                 | 41-1789509       | 501(C)(3)                        | 21,650.                  | 0.                                      |   |  | GENERAL OPERATING SUPPOR              |
|   | 41-1789509       | 501(0)(3)                        | 21,050.                  | 0.                                      |   |  | GENERAL OFERALING SUFFOR              |
| JEWISH HISTORICAL SOCIETY   |                  |                                  |                          |   |   |  |                                       |
| 4330 CEDAR LAKE ROAD S  |                  |                                  |                          |   |   |  |                                       |
| MINNEAPOLIS, MN 55416   | 36-3337514       | 501(C)(3)                        | 6,500.                   | 0.                                      |   |  | GENERAL OPERATING SUPPOR              |
|   |                  |                                  |                          |   |   |  |                                       |
| BETH JACOB CONGREGATION   |                  |                                  |                          |   |   |  |                                       |
| 1179 VICTORIA CURVE   |                  |                                  |                          |   |   |  |                                       |
| ST PAUL, MN 55118   | 41-1525206       | 501(C)(3)                        | 33,383.                  | 0.                                      |   |  | GENERAL OPERATING SUPPOR              |
| FRED WELLS TENNIS AND EDUCATION                                   |                  |                                  |                          |   |   |  |                                       |
| CENTER - 100 FEDERAL DRIVE - ST                                   |                  |                                  |                          |   |   |  |                                       |
| PAUL, MN 55111  | 41-1965977       | 501(C)(3)                        | 5,000.                   | 0.                                      |   |  | GENERAL OPERATING SUPPOR              |
| ,   |                  |                                  | ,                        |   |   |  |                                       |
| LA JOLLA PLAYHOUSE  |                  |                                  |                          |   |   |  |                                       |
| 2910 LA JOLLA VILLAGE DRIVE                                       |                  |                                  |                          |   |   |  |                                       |
| LA JOLLA, CA 92037  | 95-1941117       | 501(C)(3)                        | 5,000.                   | 0.                                      |   |  | GENERAL OPERATING SUPPOR              |
| NODELL AMEDICAN NEWDO ODELLAS                                     |                  |                                  |                          |   |   |  |                                       |
| NORTH AMERICAN NEURO-OPTHALMOLOGY                                 |                  |                                  |                          |   |   |  |                                       |
| SOCIETY - 5841 CEDAR LAKE ROAD,<br>STE 204 - MINNEAPOLIS MN 55416 | 85-0342069       | 501(C)(3)                        | 5,000.                   | 0.                                      |   |  | GENERAL OPERATING SUPPOR              |
| STE 204 - MINNEAPOLIS, MN 55416                                   | 05-0342069       | 501(C)(3)                        | 5,000.                   | <u> </u>                                |   |  | SEMERAL OPERATING SUPPOR              |
| OLD GLOBE THEATRE   |                  |                                  |                          |   |   |  |                                       |
| PO BOX 122171   |                  |                                  |                          |   |   |  |                                       |
| SAN DIEGO, CA 92112   | 95-1543396       | 501(C)(3)                        | 5,000.                   | ٥.                                      |   |  | GENERAL OPERATING SUPPOR              |

Schedule I (Form 990)

#### JEWISH FEDERATION OF GREATER ST. PAUL

| 41- | 0693887 | Page 1 |
|-----|---------|--------|
|     |         |        |

|  |                  | OF GREATER                       |                          |  |   |  | 1-0693887 Page 1                             |
|--|------------------|----------------------------------|--------------------------|--|---|--|--|
| Part II Continuation of Grants and Other           | Assistance to Go | vernments and Organ              | nizations in the Un      | ited States (School                            | edule I (Form 990), Pa  | rt II.)                                | 1  |
| (a) Name and address of organization or government | (b) EIN          | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |
|  |                  |                                  |                          |  |   |  |  |
| SHOLOM FOUNDATION                                  |                  |                                  |                          |  |   |  |  |
| 3610 PHILLIPS PARKWAY                              | 36-3411361       | $E_{01}(c)(2)$                   | 22 600                   | 0  |   |  | CENEDAL ODEDAMING CUDDODM                    |
| MINNEAPOLIS, MN 55426                              | 30-3411301       | 501(C)(3)                        | 23,600.                  | 0.   |   |  | GENERAL OPERATING SUPPORT                    |
| LUBAVITCH CHEDER DAY SCHOOL                        |                  |                                  |                          |  |   |  |  |
| 1758 FORD PARKWAY                                  |                  |                                  |                          |  |   |  |  |
| ST PAUL, MN 55116                                  | 41-1763738       | 501(C)(3)                        | 46,250.                  | ٥.   |   |  | GENERAL OPERATING SUPPORT                    |
|  |                  |                                  |                          |  |   |  |  |
| AMERICAN JEWISH WORLD SERVICE                      |                  |                                  |                          |  |   |  |  |
| 45 W 36TH STREET                                   |                  |                                  |                          |  |   |  |  |
| NEW YORK, NY 10018                                 | 22-2584370       | 501(C)(3)                        | 25,000.                  | 0.   |   |  | GENERAL OPERATING SUPPORT                    |
|  |                  |                                  |                          |  |   |  |  |
| BEND THE ARC                                       |                  |                                  |                          |  |   |  |  |
| 330 7TH AVENUE, 19TH FLOOR                         |                  |                                  |                          |  |   |  |  |
| NEW YORK, NY 10001                                 | 46-0539726       | 501(C)(3)                        | 25,000.                  | 0.   |   |  | GENERAL OPERATING SUPPORT                    |
|  |                  |                                  |                          |  |   |  |  |
| FRIENDS OF TEMPLE BETH-EL OF                       |                  |                                  |                          |  |   |  |  |
| JERSEY CITY - 2419 KENNEDY                         |                  |                                  |                          |  |   |  |  |
| BOULEVARD - JERSEY CITY, NJ 07304                  | 22-1546182       | 501(C)(3)                        | 42,500.                  | ٥.   |   |  | GENERAL OPERATING SUPPORT                    |
|  |                  |                                  |                          |  |   |  |  |
| HEBREW COLLEGE                                     |                  |                                  |                          |  |   |  |  |
| 160 HERRICK ROAD                                   | 04 0104200       | F01(0)(2)                        | F 000                    |  |   |  | CENTERS OF CONTRACTOR                        |
| NEWTON CENTRE, MA 02459                            | 04-2104300       | 501(C)(3)                        | 5,000.                   | 0.   |   |  | GENERAL OPERATING SUPPORT                    |
| HERZL CAMP FOUNDATION                              |                  |                                  |                          |  |   |  |  |
| 4330 CEDAR LAKE ROAD                               |                  |                                  |                          |  |   |  |  |
| MINNEAPOLIS, MN 55416                              | 83-0506393       | 501(C)(3)                        | 21,000.                  | 0.   |   |  | GENERAL OPERATING SUPPORT                    |
|  |                  | 501(0)(3)                        | 21,000.                  |  |   |  |  |
| TEMPLE ISRAEL                                      |                  |                                  |                          |  |   |  |  |
| 2323 FREMONT AVENUE S                              |                  |                                  |                          |  |   |  |  |
| MINNEAPOLIS, MN 55405                              | 41-0705807       | 501(C)(3)                        | 5,500.                   | 0.   |   |  | GENERAL OPERATING SUPPORT                    |
| JEWISH FAMILY AND CHILDREN'S                       |                  | ,                                |                          |  |   |  |  |
| SERVICE OF MINNEAPOLIS - 5905                      |                  |                                  |                          |  |   |  |  |
| GOLDEN VALLEY ROAD - GOLDEN                        |                  |                                  |                          |  |   |  |  |
| VALLEY, MN 55422                                   | 41-0693860       | 501(C)(3)                        | 7,048.                   | 0.   |   |  | GENERAL OPERATING SUPPORT                    |

Schedule I (Form 990)

# Schedule I (Form 990) JEWISH FEDERATION OF GREATER ST. PAUL

41-0693887 Page 1

| (a) Name and address of                     | (b) EIN    | (c) IRC section | (d) Amount of | (e) Amount of          | (f) Method of                                 | (g) Description of  | (h) Purpose of grant      |
|---|------------|-----------------|---------------|------------------------|---|---------------------|---------------------------|
| organization or government                  |            | if applicable   | cash grant    | non-cash<br>assistance | valuation<br>(book, FMV,<br>appraisal, other) | non-cash assistance | or assistance             |
| SRUI  |            |                 |               |                        |   |                     |                           |
| 1121 LAKE COOK ROAD, SUITE D                |            |                 |               |                        |   |                     |                           |
| DEERFIELD, IL 60015                         | 13-1663143 | 501(C)(3)       | 17,860.       | ٥.                     |   |                     | GENERAL OPERATING SUPPORT |
| ,   |            |                 | , -           |                        |   |                     |                           |
| SCHWAB CHARITABLE                           |            |                 |               |                        |   |                     |                           |
| 211 MAIN STREET                             |            |                 |               |                        |   |                     |                           |
| SAN FRANCISCO, CA 94105                     | 31-1640316 | 501(C)(3)       | 49,142.       | 0.                     |   |                     | GENERAL OPERATING SUPPORT |
|   |            |                 |               |                        |   |                     |                           |
| HIAS<br>1300 SILVER SPRING STREET, SUITE 50 |            |                 |               |                        |   |                     |                           |
| SILVER SPRING, MD 20910                     |            | 501(C)(3)       | 30,500.       | 0.                     |   |                     | GENERAL OPERATING SUPPORT |
| SHIVER SERING, MD 20910                     | 13 3033307 | 501(0/(5/       | 50,500.       |                        |   |                     | SEMERAL OFERATING SOFFORT |
| NEW ISRAEL FUND                             |            |                 |               |                        |   |                     |                           |
| 6 E 39TH STREET                             |            |                 |               |                        |   |                     |                           |
| NEW YORK, NY 10016                          | 94-2607722 | 501(C)(3)       | 25,000.       | 0.                     |   |                     | GENERAL OPERATING SUPPORT |
|   |            |                 |               |                        |   |                     |                           |
|   |            |                 |               |                        |   |                     |                           |
|   |            |                 |               |                        |   |                     |                           |
|   |            |                 |               |                        |   |                     |                           |
|   |            |                 |               |                        |   |                     |                           |
|   |            |                 |               |                        |   |                     |                           |
|   |            |                 |               |                        |   |                     |                           |
|   |            |                 |               |                        |   |                     |                           |
|   |            |                 |               |                        |   |                     |                           |
|   |            |                 |               |                        |   |                     |                           |
|   |            |                 |               |                        |   |                     |                           |
|   |            |                 |               |                        |   |                     |                           |
|   |            |                 |               |                        |   |                     |                           |
|   |            |                 |               |                        |   |                     |                           |
|   |            |                 |               |                        |   |                     |                           |
|   |            |                 |               |                        |   |                     |                           |
|   |            |                 |               |                        |   |                     |                           |
|   |            |                 |               |                        |   |                     |                           |

Schedule I (Form 990)

#### JEWISH FEDERATION OF GREATER ST. PAUL

Schedule I (Form 990) (2019)

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 | <b>(c)</b> Amount of cash grant | (d) Amount of non-<br>cash assistance | <b>(e)</b> Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|---------------------------------|---------------------------------------|---|---------------------------------------|
|                                 |                          |                                 |                                       |   |                                       |
| CAMP SCHOLARSHIPS               | 41                       | 30,750.                         | 0.                                    | N/A   | N/A                                   |
|                                 |                          |                                 |                                       |   |                                       |
|                                 |                          |                                 |                                       |   |                                       |
|                                 |                          |                                 |                                       |   |                                       |
|                                 |                          |                                 |                                       |   |                                       |
|                                 |                          |                                 |                                       |   |                                       |
|                                 |                          |                                 |                                       |   |                                       |
|                                 |                          |                                 |                                       |   |                                       |
|                                 |                          |                                 |                                       |   |                                       |

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

PART I, LINE 2:

APPLICANTS FOR GRANTS MUST PROVIDE DETAILED EXPLANATIONS OF INTENDED USES

INCLUDING BUDGETS; AND SUBMIT FINANCIAL INFORMATION AT DETERMINED

INTERVALS.

FORM 990, SCHEDULE I, PART I, GRANTS TO ORGANIZATIONS:

AMOUNTS GRANTED TO ORGANIZATIONS ON PART I OF SCHEDULE I INCLUDE

DISTRIBUTIONS FROM DONOR ADVISED FUNDS.

41-0693887

Page 2

|      | SCHEDULE M Noncash Contributions (Form 990)   |                              |                                      |   |   |          |  |          |  |
|------|---|------------------------------|--------------------------------------|---|---|----------|--|----------|--|
|      | Department of the Treasury Internal Revenue Service       Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.         Attach to Form 990.       Attach to Form 990.         Go to www.irs.gov/Form990 for instructions and the latest information.         Name of the organization       THE UNITED JEWISH FUND AND COUNCIL |                              |                                      |   |   |          |  |          |  |
| Name | e of the organization   | identification nu            |                                      |   |   |          |  |          |  |
|      |   | JEWISH FEDER                 | ATION                                | OF GREATEF  | R ST. PAUL  | 4        | 1-0693887                                    |          |  |
| Par  | tl Types of F   | Property                     |                                      |   |   | <b>F</b> |  |          |  |
|      |   |                              | <b>(a)</b><br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | <b>(c)</b><br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g |          | (d)<br>I of determining<br>Intribution amoun | ts       |  |
| 1    | Art - Works of art  |                              |                                      |   |   |          |  |          |  |
| 2    |   | ures                         |                                      |   |   |          |  |          |  |
| 3    |   | ests                         |                                      |   |   |          |  |          |  |
| 4    |   | ons                          |                                      |   |   |          |  |          |  |
| 5    |   | nold goods                   |                                      |   |   |          |  |          |  |
| 6    |   | cles                         |                                      |   |   |          |  |          |  |
| 7    |   |                              |                                      |   |   |          |  |          |  |
| 8    |   |                              |                                      |   |   |          |  |          |  |
| 9    |   | traded                       | X                                    | 11,000  | 569,930.  | FAIR MAR | KET VALUE                                    |          |  |
| 10   |   | neld stock                   |                                      |   |   |          |  |          |  |
| 11   | Securities - Partners   |                              |                                      |   |   |          |  |          |  |
|      | trust interests   |                              |                                      |   |   |          |  |          |  |
| 12   | Securities - Miscellar  | neous                        |                                      |   |   |          |  |          |  |
| 13   | Qualified conservation  | on contribution -            |                                      |   |   |          |  |          |  |
|      | Historic structures   |                              |                                      |   |   |          |  |          |  |
| 14   | Qualified conservation  | on contribution - Other      |                                      |   |   |          |  |          |  |
| 15   | Real estate - Resider   | ntial                        |                                      |   |   |          |  |          |  |
| 16   | Real estate - Comme   | ercial                       |                                      |   |   |          |  |          |  |
| 17   | Real estate - Other   |                              |                                      |   |   |          |  |          |  |
| 18   | Collectibles  |                              |                                      |   |   |          |  |          |  |
| 19   | Food inventory  |                              |                                      |   |   |          |  |          |  |
| 20   | Drugs and medical s   | supplies                     |                                      |   |   |          |  |          |  |
| 21   | Taxidermy   |                              |                                      |   |   |          |  |          |  |
| 22   | Historical artifacts  |                              |                                      |   |   |          |  |          |  |
| 23   | Scientific specimens  | s                            |                                      |   |   |          |  |          |  |
| 24   | Archeological artifac   | ts                           |                                      |   |   |          |  |          |  |
| 25   | Other 🕨 (   | )                            |                                      |   |   |          |  |          |  |
| 26   | Other 🕨 (   | )                            |                                      |   |   |          |  |          |  |
| 27   | Other 🕨 (   | )                            |                                      |   |   |          |  |          |  |
| 28   | Other 🕨 (   | )                            |                                      |   |   |          |  |          |  |
| 29   | Number of Forms 82  | 283 received by the organiz  | zation during                        | g the tax year for co                                     | ontributions  |          |  |          |  |
|      | for which the organiz   | zation completed Form 82     | 83, Part IV, I                       | Donee Acknowledg  | jement 29   |          | I  |          |  |
|      |   |                              |                                      |   |   |          | Yes  | No       |  |
| 30a  |   | -                            |                                      | • • • • •   | orted in Part I, lines 1 throug   |          |  |          |  |
|      |   |                              |                                      |   | which isn't required to be us   |          |  |          |  |
|      |   | r the entire holding period? | ?                                    |   |   |          | <u>30a</u>                                   | X        |  |
| b    |   | e arrangement in Part II.    |                                      |   | _   |          |  |          |  |
| 31   | -   | • · ·                        | •                                    | -   | of any nonstandard contribut  | ions?    | 31   | <u> </u> |  |
| 32a  | Does the organization contributions?  | ·                            |                                      | •   | cit, process, or sell noncash   |          | 32a  | x        |  |
| b    | If "Yes," describe in   | Part II.                     |                                      |   |   |          |  |          |  |
| 33   | If the organization di  | idn't report an amount in c  | olumn (c) fo                         | r a type of property                                      | r for which column (a) is cheo  | ked,     |  |          |  |
|      | describe in Part II.  |                              |                                      |   |   |          |  |          |  |
| LHA  | For Paperwork R   | eduction Act Notice, see     | the Instruct                         | tions for Form 990  | ).  | Sched    | dule M (Form 990                             | ) 2019   |  |

|                            | THE UNITED JEWISH FUND AND COUNCIL    |       |
|----------------------------|---------------------------------------|-------|
| Schedule M (Form 990) 2019 | JEWISH FEDERATION OF GREATER ST. PAUL | 41-06 |

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

# SCHEDULE M, PART I, COLUMN (B):

### NUMBER OF SHARES CONTRIBUTED.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

THE UNITED JEWISH FUND AND COUNCIL

JEWISH FEDERATION OF GREATER ST. PAUL



41-0693887

FORM 990, PART I, DOING BUSINESS AS:

THE JEWISH FEDERATION OF GREATER ST. PAUL

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

ANTI-SEMITISM AND INTOLERANCE. WE WORK WITH ORGANIZATIONS TO ENSURE THE

LONG-TERM SUSTAINABILITY, VIBRANCY AND SAFETY OF OUR COMMUNITY AND THE

JEWISH PEOPLE. IN TIMES OF CRISES, WE MOBILIZE THE JEWISH COMMUNITY TO

RESPOND COLLECTIVELY.

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

MICHAEL SAXON, POLLY SAXON AND BEN SAXON - FAMILY RELATIONSHIP

STEVEN SHALLER AND MICHELLE SHALLER - FAMILY RELATIONSHIP

YOAV AND ROSALYN SEGAL - FAMILY RELATIONSHIP

ALAN AND LISA BERNICK - FAMILY RELATIONSHIP

JAY AND ERIN BALDINGER - FAMILY RELATIONSHIP

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

ALL PERSONS WHO CONTRIBUTE YEARLY THE PRESCRIBED MEMBERSHIP DUES OR MORE TO THE ORGANIZATION SHALL BE VOTING MEMBERS DURING THE FISCAL YEAR FOR WHICH THE CONTRIBUTION WAS MADE, PROVIDED THAT THE CONTRIBUTION IS MADE AT A TIME PRIOR TO THE ANNUAL MEETING.

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

DIRECTORS OF THE ORGANIZATION ARE ELECTED AT THE ANNUAL MEETING. DIRECTORS

ARE NOMINATED BY THE NOMINATING COMMITTEE AND ELECTED BY AND FROM THE

| Schedule O (Form 990 or 990-EZ) (2019)   | Page <b>2</b>                                 |
|--|---|
| Name of the organization THE UNITED JEWISH FUND AND COUNCIL<br>JEWISH FEDERATION OF GREATER ST. PAUL | Employer identification number $41 - 0693887$ |
| YEARS EACH, AND SHALL BE ELECTED SUCH THAT ONE-THIRD OF TH   | E DIRECTORS IS                                |
| ELECTED EACH YEAR.   |   |
|  |   |
| FORM 990, PART VI, SECTION A, LINE 7A:   |   |

UP TO FIVE DIRECTORS ARE NOMINATED BY THE PRESIDENT FROM THE MEMBERSHIP OF THE ORGANIZATION AND ARE ELECTED BY THE BOARD OF DIRECTORS TO SERVE A TERM OF ONE YEAR EACH AT ITS FIRST REGULAR BOARD MEETING FOLLOWING THE ANNUAL MEETING.

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

ALL BYLAWS ARE SUBJECT TO ALTERATION, ADDITION, AMENDMENT OR REPEAL BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE MEMBERS PRESENT AT ANY ANNUAL MEETING OR AT ANY SPECIAL MEETING CALLED FOR THAT PURPOSE, OR BY THE AFFIRMATIVE VOTE OF TWO-THIRDS OF THE MEMBERS IF THE BOARD OF DIRECTORS PRESENT AT ANY MEETING OF THE BOARD OF DIRECTORS AT WHICH A QUORUM IS PRESENT.

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

A DRAFT OF THE 990 IS DISTRIBUTED TO BOARD MEMBERS FOR COMMENTS BEFORE FILING WITH THE IRS.

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

THE BOARD REQUIRES ALL DIRECTORS, OFFICERS, OR MEMBERS OF A COMMITTEE WITH BOARD-DELEGATED POWERS TO DISCLOSE ANY CONFLICT OF INTEREST WHENEVER THEY ARISE THROUGHOUT THE YEAR, AND ARE ASKED TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY. AFTER DISCLOSURE OF THE POSSIBLE CONFLICT OF INTEREST, THE INTERESTED PERSON MUST LEAVE THE BOARD MEETING WHILE THE REMAINING BOARD MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. IF A CONFLICT OF INTEREST IS DETERMINED TO EXIST, THE INTERESTED PERSON MAY MAKE A

| Schedule O (Form 990 or 990-EZ) (2019)                       | Page <b>2</b>                  |
|--|--------------------------------|
| Name of the organization THE UNITED JEWISH FUND AND COUNCIL  | Employer identification number |
| JEWISH FEDERATION OF GREATER ST. PAUL                        | 41-0693887                     |
| PRESENTATION REGARDING THE PROPOSED TRANSACTION OR ARRANGE   | MENT, BUT THEN                 |
| AFTER MUST LEAVE DURING THE DISCUSSION AND VOTE ON THE PRO   | POSED TRANSACTION              |
| OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE BOARD    | SHALL DETERMINE                |
| WHETHER THE ORGANIZATION CAN OBTAIN A MORE ADVANTAGEOUS TR   | ANSACTION OR                   |
| ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTIT   | Y THAT WOULD NOT               |
| GIVE RISE TO A CONFLICT OF INTEREST. IF THAT IS NOT REASON   | ABLY ATTAINABLE,               |
| THE REMAINING BOARD SHALL DETERMINE BY A MAJORITY VOTE WHE   | THER IT IS IN THE              |
| BEST INTEREST AND FOR ITS OWN BENEFIT TO ENTER INTO THE TR   | ANSACTION OR                   |
| ARRANGEMENT. THE ORGANIZATION DOCUMENTS THE NAME(S) OF THE   | PERSONS WHO HAD                |
| THE CONFLICT OF INTEREST, THE NATURE OF THE CONFLICT, ANY    | ACTION TAKEN TO                |
| DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND    | THE DECISION AS                |
| TO WHETHER A CONFLICT IN FACT EXISTED. ADDITIONALLY, THE M   | INUTES DOCUMENT                |
| THE NAMES OF THE PERSONS WHO WERE PRESENT FOR THE DISCUSSION | ONS AND VOTES                  |
| RELATED TO THE CONFLICT, THE CONTENT OF THE DISCUSSIONS, A   | ND A RECORD OF                 |
| ANY VOTES TAKEN.   |                                |

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

THE JEWISH FEDERATION OF GREATER ST PAUL IS A MEMBER OF THE JEWISH FEDERATION OF NORTH AMERICA (JFNA), WHICH REPRESENTS 152 JEWISH FEDERATIONS AND MORE THAN 300 NETWORK COMMUNITIES. JFNA MAKES AVAILABLE TO ALL FEDERATIONS INFORMATION REGARDING ANNUAL SALARIES FOR FEDERATION EMPLOYEES, INCLUDING EXECUTIVE DIRECTORS. OUR PERSONNEL COMMITTEE MEETS ANNUALLY TO EVALUATE THE EXECUTIVE DIRECTOR'S PERFORMANCE OVER THE PAST YEAR. USING THIS EVALUATION IN CONJUNCTION WITH JFNA SALARY INFORMATION, THE COMMITTEE ARRIVES AT THE EXECUTIVE DIRECTOR'S SALARY.

 THE SALARIES ARE SET BY THE EXECUTIVE DIRECTOR. THE BUDGET INCLUDING THE

 SALARY LINE ITEM IS APPROVED BY THE FULL BOARD. THIS PROCESS LAST OCCURRED

 932212 09-06-19
 Schedule O (Form 990 or 990-EZ) (2019)

DURING 2019.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

THE EXECUTIVE COMMITTEE IS COMPOSED OF THE OFFICERS OF THE

ORGANIZATION, THE IMMEDIATE PAST TWO (2) PRESIDENTS OF THIS

ORGANIZATION, THE CHAIR OF THE CENTRAL BUDGET AND REVIEW COMMITTEE, THE

OVERALL CAMPAIGN CHAIR, THE MEN'S DIVISION CAMPAIGN CHAIR, THE WOMAN'S

PHILANTHROPY CHAIR AND PRESIDENT, THE YOUNG LEADERSHIP CHAIR, AND IN

ADDITION, THREE (3) MEMBERS OF THE BOARD OF DIRECTORS WHO MAY BE

NOMINATED BY THE PRESIDENT AND ELECTED BY THE BOARD OF DIRECTORS AND

WHO SHALL SERVE AT THE PLEASURE OF THE PRESIDENT. THE EXECUTIVE

COMMITTEE SHALL HAVE AND EXERCISE THE COMPLETE AUTHORITY AND POWER OF

THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE ORDINARY, ROUTINE AND

ADMINISTRATIVE AFFAIRS OF THE CORPORATION IN THE INTERIM BETWEEN

MEETINGS OF THE BOARD OF DIRECTORS; PROVIDED, HOWEVER, THAT THE

EXECUTIVE COMMITTEE SHALL REPORT ITS PROCEEDINGS TO THE BOARD OF

DIRECTORS AT ITS NEXT MEETING FOR RATIFICATION.

```
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST-15,336.DISCOUNT AMORTIZATION ON CONTRIBUTED RENT3,095.TOTAL TO FORM 990, PART XI, LINE 9-12,241.
```

| FORM 990, PART XII, LINE 2C:<br>THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR. |  |
|--|--|
| THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.                                 |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

| SCHEDUI<br>(Form 990<br>Department o<br>Internal Rever |                |  |                                      |   |                               |   |                                      |                          |   |       |
|--|----------------|--|--------------------------------------|---|-------------------------------|---|--------------------------------------|--------------------------|---|-------|
| Name of t  | he organizati  | rganization THE UNITED JEWISH FUND AND COUNCIL En<br>JEWISH FEDERATION OF GREATER ST. PAUL |                                      |   |                               |   |                                      |                          |   |       |
| Part I   | Identification | on of Disregarded Entities. Comple   | te if the organization answered "Yes | on Form 990, Part IV, line 33                       | 3.                            |   |                                      |                          |   |       |
|  |                | (a)<br>ess, and EIN (if applicable)<br>disregarded entity                                  | (b)<br>Primary activity              | (c)<br>Legal domicile (state o<br>foreign country)  | r (d)<br>Total inco           | me End-of-year a  | ssets                                | (f)<br>Direct co<br>enti | ntrolling                               | ]     |
|  |                |  | -                                    |   |                               |   |                                      |                          |   |       |
|  |                |  | -                                    |   |                               |   |                                      |                          |   |       |
| Part II  | Identification | on of Related Tax-Exempt Organization of Related Tax-Exempt Organization of the tax year.  | tions. Complete if the organization  | answered "Yes" on Form 990                          | ), Part IV, line 34, t        | because it had one or                                     | more related                         | tax-exem                 | pt                                      |       |
|  |                | (a)<br>e, address, and EIN<br>elated organization  | <b>(b)</b><br>Primary activity       | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | <b>(f)</b><br>Direct contr<br>entity | Ŭ                        | (c<br>Section 5<br>contr<br>enti<br>Yes | olled |
|  |                |  | -                                    |   |                               |   |                                      |                          |   |       |
|  |                |  | -                                    |   |                               |   |                                      |                          |   |       |
|  |                |  | -                                    |   |                               |   |                                      |                          |   |       |
|  |                |  | -                                    |   |                               |   |                                      |                          |   |       |

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

### Schedule R (Form 990) 2019 JEWISH FEDERATION OF GREATER ST. PAUL

41-0693887 Page 2

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.

|   | ······j· ·····j· ···· | · ) - ····                                |                              |   |                       |                                   |     |                      |  |                        |                         |                         |
|---|-----------------------|---|------------------------------|---|-----------------------|-----------------------------------|-----|----------------------|--|------------------------|-------------------------|-------------------------|
| (a)   | (b)                   | (c)                                       | (d)                          | (e)   | (f)                   | (g)                               | (1  | h)                   | (i)  | (j                     |                         | (k)                     |
| Name, address, and EIN<br>of related organization | Primary activity      | Legal<br>domicile<br>(state or<br>foreign | Direct controlling<br>entity | Predominant income<br>(related, unrelated,<br>excluded from tax under | Share of total income | Share of<br>end-of-year<br>assets |     | ortionate<br>ations? | Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | Gener<br>mana<br>partr | ral or<br>aging<br>ner? | Percentage<br>ownership |
|   |                       | country)                                  |                              | sections 512-514)   |                       | 400010                            | Yes | No                   | K-1 (Form 1065)  | Yes                    | No                      |                         |
|   |                       |   |                              |   |                       |                                   |     |                      |  |                        |                         |                         |
|   |                       |   |                              |   |                       |                                   |     |                      |  |                        |                         |                         |
|   |                       |   |                              |   |                       |                                   |     |                      |  |                        |                         |                         |
|   |                       |   |                              |   |                       |                                   |     |                      |  |                        |                         |                         |
|   |                       |   |                              |   |                       |                                   |     |                      |  |                        |                         |                         |
|   | 1                     |   |                              |   |                       |                                   |     |                      |  |                        |                         |                         |
|   | 1                     |   |                              |   |                       |                                   |     |                      |  |                        |                         |                         |
|   |                       |   |                              |   |                       |                                   |     |                      |  |                        |                         |                         |
|   |                       |   |                              |   |                       |                                   |     |                      |  |                        |                         |                         |
|   |                       |   |                              |   |                       |                                   |     |                      |  |                        |                         |                         |
|   |                       |   |                              |   |                       |                                   |     |                      |  |                        |                         |                         |
|   |                       |   |                              |   |                       |                                   |     |                      |  |                        |                         |                         |
|   |                       |   |                              |   |                       |                                   |     |                      |  |                        |                         |                         |
|   | 1                     |   |                              |   |                       |                                   |     |                      |  |                        |                         |                         |
|   | 1                     |   |                              |   |                       |                                   |     |                      |  |                        |                         |                         |
|   | 1                     |   |                              |   |                       |                                   |     |                      |  |                        |                         |                         |
|   |                       |   |                              | 1   |                       |                                   |     |                      |  |                        |                         |                         |

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.

| <b>(a)</b><br>Name, address, and EIN<br>of related organization                    | <b>(b)</b><br>Primary activity | (C)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | <b>(f)</b><br>Share of total<br>income | <b>(g)</b><br>Share of<br>end-of-year<br>assets | <b>(h)</b><br>Percentage<br>ownership | ent | ( <b>i)</b><br>b)(13)<br>rolled<br>tity? |
|--|--------------------------------|---|-------------------------------------|--|--|---|---------------------------------------|-----|--|
|  |                                |   |                                     |  |  |   |                                       | Yes | No                                       |
| CHARITABLE REMAINDER TRUST - 41-6412134         790 SOUTH CLEVELAND AVENUE NO. 227 |                                |   | JEWISH<br>FEDERATION OF             |  |  |   |                                       |     |  |
| ST. PAUL, MN 55116   | TRUST                          | MN  | GREATER ST.                         | TRUST  | 84,475.                                | 1,408,570.                                      | 100%                                  | X   |  |
|  |                                |   |                                     |  |  |   |                                       |     |  |
|  |                                |   |                                     |  |  |   |                                       |     |  |
|  |                                |   |                                     |  |  |   |                                       |     |  |

## Schedule R (Form 990) 2019 JEWISH FEDERATION OF GREATER ST. PAUL

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

| Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  |    | Yes | No |
|-----|---|----|-----|----|
| 1   | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |    |     |    |
| а   | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity   | 1a |     | X  |
|     | Gift, grant, or capital contribution to related organization(s)   | 1b |     | Х  |
| с   | Gift, grant, or capital contribution from related organization(s)   | 1c |     | Х  |
| d   | Loans or loan guarantees to or for related organization(s)  | 1d |     | Х  |
| е   | Loans or loan guarantees by related organization(s)   | 1e |     | Х  |
|     |   |    |     |    |
| f   | Dividends from related organization(s)  | 1f |     | Х  |
|     | Sale of assets to related organization(s)   | 1g |     | Х  |
| h   | Purchase of assets from related organization(s)   | 1h |     | Х  |
| i   | Exchange of assets with related organization(s)   | 1i |     | X  |
| j   | Lease of facilities, equipment, or other assets to related organization(s)  | 1j |     | X  |
|     |   |    |     |    |
| k   | Lease of facilities, equipment, or other assets from related organization(s)  | 1k |     | X  |
| 1   | Performance of services or membership or fundraising solicitations for related organization(s)  | 11 |     | X  |
| m   | Performance of services or membership or fundraising solicitations by related organization(s)   | 1m |     | X  |
| n   | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   | 1n |     | X  |
| 0   | Sharing of paid employees with related organization(s)  | 10 |     | X  |
|     |   |    |     |    |
| р   | Reimbursement paid to related organization(s) for expenses  | 1p |     | X  |
|     | Reimbursement paid by related organization(s) for expenses  | 1q |     | X  |
|     |   |    |     |    |
| r   | Other transfer of cash or property to related organization(s)   | 1r |     | X  |
| s   | Other transfer of cash or property from related organization(s)   | 1s |     | Х  |

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

| (a)<br>Name of related organization | <b>(b)</b><br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|---|-------------------------------|--|
| (1)                                 |   |                               |  |
| (2)                                 |   |                               |  |
| (3)                                 |   |                               |  |
| (4)                                 |   |                               |  |
| (5)                                 |   |                               |  |
| <u>(6)</u>                          |   |                               |  |

## Schedule R (Form 990) 2019 JEWISH FEDERATION OF GREATER ST. PAUL

### 41-0693887 Page 4

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

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

| (a)                           | (b)                     | (c)                   | (d)  |                             |             | (f)             | (g)             | /         | h)                       | (i)  | (j)              | (k)      |
|-------------------------------|-------------------------|-----------------------|--|-----------------------------|-------------|-----------------|-----------------|-----------|--------------------------|--|------------------|----------|
| (a)<br>Name, address, and EIN | (b)<br>Primary activity | (c)<br>Legal domicile |  | (e)<br>Are a                | <b>i</b> ll | (I)<br>Share of | (9)<br>Share of |           | ropor-                   |  | (J)<br>General ( |          |
| of entity                     | Frindry activity        | (state or foreign     | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | partners<br>501(c)<br>orgs. | (3)         | total           | end-of-year     | tio       | ropor-<br>nate<br>tions? | Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | managin          |          |
| or onaly                      |                         | country)              | excluded from tax under  | Yes I                       |             | income          |                 |           | No                       | of Schedule K-1  | Yes NC           |          |
|                               |                         | ,,,                   | 3000013 0 12 0 14)   | Yesr                        |             |                 |                 | Yes       | NO                       |  | Yes NO           | <u>'</u> |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             | _           |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  | $ \vdash $                  |             |                 |                 | $\square$ |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             | -           |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |
|                               |                         |                       |  |                             |             |                 |                 |           |                          |  |                  |          |

Schedule R (Form 990) 2019

JEWISH FEDERATION OF GREATER ST. PAUL 41-0693887 Page 5

Schedule R (Form 990) 2019 JEWI
Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

### PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

CHARITABLE REMAINDER TRUST

DIRECT CONTROLLING ENTITY: JEWISH FEDERATION OF GREATER ST. PAUL

(Rev. January 2020)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

|   | Eile - |            | application | for ook  |         |
|---|--------|------------|-------------|----------|---------|
| ┍ | rile a | a separate | application | for each | return. |

► Go to www.irs.gov/Form8868 for the latest information.

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

# Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

| Type or  |   |  |   |                          |   | axpayer identification number (TIN) |  |  |  |
|--|---|--|---|--------------------------|---|-------------------------------------|--|--|--|
| print  | THE UNITED JEWISH FUND AND COUNCIL<br>JEWISH FEDERATION OF GREATER ST. PAUL   |  |   |                          | 41-0693887                                |                                     |  |  |  |
| File by the<br>due date for  | Number, street, and room or suite no. If a P.O. box, se   |  | 41-0093007  |                          |   |                                     |  |  |  |
| filing your<br>return. See   | 790 SOUTH CLEVELAND AVENUE, NO. 227   |  |   |                          |   |                                     |  |  |  |
| instructions.  |   |  |   |                          |   |                                     |  |  |  |
| Enter the Return Code for the return that this application is for (file a separate application for each return)  |   |  |   |                          |   |                                     |  |  |  |
| Application  |   |  | Application   |                          |   | Return                              |  |  |  |
| ls For   |   | Code   | Is For  | Code                     |   |                                     |  |  |  |
| Form 990 or Form 990-EZ  |   |  | Form 990-T (corporation)  | 07                       |   |                                     |  |  |  |
| Form 990-BL  |   |  | Form 1041-A   | 08                       |   |                                     |  |  |  |
| Form 4720 (individual)   |   |  | Form 4720 (other than individual)   | 09                       |   |                                     |  |  |  |
| Form 990   | -PF   | 04<br>05   | Form 5227   | 10                       |   |                                     |  |  |  |
| Form 990-T (sec. 401(a) or 408(a) trust)   |   |  | Form 6069   | 11                       |   |                                     |  |  |  |
| Form 990-T (trust other than above) 06 Form 8870 THE ORGANIZATION  |   |  |   |                          | 12  |                                     |  |  |  |
| <ul> <li>If the o</li> <li>If this is</li> <li>box ▶ [</li> <li>1   rec</li> <li>the</li> <li>▶ [</li> <li>2   If th</li> </ul>                                    | one No. ► <u>651-690-1707</u><br>organization does not have an office or place of business<br>s for a Group Return, enter the organization's four digit C<br>. If it is for part of the group, check this box ►<br>quest an automatic 6-month extension of time until<br>organization named above. The extension is for the orgation<br>calendar year or<br>X tax year beginning MAY 1, 2019<br>te tax year entered in line 1 is for less than 12 months, ch<br>Change in accounting period | Aroup Exe<br>and atta<br>MAR(<br>anization's<br>, an<br>neck reasc | mption Number (GEN) I<br><u>ch a list with the names and TINs of</u><br><u>CH 15, 2021</u> , to file<br>return for:<br>d ending <u>APR 30, 2020</u><br>on: Initial return | f this is fo<br>all memb | r the whole<br>ers the ext<br>npt organiz | e group, check this                 |  |  |  |
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less <u>any nonrefundable credits. See instructions.</u> |   |  |   |                          | \$  | 0.                                  |  |  |  |
| 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.   |   |  |   |                          | \$  | 0.                                  |  |  |  |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by   |   |  |   |                          |   | -                                   |  |  |  |
| using EFTPS (Electronic Federal Tax Payment System). See instructions.   |   |  |   |                          | \$  | 0.                                  |  |  |  |
| Caution:<br>instruction  | If you are going to make an electronic funds withdrawal ns.   | (direct det  | bit) with this Form 8868, see Form 84   | 153-EO an                | d Form 88                                 | 79-EO for payment                   |  |  |  |

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

Form 8868 (Rev. 1-2020)