Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047 h Open to Public

Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection A For the 2016 calendar year, or tax year beginning MAY 1, 2016 and ending APR 30, 2017 Check if applicable: C Name of organization D Employer identification number THE UNITED JEWISH FUND AND COUNCIL Address JEWISH FEDERATION OF GREATER ST. PAUL Name change Doing business as THE JEWISH FEDERATION OF GREATER 41-0693887 Initial Ireturn Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 790 SOUTH CLEVELAND AVENUE 227 651-690-1707 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 7,945,156. Amended Ireturn ST. PAUL, MN 55116 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: STEVE BRAND for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes I Tax-exempt status: ■ 501(c)(3) ■ 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.JEWISHSTPAUL.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation 7 Trust Association Other > L Year of formation: 1935 M State of legal domicile; MN Part I | Summary 1 Briefly describe the organization's mission or most significant activities: TO UNITE, SUSTAIN AND ENHANCE Activities & Governance THE ST. PAUL JEWISH COMMUNITY. 2 Check this box \(\bigs \) if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 50 Number of independent voting members of the governing body (Part VI, line 1b) 50 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 11 6 Total number of volunteers (estimate if necessary) 6 200 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. **b** Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 4,409,001 4,883,704. Revenue Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 362,027 447,304. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 4,771,028 5,331,008. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,605,745 2,704,799. Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 752,482. 841,108. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25)

318,872. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 422,825. 896,489. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,781,052. 4,442,396. 19 Revenue less expenses. Subtract line 18 from line 12 989,976. 888,612. **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 14,906,620. 19,054,586. 21 Total liabilities (Part X, line 26) 3,823,111 6,429,186. Net assets or fund balances, Subtract line 21 from line 20 11,083,509. 12,625,400. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign ROB JACOBS, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature 3/9/18 New Yewth Paid DEIRDRE HODGSON P01484710 self-employed Firm's name CLIFTONLARSONALLEN LLP Preparer Firm's EIN 41-0746749 Firm's address 220 SOUTH SIXTH STREET, SUITE 300 Use Only MINNEAPOLIS, MN 55402 Phone no. 612 - 376 - 4500

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

| _ | THE UNITED JEWISH FUND AND COUNCIL |
|-----|--|
| | 990 (2016) JEWISH FEDERATION OF GREATER ST. PAUL 41-0693887 Page 2 |
| Pai | rt 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 STRENGTHEN BONDS WITH JEWISH COMMUNITIES IN ISRAEL AND AROUND THE |
| | WORLD. |
| | WORDD. |
| 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? |
| • | 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 \$ 3,060,659 · including grants of \$ 2,630,299 ·) (Revenue \$ 0 · |
| | THE JEWISH FEDERATION OF GREATER ST. PAUL FORMS THE FOUNDATION OF |
| | JEWISH LIFE IN OUR COMMUNITY. WE CARE FOR THE WELFARE OF JEWS, BUILD |
| | COMMUNITY AND MAXIMIZE PARTICIPATION IN JEWISH LIFE IN ST. PAUL, IN |
| | ISRAEL AND AROUND THE WORLD. WE IDENTIFY CRITICAL NEEDS AND MOBILIZE |
| | RESOURCES AND ORGANIZATIONS TO ADDRESS THEM. |
| | |
| | FEDERATION RAISES FUNDS THROUGH ANNUAL CAMPAIGNS AND DISTRIBUTES THOSE |
| | FUNDS TO BENEFICIARY AGENCIES TO CARE FOR THE MOST VULNERABLE, PROTECT |
| | JEWS AGAINST ANTI-SEMITISM AND INTOLERANCE, AND STRENGTHEN JEWISH LIFE. |
| | FEDERATION USES AN IMPARTIAL PROCESS LED BY LAY LEADERS TO PLAN, |
| | ALLOCATE, AND EVALUATE HOW TO BEST MEET TODAY'S AND TOMORROW'S NEEDS |
| | WHILE MAKING THE GREATEST POSSIBLE IMPACT. |
| 4b | (Code:) (Expenses \$161,819. including grants of \$74,500.) (Revenue \$0. |
| | FEDERATION PROVIDES OPPORTUNITIES FOR YOUNG ADULTS TO DEVELOP SKILLS TO |
| | BE TOMORROW'S LEADERS OF THE JEWISH COMMUNITY. THROUGH OUR HARRY KAY |
| | LEADERSHIP PROGRAM, YOUNG ADULTS AGES 30 TO 45 DEVELOP LEADERSHIP |
| | SKILLS, GAIN A DEEPER UNDERSTANDING OF OUR LOCAL AND OVERSEAS JEWISH |
| | COMMUNITIES, AND LEARN TO EFFECTIVELY ADDRESS THE ISSUES AND CHALLENGES |
| | FACING THE JEWISH PEOPLE. |
| | THROUGH OUR TWIN CITIES YOUNG ADULT ENGAGEMENT PROGRAM, WE FOSTER |
| | PERSONAL RELATIONSHIPS WITH YOUNG ADULTS IN THE COMMUNITY, EMPOWER THEM |
| | TO BE INNOVATIVE IN THEIR OWN JEWISH LIVES, AND CONNECT TO THE JEWISH |
| | INSTITUTIONS. THROUGH GRANTMAKING WE HELP INDIVIDUALS SEEKING TO |
| | DEVELOP NEW INITIATIVES FOR JEWISH LIFE IN THE TWIN CITIES. |
| 40 | (Code:) (Expenses \$ 70,157. including grants of \$ 0.) (Revenue \$ 0. |
| | FEDERATION HELPS YOUTH BUILD STRONG JEWISH IDENTITIES THROUGH |
| | TIME-TESTED PROGRAMS. WE PROVIDE SCHOLARSHIPS FOR JEWISH SUMMER CAMP |
| | AND ISRAEL EXPERIENCES. WE PROVIDE FREE JEWISH-CONTENT BOOKS AND MUSIC |
| | EVERY MONTH TO CHILDREN AGES SIX MONTHS TO EIGHT YEARS THROUGH THE PJ |
| | LIBRARY PROGRAM. WE ALSO HELP YOUNG PEOPLE GO TO ISRAEL THROUGH OUR |
| | PASSPORT TO ISRAEL PROGRAM AND SUPPORT OF BIRTHRIGHT ISRAEL AND MASA |
| | ISRAEL. |
| | |
| | |
| | |
| | |

Other program services (Describe in Schedule O.)

(Expenses \$

including grants of \$ 3,292,635. Total program service expenses

Form **990** (2016)

Form 990 (2016)

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)? | | 100 | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | Х | |
| 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 | | | |
| | Schedule D, Part III | 8 | | _X_ |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | 1, 7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, | |
| | as applicable. | | 10 | 1.00 |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | _X_ | |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | 37 |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | 77 | _X_ |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | v | |
| 40- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| ıza | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 40- | х | |
| h | Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? | 12a | | |
| b | 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 |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | i-ra | | |
| ~ | 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 | | Х |
| 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 | | Х |
| 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 | | Х |
| 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 |

Form 990 (2016) JEWISH FEDERATION

Part IV Checklist of Required Schedules (continued)

| L | | | Yes | No |
|-----|---|-------|------|---------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | 163 | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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 | |
| 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 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25a | 24a | | Х |
| 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, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | ĺ |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | 18.44 | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | 15.7 | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 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 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X | <u></u> |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | X |
| 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 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | į |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | _X_ |
| 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 | X | i |

Form 990 (2016)

Form 990 (2016)

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V Yes 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Х 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ___________2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **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 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes." did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c Х Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h 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 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a 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 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 14a Did the organization receive any payments for indoor tanning services during the tax year? Х b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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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 in 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 | | | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 50 | | | | | | | | | |
| 2 | | | | | | | | | | |
| | 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, or trustees, or key employees to a management company or other person? | 3 | | Х | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | Х | | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | | | |
| | more members of the governing body? | 7a | Х | | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | | | |
| | persons other than the governing body? | 7b | Х | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | 3.500 | | | | | | |
| а | The governing body? | 8a | X | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | - 00 | | | | | | | | |
| - | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | х | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | | | |
| | The state of the s | | Yes | No | | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | 100 | X | | | | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 100 | | | | | | | | |
| _ | 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 | | | | | | | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 14.7 | 44.0 | | | | | | | |
| | 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 | X | | | | | | | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 12.0 | | | | | | | | |
| Ŭ | in Schedule O how this was done | 12c | х | | | | | | | |
| 13 | Diddle an art all a land a lan | 13 | X | | | | | | | |
| 14 | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? | 14 | X | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | 14 | _ <u></u> | 1,1,7,7 | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | | | | | | | |
| | Other officers or key employees of the organization | 15b | X | | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 100 | - 23 | - 43.46 | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | | | |
| .00 | taxable entity during the year? | 16a | ' | X | | | | | | |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | IUA | NAS. | -25 | | | | | | |
| ~ | 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 | 100 | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ►MN | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a | vailah | le | | | | | | | |
| - | for public inspection. Indicate how you made these available. Check all that apply. | | - | | | | | | | |
| | Own website X Another's website X Upon request Other (explain in Schedule 0) | | | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | finan | rial | | | | | | | |
| | statements available to the public during the tax year. | man | -iui | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: | | | | | | | | | |
| | PHIL CLAUSEN - 651-695-3188 | | | | | | | | | |
| | 790 CLEVELAND AVENUE, SUITE 227, ST. PAUL, MN 55116 | | | | | | | | | |
| | | | | | | | | | | |

JEWISH FEDERATION OF GREATER ST. PAUL

41-0693887

Page 7

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

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

 • List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| (A) | (B) | (C) | | (D) | (E) | (F) | | | | |
|---------------------------|-----------------------|--------------------------------|---|---------|--------------|------------------------------|-----------|-----------------|-----------------|------------------------------|
| Name and Title | Average | (da | Position (do not check more than one | | Reportable | Reportable | Estimated | | | |
| | hours per | box | box, unless person is both an officer and a director/trustee) | | compensation | compensation | amount of | | | |
| | week | \vdash | cerar | nd a d | irecto | r/trus | tee) | from | from related | other |
| | (list any | recto | | | | | | the | organizations | compensation |
| | hours for | 0 to | 8 | | | ated | | organization | (W-2/1099-MISC) | from the |
| | related organizations | ustee | trust | | 8 | nedi | | (W-2/1099-MISC) | | organization |
| | below | lual tr | tional | | yoldr | st con | _ | | | and related organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) STEVE BRAND | 5.00 | _ | | Ŭ | | | | | | |
| PRESIDENT | | х | | х | | | | 0. | 0. | 0. |
| (2) RICK LINSK | 2.00 | | | | | | | | | |
| VICE PRESIDENT | | X | | Х | | | | 0. | 0. | 0. |
| (3) CHARLIE NAUEN | 2.00 | | | | | | | | | |
| VICE PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (4) MARY ANN BARROWS WARK | 5.00 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (5) DEB WEISS | 2.00 | | | | | | | | | |
| TREASURER | | Х | | X | | | | 0. | 0. | 0. |
| (6) ALISSA ABELSON | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (7) MARK ADELMAN | 4.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (8) WENDY BALDINGER | 4.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (9) JAY BALDINGER | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (10) RABBI ZALMAN BENDET | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (11) SHARON BENMAMAN | 4.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) ALAN BERNICK | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (13) LISA BERNICK | 3.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (14) JON BROD FARBER | 2.00 | | | | | | | _ | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (15) CHARLES FODOR | 2.00 | | | | | | | _ | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (16) BARRY GLASER | 4.00 | | | | | | | | _ | _ |
| DIRECTOR | 0.55 | Х | ļ | | | | | 0. | 0. | 0. |
| (17) BRUCE GOLDFARB | 2.00 | | | | | | | _ | _ | _ |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| 632007 11-11-16 | | | | | | | | | | Form 990 (2016) |

Form 990 (2016)

Form 990 (2016) JEWISH FEDERATION OF GREATER ST. PAUL 41-0693887 Page 8 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (D) (F) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any the organizations compensation hours for organization (W-2/1099-MISC) from the Highest compensated employee Individual trustee or related Institutional trustee (W-2/1099-MISC) organization organizations Key employee and related below organizations line) 2.00 (18) KAREN GORDON X 0. 0. 0. DIRECTOR 2.00 (19) MITZI GRAMLING X 0 0. 0. DIRECTOR 2.00 (20) JERRY HELFAND X 0. 0. 0. DIRECTOR 2.00 (21) PEGGY KIPP Х 0. 0 0. DIRECTOR 2.00 (22) DAVID KRCO 0 . 0. 0. DIRECTOR 2.00 (23) LISA LANE Х 0. 0 0. DIRECTOR 3.00 (24) NANCY LANE 0 0. 0. DIRECTOR 2.00 (25) CHARLIE LEVINE X 0 0 0. DIRECTOR 2.00 (26) SARAH LEVINE 0 0. DIRECTOR О. 0. 0. 0. 1b Sub-total c Total from continuation sheets to Part VII, Section A ______ 177,834. 22,283. 0. 177,834. 0. 22,283. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Х 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person X Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) Name and business address Description of services Compensation NONE

SEE PART VII, SECTION A CONTINUATION SHEETS

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2016)

| Part VII Section A. Officers, Directors, True | | | | | | | | | ees (continued) | 3007 |
|--|---|--------------------------------|-----------------------|-----------|--------------|------------------------------|--------|--|--|---|
| (A) Name and title | (B) Average hours | | | (C Pos | C) ition | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | per week (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (27) MICHAEL LEVITT DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (28) SALLY LORBERBAUM DIRECTOR | 2.00 | х | | | | | | 0. | 0. | 0 |
| (29) SCOTT MARVY DIRECTOR | 2.00 | х | | | | | | 0. | 0. | 0 . |
| (30) RON MATZ DIRECTOR | 2.00 | Х | | | | | | 0. | 0. | 0 |
| (31) SUSAN MINSBERG DIRECTOR | 4.00 | x | | | | | | 0. | 0. | 0 . |
| (32) NEIL MOSES-ZIRKES DIRECTOR | 2.00 | х | | | | | | 0. | 0. | 0 |
| (33) LINDA NIDES DIRECTOR | 2.00 | х | | | | | | 0. | 0. | 0 |
| (34) JEFF OBERMAN DIRECTOR | 2.00 | х | | | | | | 0. | 0. | 0 |
| (35) DAVID ORBUCH MPLS FEDERATION PRESIDENT (36) JON PARRITZ | 4.00 | X | | | | | | 0. | 0. | 0 |
| DIRECTOR (37) JEFFREY PERLMAN | 2.00 | Х | | | | | | 0. | 0. | 0 |
| DIRECTOR (38) BONNIE RESNICK | 2.00 | x | | | | | ···· | 0. | 0. | 0 |
| DIRECTOR (39) LYNNE SANDERS | 2.00 | x | | | | | | 0. | 0. | 0 |
| DIRECTOR (40) MICHAEL SAXON | 2.00 | X | | | | | | 0. | 0. | 0 |
| DIRECTOR (41) POLLY SAXON | 2.00 | X | | | | | | 0. | 0. | 0 |
| DIRECTOR (42) MARTHA SCHOENKIN | 2.00 | X | | | | | | 0. | 0. | 0 |
| DIRECTOR (43) YOAV SEGAL DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (44) MICHELLE SHALLER DIRECTOR | 2.00 | x | | | | | | 0. | 0. | 0 |
| (45) STEVE SHALLER DIRECTOR | 2.00 | х | | | | | | 0. | 0. | 0 |
| (46) SUSAN SHAPIRO DIRECTOR | 2.00 | Х | | | | | | 0. | 0. | 0 . |

| | | | | | | | | R ST. PAUL | 41-069 | |
|--|---------------|--------------------------------|------------------------|---------|--------------|------------------------------|--------|-----------------|-----------------|---------------|
| Part VII Section A. Officers, Directors, 1 | li i | nplo | oyee | | | ligh | est | | ees (continued) | |
| (A) | (B) | | | (C | | | | (D) | (E) | (F) |
| Name and title | Average | | | Posi | ition | | | Reportable | Reportable | Estimated |
| | hours | (cl | (check all that apply) | | | арр | ly) | compensation | compensation | amount of |
| | per | m | | | | | Γ | from | from related | other |
| | week | | | | | ee Ae | | the | organizations | compensation |
| | (list any | ęş | | | | 을 | | organization | (W-2/1099-MISC) | from the |
| | hours for | i ii | | | | e e | | (W-2/1099-MISC) | | organization |
| | related | tee o | ustee | | | ensa | | | | and related |
| | organizations | Individual trustee or director | Institutional trustee | | Key employee | Highest compensated employee | | | | organizations |
| | below | lg is | trtio | | ldua | estc | je j | | | |
| | line) | ij | Insti | Officer | Key | 를 B | Former | | | |
| 47) SALLY SILK | 2.00 | | | | | | | | | |
| DIRECTOR | | x | | | | | | 0. | 0. | C |
| 48) LOREN TAPLE | 2.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | C |
| 49) MARNI TSELOS | 4.00 | 1 | | | | | | | • | |
| | 4.00 | Х | | | | | | 0. | 0. | C |
| DIRECTOR | 2.00 | <u> </u> | | | | | | | 0. | <u>_</u> |
| 50) MARK USEM | 4.00 | х | | | | | | 0. | 0. | C |
| DIRECTOR (51) DOVER AN ODDAY | 2.00 | ^ | | | | | | V • | 0. | |
| (51) ROYEE VLODAVER | 4.00 | x | | | | | | 0. | 0. | C |
| DIRECTOR | 60.00 | Α. | | | | | | 0. | 0. | |
| 52) ELI SKORA | 80.00 | $\left\{ \right.$ | | 7.7 | | | | 177 024 | ^ | 22 202 |
| XECUTIVE DIRECTOR | | | | Х | | | | 177,834. | 0. | 22,283 |
| | | - | | | | | | | | |
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JEWISH FEDERATION OF GREATER ST. PAUL 41-0693887

| | | Check if Schedule O cont | ains a response | or note to any lin | ne in this Part VIII | ••••• | | |
|--|------------|--|-----------------|--------------------|----------------------|---|--------------------------------|--|
| - A | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| ıts | 1 a | Federated campaigns | 1a | | | | | |
| ar our | b | Membership dues | 1b | | | | | |
| Am. | С | Fundraising events | 1c | | | | | |
| ar E | 1 | Related organizations | 4 | | | | | |
| imi, | e | Government grants (contribut | tions) 1e | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | f | All other contributions, gifts, gran | its, and | | | | | |
| ig # | | similar amounts not included abo | ve 1f | 4,883,704. | | | | |
| dat | g | Noncash contributions included in lines | : 1a-1f: \$ | | | | | |
| <u>8 0</u> | h | Total. Add lines 1a-1f | | <u></u> | 4,883,704. | | | |
| | | | | Business Code | | | | |
| <u>8</u> | 2 a | l | | | | | | |
| Program Service Revenue | b | | | | | | | |
| n Si ent | С | | | | | | | |
| ırar Rev | d | · | | | | | | |
| rog | е | · | | | | | | , |
| Δ. | , f | All other program service reve | | | | | | |
| | | Total. Add lines 2a-2f | | | | | | |
| | 3 | Investment income (including | • | • | | | | |
| | | other similar amounts) | | | 165,675. | • | | 165,675. |
| | 4 | Income from investment of ta | | • | | | | |
| | 5 | Royalties | | | | with the first state of the state of | Maria da Arana | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6 a | *************************************** | | | | | | |
| | b | l' | | | | | | |
| | C | Rental income or (loss) | | | | | | |
| | d | Net rental income or (loss) Gross amount from sales of | (i) Securities | | | | | |
| | <i>i</i> a | | | (ii) Other | | | | |
| | b | assets other than inventory Less: cost or other basis | 2,895,777. | | | | | |
| | D | and sales expenses | 2 614 140 | | | | | |
| | • | Gain or (loss) | | | | | | |
| | q | Net gain or (loss) | | | 281,629. | The safe of the same of | a transfel in | 281 629. |
| _ | о Я а | Gross income from fundraising | | | 201,029. | Alaman sa Alberta | | 201,029. |
| nue | | including \$ | | | | | | |
| eve | | contributions reported on line | | | | | | |
| Other Reven | | Part IV, line 18 | • | | | | | |
| 計 | b | | | | | | | |
| 0 | С | Net income or (loss) from fund | | | | | | |
| | | Gross income from gaming ac | | | | | | |
| | | Part IV, line 19 | | | | | | |
| | b | Less: direct expenses | | 1 | | | | |
| | С | Net income or (loss) from gam | ing activities | <u></u> | | | | |
| | 10 a | Gross sales of inventory, less | returns | | | | | |
| | | and allowances | a | | | | | |
| | b | Less: cost of goods sold | b | | | | | |
| 1 | С | Net income or (loss) from sale | s of inventory | > | | | | |
| | | Miscellaneous Revenu | e | Business Code | | | | |
| | 11 a | | | | | | | |
| | b | | | | | | : | |
| | С | | | | | | | |
| | d | All other revenue | | i i | | The second se | | |
| | е | ••••• | | | | | | |
| | 12 | Total revenue. See instructions. | | <u>,</u> | 5,331,008. | 0. | 0. | 447.304. |

Form 990 (2016) JEWISH FEDERA Part IX Statement of Functional Expenses

| | nd 501(c)(4) organizations must comp eck if Schedule O contains a respons | | | impiere odiamin (r y. | |
|---------------------------------|--|--------------------|------------------------------|-------------------------------------|---------------------------------------|
| | ounts reported on lines 6b, | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 Grants and oth | ner assistance to domestic organizations | | | | |
| and domestic | governments. See Part IV, line 21 | 2,501,803. | 2,501,803. | | |
| 2 Grants and c | other assistance to domestic | | | | |
| individuals. S | See Part IV, line 22 | 202,996. | 202,996. | | |
| 3 Grants and c | other assistance to foreign | | | | |
| organizations | s, foreign governments, and foreign | | | | |
| individuals. S | See Part IV, lines 15 and 16 | | | | |
| · · | to or for members | | | | |
| · | on of current officers, directors, | | | 100 -10 | |
| | key employees | 205,426. | 51,357. | 102,712. | 51,357 |
| • | not included above, to disqualified | | | | |
| | efined under section 4958(f)(1)) and | | | | |
| | ibed in section 4958(c)(3)(B) | 405 000 | 050 165 | 07.675 | 124 061 |
| | s and wages | 485,803. | 253,167. | 97,675. | 134,961 |
| | accruals and contributions (include | 01 051 | 44 554 | 2 552 | F 04.0 |
| | and 403(b) employer contributions) | 21,051. | 11,571. | 3,570. | 5,910 |
| | yee benefits | 83,272. | 39,442. | 21,102. | 22,728 |
| | | 45,556. | 20,359. | 12,888. | 12,309 |
| | rices (non-employees): | | | | |
| a Management | t | | | | T. F. C. |
| b Legal | | | | | |
| - | | 18,034. | 9,919. | 3,967. | 4,148 |
| | | | | | |
| | ındraising services. See Part IV, line 17 📙 | | | | |
| | nanagement fees | 58,358. | | 58,358. | |
| • | 11g amount exceeds 10% of line 25, | | | | |
| | nount, list line 11g expenses on Sch O.) | 70,936. | | 70,936. | |
| - | and promotion | 4,381. | 4,319. | | 62 |
| | ses | 38,545. | 20,024. | 9,924. | 8,597 |
| | echnology | 6,180. | 3,399. | 1,360. | 1,421 |
| 5 Royalties | | | 4 - 4 - 4 | | |
| 6 Occupancy . | | 28,175. | 15,496. | 6,199. | 6,480 |
| | | | | | |
| 8 Payments of | travel or entertainment expenses | | | | |
| - | al, state, or local public officials | | | | |
| 9 Conferences | , conventions, and meetings | 133,983. | 130,883. | 3,100. | |
| D Interest | | 1,727. | | 1,234. | 493 |
| | affiliates | | | | |
| 2 Depreciation | , depletion, and amortization | 3,693. | | 3,693. | |
| | | 9,869. | 6,218. | 1,830. | 1,821 |
| above. (List m 24e amount ex | s. Itemize expenses not covered iscellaneous expenses in line 24e. If line ceeds 10% of line 25, column (A) the 24e expenses on Schedule O.) | | | | |
| , | BT EXPENSE | 425,084. | | 425,084. | · · · · · · · · · · · · · · · · · · · |
| | ISING CAMPAIGN | 68,585. | | | 68,585 |
| | L PROJECTS | 21,682. | 21,682. | | 22,200 |
| | L EXPENSE | 7,257. | ,, | 7,257. | |
| e All other expe | | .,20,1 | | ., | |
| • | al expenses. Add lines 1 through 24e | 4,442,396. | 3,292,635. | 830,889. | 318,872 |
| | omplete this line only if the organization | | _,, | | ,-,2 |
| | umn (B) joint costs from a combined | | | | |
| - | mpaign and fundraising solicitation. | | | | |
| Check here | if following SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2016)

Part X Balance Sheet

| Par | t X | Balance Sheet | 000 | | |
|-------------|-----|---|--------------------------|-------|-------------------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | T | | 1 |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 100. | 1 | 100 |
| | 2 | Savings and temporary cash investments | 893,789. | 2 | 526,390 |
| | 3 | Pledges and grants receivable, net | | 3 | 1,053,473 |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. Complete | | 11,75 | |
| | | Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under | | 34.1 | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| 2 | | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| ⋖ | 8 | Inventories for sale or use | | . 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | 164 |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 148,932 | | | |
| | b | Less: accumulated depreciation 10b 148,932 | | 10c | 0 |
| | 11 | Investments - publicly traded securities | 2,412,876. | 11 | 3,819,887 |
| | 12 | Investments - other securities. See Part IV, line 11 | 10,519,724. | 12 | 13,598,934 |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 55,638. | 15 | 55,638 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 14,906,620. | 16 | 19,054,586 |
| | 17 | Accounts payable and accrued expenses | 84,022. | 17 | 77,912 |
| | 18 | Grants payable | 2,865,429. | 18 | 2,950,884 |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| es | 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| | | key employees, highest compensated employees, and disqualified persons. | | 239% | |
| Liabilities | | Complete Part II of Schedule L | | 22 | |
| - | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X of | 052 660 | | 2 400 200 |
| | | Schedule D | 873,660. | 25 | 3,400,390 |
| - | 26 | Total liabilities. Add lines 17 through 25 | 3,823,111. | 26 | 6,429,186 |
| | | Organizations that follow SFAS 117 (ASC 958), check here ▶ X and | | | |
| Ses | | complete lines 27 through 29, and lines 33 and 34. | 4 512 022 | | 2 762 000 |
| ᇤ | 27 | Unrestricted net assets | 4,512,032. | _27 | 3,762,998 |
| g | 28 | Temporarily restricted net assets | 1,276,513. 5,294,964. | _28 | 2,262,438 |
| בַ | 29 | Permanently restricted net assets | 3,494,904. | 29 | 6,599,964 |
| 딘 | | Organizations that do not follow SFAS 117 (ASC 958), check here | | | |
| S | 00 | and complete lines 30 through 34. | | | |
| las | 30 | Capital stock or trust principal, or current funds | | 30 | |
| L AS | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| ¥ | 32 | Retained earnings, endowment, accumulated income, or other funds | 11,083,509. | 32 | 12 625 400 |
| | 33 | Total liabilities and not assets find balances | | 33 | 12,625,400 |
| | 34 | Total liabilities and net assets/fund balances | 14,906,620. | 34 | 19,054,586 Form 990 (201) |

Form 990 (2016)

Form 990 (2016)

| . 0111 | GUATER FIRE CONTROL OF CHARLES OF THE CONTROL OF CHARLES OF THE CONTROL OF CHARLES OF THE CONTROL OF THE CONTRO | <u> </u> | 0 2 3 0 0 7 | ı a | <u> </u> | | |
|---|--|---------------------------------------|--------------------------|-----|----------|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | · · · · · · · · · · · · · · · · · · · | | | X | | |
| | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 5,33 | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,44 | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 88 | 8,6 | 12. | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 11,08 | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 69 | 2,0 | 22. | | |
| 6 | Donated services and use of facilities | 6 | | | | | |
| 7 | Investment expenses | 7 | | | | | |
| 8 | Prior period adjustments | 8 | | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | 8,7 | 43. | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | | |
| | column (B)) | 10 | 12,62 | 5,4 | 00. | | |
| Pa | rt XIII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | |
| | | | | Yes | No | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ . in.s _ . in.s | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | | 4.7 | | | |
| 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 | on a | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | 1.5 | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e 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 the | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | | | | | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit | | | | | | | |
| | Act and OMB Circular A-133? | | За | | X | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired audit | | | | | |
| | or audite, explain why in Schedule O and describe any steps taken to undergo such audits | | 3h | l | 1 | | |

Form **990** (2016)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE UNITED JEWISH FUND AND COUNCIL

Employer identification number

| | | | | ION OF GREAT | | | | 1-009388/ | | | | | | |
|-----|--------|--|-----------------------------|--|---|-----------------|---------------------------------------|---|--|--|--|--|--|--|
| Pa | rt I | Reason for Public (| Charity Status (| All organizations must co | omplete th | is part.) Se | ee instructions. | | | | | | | |
| The | organ | ization is not a private found | lation because it is: (| For lines 1 through 12, o | check only | one box.) | | | | | | | | |
| 1 | | A church, convention of ch | urches, or association | on of churches describe | d in sectio | n 170(b)(| 1)(A)(i). | | | | | | | |
| 2 | | A school described in secti | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Forn | n 990 or 99 | 90-EZ).) | <i>x x</i> , | | | | | | | |
| 3 | \Box | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | | | |
| 1 | Ħ | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, | | | | | | | | | | | | |
| - | | city, and state: | ation operated in co | njanotion with a noopita | dosonboo | a in Scotio | ii ii o(b)(i)(A)(iii). Eiitoi | the hospital s hame, | | | | | | |
| _ | | | ar the honofit of a co | llogo or university owne | d or opera | tod by a a | averamental unit describ | and in | | | | | | |
| 5 | | An organization operated for | | nege or university owner | a or opera | led by a g | overnmentarunit descrit | Jea III | | | | | | |
| | | section 170(b)(1)(A)(iv). (C | | | | | | | | | | | | |
| 6 | | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | | | | |
| 7 | X | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in | | | | | | | | | | | | |
| | | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | | | | | | | | | | |
| 8 | | A community trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Par | t II.) | | and the second | | | | | | | |
| 9 | | An agricultural research org | ganization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | ınction with a land-grant | college | | | | | | |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions) | Enter the | name, city | y, and state of the colleg | e or | | | | | | |
| | | university: | | | | | | | | | | | | |
| 10 | | An organization that norma | .lly receives: (1) more | than 33 1/3% of its sur | port from | contributi | ons, membership fees, a | and gross receipts from | | | | | | |
| | | activities related to its exen | | | | | | | | | | | | |
| | | income and unrelated busin | | | | | | | | | | | | |
| | | See section 509(a)(2). (Cor | | (1000 0001,011 0 1 1 tazy 11 | 0111 2 4 0 1110 | 0000 4040 | inou by the organization | artor barro bo, roro. | | | | | | |
| 11 | | An organization organized | | ively to test for public es | ofaty Saa | cootion 5(| 20(2)(4) | | | | | | | |
| | | | · · | • | • | | | nurnages of one or | | | | | | |
| 12 | | An organization organized a | · · | • | - | | • | | | | | | | |
| | | more publicly supported or | | | | | | Sheck the box in | | | | | | |
| | | lines 12a through 12d that | * * | | | • | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| а | | | | | | | | | | | | | | |
| | | the supported organization | on(s) the power to re | gularly appoint or elect | a majority | of the dire | ctors or trustees of the s | supporting | | | | | | |
| | | organization. You must o | complete Part IV, Se | ections A and B. | | | | | | | | | | |
| b | | | anization supervised | l or controlled in connec | tion with it | s support | ed organization(s), by ha | ving | | | | | | |
| | | control or management o | f the supporting org | anization vested in the s | ame perso | ons that co | ontrol or manage the sup | ported | | | | | | |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | | | | | | |
| С | | Type III functionally inte | grated. A supportin | g organization operated | in connec | tion with, | and functionally integrat | ed with, | | | | | | |
| | | its supported organization | | | | | * | | | | | | | |
| d | | Type III non-functionally | | | | | | ization(s) | | | | | | |
| | | that is not functionally int | | | | | | | | | | | | |
| | | requirement (see instruct | - | - • | • | | · | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | |
| _ | | Check this box if the orga | • | • | • | | | | | | | | | |
| е | I | | | | | | a Type I, Type II, Type III | | | | | | | |
| | F-4- | functionally integrated, or | | | | | | | | | | | | |
| | | er the number of supported of | • | | • | | | | | | | | | |
| g | | vide the following information i) Name of supported | ii) EIN | d organization(s). (iii) Type of organization | (iv) Is the orga | nization listed | (v) Amount of monetary | (vi) Amount of other | | | | | | |
| | • | organization | (11) | (described on lines 1-10 | (iv) Is the orga in your governi | | support (see instructions) | support (see instructions) | | | | | | |
| | | | | above (see instructions)) | Yes | No | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | _ | · | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | ing see a root property. | | | 1. 1.15.1 | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2016 JEWISH FEDERATION OF GREATER ST. PAUL 41-06938 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 41-0693887 Page 2

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

| Sec | ction A. Public Support | | | | | | | | | | |
|--------------------------|--|------------------------------|---------------------|------------------------|----------------------|---|-------------|--|--|--|--|
| | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total | | | | |
| | Gifts, grants, contributions, and | | | | ``` | 1 | | | | | |
| | membership fees received. (Do not | | | | | | | | | | |
| | include any "unusual grants.") | 4,198,417. | 3,276,685. | 3,695,042. | 4,409,001. | 4,883,704. | 20,462,849. | | | | |
| 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 | 4,198,417. | 3,276,685. | 3,695,042. | 4,409,001. | 4,883,704. | 20,462,849, | | | | |
| 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) | | | | | | 6,678,044. | | | | |
| 6 | Public support. Subtract line 5 from line 4. | The state of the state of | The Company of | | | | 13.784.805. | | | | |
| Section B. Total Support | | | | | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total | | | | |
| 7 | Amounts from line 4 | 4,198,417. | 3,276,685. | 3,695,042. | 4,409,001. | 4,883,704. | 20,462,849. | | | | |
| 8 | Gross income from interest, | | • • | | • | | | | | | |
| | dividends, payments received on | | | | | | | | | | |
| | securities loans, rents, royalties | | | | | | | | | | |
| | and income from similar sources | 50,551. | 100,665. | 206,968. | 202,040. | 165,675. | 725,899. | | | | |
| 9 | Net income from unrelated business | | | | | • | | | | | |
| | activities, whether or not the | | | | | | | | | | |
| | business is regularly carried on | | | | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | | | | | |
| | or loss from the sale of capital | | | | | | | | | | |
| | assets (Explain in Part VI.) | 10,720. | 15,633. | | | | 26,353. | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 21,215,101. | | | | |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | | | | | |
| 13 | First five years. If the Form 990 is for | the organization's | first, second, thir | d, fourth, or fifth ta | ıx year as a sectioi | n 501(c)(3) | | | | | |
| | organization, check this box and stor | | | | | • | > | | | | |
| | tion C. Computation of Publ | | | | | | | | | | |
| | Public support percentage for 2016 (I | | | | | 14 | 64.98 % | | | | |
| 15 | Public support percentage from 2015 | Schedule A, Part | II, line 14 | | | 15 | 69.36 % | | | | |
| 16a | 33 1/3% support test - 2016. If the o | - | | • | | · · | | | | | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | ▶ \X | | | | |
| b | 33 1/3% support test - 2015. If the o | - | | • | | • | is box | | | | |
| | and stop here. The organization qual | | | | | | ▶ ـ | | | | |
| 17a | 10% -facts-and-circumstances tes | | | | | | | | | | |
| | and if the organization meets the "fac | | | | | | ization | | | | |
| | meets the "facts-and-circumstances" | test. The organizat | tion qualifies as a | publicly supported | l organization | ••••• | ▶∟ | | | | |
| b | 10% -facts-and-circumstances tes | t - 2015. If the orga | anization did not d | heck a box on line | 13, 16a, 16b, or 1 | 7a, and line 15 is | 10% or | | | | |
| | more, and if the organization meets the | | | | • | | | | | | |
| | organization meets the "facts-and-circ | cumstances" test. | The organization of | ualifies as a public | cly supported orga | nization | ▶∐ | | | | |
| 18 | Private foundation. If the organization | n did not check a l | oox on line 13, 16a | a, 16b, 17a, or 17b | , check this box a | nd see instructions | <u> </u> | | | | |

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 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.)

| Section A. Public Support | | | | | | | | | | |
|--|---------------------------|--------------------|---------------------|---|-------------------|--------------|--|--|--|--|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total | | | | |
| 1 Gifts, grants, contributions, and | | | | | | | | | | |
| membership fees received. (Do not | | | | | | | | | | |
| include any "unusual grants.") | | | | | | | | | | |
| 2 Gross receipts from admissions, | | | | | | | | | | |
| merchandise sold or services per- | | | | | | | | | | |
| formed, or facilities furnished in | | | | | | | | | | |
| any activity that is related to the organization's tax-exempt purpose | | | | | | | | | | |
| 3 Gross receipts from activities that | | | | | | | | | | |
| are not an unrelated trade or bus- | | | | | | | | | | |
| iness under section 513 | | | | | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | | | | | |
| | | | | | | | | | | |
| ization's benefit and either paid to | | | | | | | | | | |
| | or expended on its behalf | | | | | | | | | |
| 5 The value of services or facilities | | | | | | | | | | |
| furnished by a governmental unit to | | | | | | | | | | |
| the organization without charge | | | | | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | · | | | | | |
| 3 received from disqualified persons | | | | | | | | | | |
| b Amounts included on lines 2 and 3 received | | | | | | | | | | |
| from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | | | | | |
| amount on line 13 for the year | | | | | | | | | | |
| c Add lines 7a and 7b | | | | | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | 1897,000 | | 1.00 | | | | | |
| Section B. Total Support | | | | | | | | | | |
| Calendar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total | | | | |
| 9 Amounts from line 6 | | | · | | | | | | | |
| 10a Gross income from interest, | | | | | | | | | | |
| dividends, payments received on securities loans, rents, royalties | | | | | | | | | | |
| and income from similar sources | : | | | | | | | | | |
| b Unrelated business taxable income | | | | | | | | | | |
| (less section 511 taxes) from businesses | | | | | | | | | | |
| acquired after June 30, 1975 | | | | | | . • | | | | |
| c Add lines 10a and 10b | | | | | | | | | | |
| 11 Net income from unrelated business | | | | * | · | | | | | |
| activities not included in line 10b, | | | • | | | | | | | |
| whether or not the business is | • | | | | | | | | | |
| regularly carried on 12 Other income. Do not include gain | | | | | | | | | | |
| or loss from the sale of capital | | | | | | • | | | | |
| assets (Explain in Part VI.) | | | | | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | ., ., , | <u> </u> | L 6 11 6611 1 | | 504(1/0) | | | | | |
| 14 First five years. If the Form 990 is for | | | | • | | | | | | |
| check this box and stop here Section C. Computation of Publi | o Support Do | roontogo | | | | P L | | | | |
| | | | | | TI | | | | | |
| 15 Public support percentage for 2016 (li | | | | | 15 | % | | | | |
| 16 Public support percentage from 2015 Section D. Computation of Inves | | | | *************************************** | 16 | <u>%</u> | | | | |
| | | | - 10 . 1 | | T 4= 1 | | | | | |
| 17 Investment income percentage for 20 | | | | | 17 | <u>%</u> | | | | |
| 18 Investment income percentage from 2 | • | | | | 18 | % | | | | |
| 19a 33 1/3% support tests - 2016. If the | | | | | | 7 is not | | | | |
| more than 33 1/3%, check this box ar | | | | _ | | ▶∟ | | | | |
| b 33 1/3% support tests - 2015. If the | | | | | | | | | | |
| line 18 is not more than 33 1/3%, che | | | | | | | | | | |
| 20 Private foundation. If the organization | ı did not check a | box on line 14, 19 | a, or 19b, check th | | | | | | | |
| 222022 00 21 18 | | | | Cak | adula A /Carm 000 | 000 E7\ 0040 | | | | |

Schedule A (Form 990 or 990-EZ) 2016 JEWISH FEDERATION OF GREATER ST. PAUL

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 (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.)

| | Ves | No |
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Schedule A (Form 990 or 990-EZ) 2016 JEWISH FEDERATION OF GREATER ST. PAUL 41-0693887 Page 5 Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a **b** A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section 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 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 Section C. Type II Supporting Organizations Yes No 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). Section D. All Type III Supporting Organizations Yes No 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 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 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. 3 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 yea(see instructions). The organization satisfied the Activities Test. Complete line 2 below. а b $oxedsymbol{oxed}$ The organization is the parent of each of its supported organizations. Complete line $oldsymbol{3}$ below. J The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). С Activities Test. Answer (a) and (b) below. Yes No 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. 2a 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. 2b Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. За b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b

| | edule A (Form 990 or 990-EZ) 2016 JEWISH FEDERATION OF GR rt V Type III Non-Functionally Integrated 509(a)(3) Supportin | | | 1-0693887 Page 6 |
|------------|--|------------|-------------------------------|--|
| | | | |)+\/!\O |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | | | 'art VI.) See instructions. All |
| Sect | other Type III non-functionally integrated supporting organizations must co ion A - Adjusted Net Income | inpiete . | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | (************************************** |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| Ü | 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 | | /D) 0 1)/ |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| 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 Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 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 | | *************************************** |
| _ <u>-</u> | Enter 85% of line 1 | 2 | | The second of the second |
| 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 | | The second secon |
| 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-functional | | ated Type III supporting area | nization (see |
| • | instructions). | ry micegio | acod Typo in Supporting Orga | ineadon (366 |

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 JEWISH FEDERATION OF GREATER ST. PAUL 41-0693887 Page 7 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 6 Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount 10 (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: а b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D. line 7: a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Excess distributions carryover to 2017. Add lines 3j and 4c Breakdown of line 7: 8 а b Excess from 2013 c Excess from 2014 d Excess from 2015 e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016

| Schedule A | (Form 990 or 990-E | Z) 2016 J] | <u>EWISH</u> | FEDER | RATION | OF G | REATER | ST. | PAUL | 41-069388 | 37 Page 8 |
|------------|--|--|------------------|---|---|--|--|--|---|--|-----------------------------|
| Part VI | Supplemental Part IV, Section A, line 1; Part IV, Sec Section D, lines 5, | Information 1, 2, 3 tion D, lines 6, and 8; ar | tion. Pro | vide the ex , 4c, 5a, 6, 9 Part IV, Sec Section E, | planations 9a, 9b, 9c, ction E, line lines 2, 5, | required b 11a, 11b, es 1c, 2a, 2 and 6. Also | by Part II, line and 11c; Par 2b, 3a, and 3 b complete th | e 10; Part rt IV, Sec b; Part V nis part fo | II, line 17a or tion B, lines 1 , line 1; Part V or any additior | 17b; Part III, line 1 and 2; Part IV, Sec , Section B, line 1e nal information. | 2; ction C, ; Part V, |
| | (See instructions.) | | | , | | | | | · · · · · · · · · · · · · · · · · · · | | |
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2016

Employer identification number

| Name of the organization |
|--------------------------|
|--------------------------|

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

41-0693887

| Organiz | ation type (check or | ne): | | | | | |
|------------------|---|---|--|--|--|--|--|
| Filers of | : | Section: | | | | | |
| Form 99 | 0 or 990-EZ | X 501(c)(3) (enter number) organization | | | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | | 527 political organization | | | | | |
| Form 99 | 0-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 | vour organization is | covered by the General Rule or a Special Rule. | | | | | |
| | | 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | | |
| General | Rule | | | | | | |
| | | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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. | | | | | | |
| | year, contributions is checked, enter he purpose. Don't com | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., etc., contributions totaling \$5,000 or more during the year | | | | | |
| but it mu | ıst answer "No" on l | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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

Employer identification number

41-0693887

| Part I Contril | butors (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 |
| 1 | | \$ 1,305,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | rame, address, and 2n +4 | \$ 573,866. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$\$ | Person X Payroll |

623452 10-18-16

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

41-0693887

| Part I | Contributors (See instructions). Use duplicate copies of Part I if add | ditional space is needed. | |
|--------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$100,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| 623452 10-18 | -16 | Schedule B (Form | 990, 990-EZ, or 990-PF) (2016) |

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

41-0693887

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

| | | | and the second s |
|------------------------------|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| 622452 10.1 | | \$Schedule B /Form | 990 990-E7 or 990-PE\/2016\ |

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 4 Name of organization Employer identification number THE UNITED JEWISH FUND AND COUNCIL JEWISH FEDERATION OF GREATER ST. PAUL 41-0693887 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

THE UNITED JEWISH FUND AND COUNCIL Name of the organization

JEWISH FEDERATION OF GREATER ST. PAUL

Employer identification number 41-0693887

Schedule D (Form 990) 2016

| Pa | Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the | | | | | | | | |
|----------|--|--|---|--|--|--|--|--|--|
| | organization answered "Yes" on Form 990, Part IV, li | ne 6. | | | | | | | |
| | | (a) Donor advised funds | (b) Funds and other accounts | | | | | | |
| 1 | Total number at end of year | 10 | | | | | | | |
| 2 | Aggregate value of contributions to (during year) | 308,564. | | | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | | | | |
| 4 | Aggregate value at end of year | 3,565,931. | | | | | | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advise | ed funds | | | | | | |
| | are the organization's property, subject to the organization's | s exclusive legal control? | X Yes No | | | | | | |
| 6 | Did the organization inform all grantees, donors, and donor | | | | | | | | |
| | for charitable purposes and not for the benefit of the donor | or donor advisor, or for any other purpose | | | | | | | |
| | impermissible private benefit? | | | | | | | | |
| Pa | Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | | | | | | | | |
| 1 | Purpose(s) of conservation easements held by the organization | tion (check all that apply). | | | | | | | |
| | Preservation of land for public use (e.g., recreation or | education) Preservation of a histo | orically important land area | | | | | | |
| | Protection of natural habitat | Preservation of a certi | fied historic structure | | | | | | |
| | Preservation of open space | | | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qual | ified conservation contribution in the form o | of a conservation easement on the last | | | | | | |
| | day of the tax year. | | Held at the End of the Tax Year | | | | | | |
| а | Total number of conservation easements | | 2a | | | | | | |
| b | | | | | | | | | |
| С | Number of conservation easements on a certified historic st | | | | | | | | |
| d | Number of conservation easements included in (c) acquired | • | ıre | | | | | | |
| | listed in the National Register | | 2d | | | | | | |
| 3 | Number of conservation easements modified, transferred, re | eleased, extinguished, or terminated by the | organization during the tax | | | | | | |
| | year ▶ | | | | | | | | |
| 4 | Number of states where property subject to conservation ea | asement is located > | | | | | | | |
| 5 | Does the organization have a written policy regarding the pe | eriodic monitoring, inspection, handling of | | | | | | | |
| | violations, and enforcement of the conservation easements | | | | | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting | , handling of violations, and enforcing cons | ervation easements during the year | | | | | | |
| | > | | | | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, han | dling of violations, and enforcing conservat | tion easements during the year | | | | | | |
| _ | - \$ | | · | | | | | | |
| 8 | Does each conservation easement reported on line 2(d) abo | | | | | | | | |
| _ | and section 170(h)(4)(B)(ii)? | | | | | | | | |
| 9 | In Part XIII, describe how the organization reports conservation in the conservation of the conservation o | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | include, if applicable, the text of the footnote to the organiza | ation's financial statements that describes t | the organization's accounting for | | | | | | |
| Pai | conservation easements. t III Organizations Maintaining Collections of | of Art Historical Treasures or O | ther Similar Assets | | | | | | |
| ı aı | Complete if the organization answered "Yes" on Form | | inei Siiniiai Assets. | | | | | | |
| 10 | If the organization elected, as permitted under SFAS 116 (A | | pont and halance about works of ort | | | | | | |
| ıa | | | | | | | | | |
| * | historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, | | | | | | | | |
| L | the text of the footnote to its financial statements that described as permitted under SEAS 116 (A) | | and halance about wades of set bistoriast | | | | | | |
| b | If the organization elected, as permitted under SFAS 116 (Alternatives, or other similar assets held for public sublibitions | | • | | | | | | |
| | treasures, or other similar assets held for public exhibition, e | education, or research in furtherance of put | olic service, provide the following amounts | | | | | | |
| | relating to these items: | | ▶ ↑ | | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | | | | | |
| • | If the organization received or held works of art, historical tre | paguras, or other similar appets for financial | | | | | | | |
| 2 | | | gain, provide | | | | | | |
| _ | the following amounts required to be reported under SFAS 1 | , | * | | | | | | |
| a h | Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X | | | | | | | | |

632051 08-29-16

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| | | FEDERATION | | | | | | 9388 | | age Z |
|---------|--|-------------------------|-----------------------|---|------------|---------------------|-----------|--------------|-------------|-------|
| | 1 3 | | | | | • | | | | |
| 3 | Using the organization's acquisition, accession | on, and other records | s, check any of the | following that a | ire a sign | ificant u | se of its | collection | item | S |
| | (check all that apply): | | | | | | | | | |
| а | | | | | | | | | | |
| b | Scholarly research e Other | | | | | | | | | |
| С | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | how they further the | he organization' | 's exemp | t purpos | se in Par | t XIII. | | |
| 5 | During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets | | | | | | | | | |
| | to be sold to raise funds rather than to be ma | aintained as part of th | ne organization's co | ollection? | | | | Yes | | No_ |
| Pai | t IV Escrow and Custodial Arran | gements. Comple | te if the organizatio | n answered "Ye | es" on Fo | rm 990, | Part IV, | line 9, or | | |
| | reported an amount on Form 990, Par | t X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermedi | ary for contribution | s or other asset | ts not inc | cluded | | | | |
| | on Form 990, Part X? | | - | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | |
| - | , | | 9 | | | | | Amount | | |
| С | Beginning balance | | | | | 1c | | , anount | | |
| | Additions during the year | | | | | 1d | | | | |
| e | Distributions during the year | | | | | 1e | | | | |
| | | | | | | | | | | |
| f | Ending balance | | | | | 1f | | 7 v | | 1 |
| | | | | | - | | └─ | Yes | \vdash | No |
| Pai | If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete if | | | | | | | | | |
| ı aı | Lindowinient i dinds. Complete ii | | | | | | | | | |
| _ | | (a) Current year | (b) Prior year | (c) Two years b | | | ars back | | | |
| 1a | | | | | | | | • | | |
| b | 2,000 | | | | | | | 000, | 000. | |
| С | | | | | | | | 562, | 312. | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | 520,417. | 185,257. | 206,5 | 532. | 24 | 0,425. | | 36, | 334. |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | 6,184,006. | 5,209,322. | 4,238,0 | 064. | 4,26 | 7,438. | . 3,819,225. | | 225. |
| 2 | Provide the estimated percentage of the curr | ent year end balance | e (line 1g, column (a | a)) held as: | | | | | | |
| а | Board designated or quasi-endowment | .00 | % | | | | | | | |
| b | Permanent endowment ► 100.00 | % | | | | | | | | |
| С | Temporarily restricted endowment ▶ | .00 % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c shot | uld equal 100%. | | | | | | | | |
| За | Are there endowment funds not in the posse | ssion of the organiza | tion that are held a | nd administered | d for the | organiza | tion | | | |
| | by: | • | | | | J | | Γ | Yes | No |
| | (i) unrelated organizations | | | | | | | | Х | |
| | (ii) related organizations | | | | | | | | | X |
| b | If "Yes" on line 3a(ii), are the related organiza | tions listed as require | ed on Schedule R? | | | | ••••• | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | *************************************** | | | | 00 | | |
| | t VI Land, Buildings, and Equipm | | Willom Tarias. | | | | | | | |
| | Complete if the organization answered | | Part IV line 11a S | See Form 990 P | Part X lin | e 10 | | | | |
| | Description of property | (a) Cost or ot | | | (c) Accu | | , | (d) Pool | | |
| | Description of property | basis (investm | 1 ' ' | 1 | . , | inulated ciation | 1 | (d) Book | value | 7 |
| | Lond | | 511.9 | (Galor) | gebie | JIGUOII | | | | |
| _ | Land | 1 | | | <u> </u> | 34.0,33 | | | | |
| b | Buildings | | | 7 400 | | 7 40 | _ | | | |
| c | Leasehold improvements | | | 7,489. | | $\frac{7,48}{148}$ | | | | 0. |
| | Equipment | l | | 1,443. | 9 | 1,44 | 3. | | | 0. |
| | Other | | | | | - | | | | |
| Total | . Add lines 1a through 1e. (Column (d) must ed | qual Form 990, Part > | (, column (B), line 1 | Oc.) | | | | | | 0. |

Schedule D (Form 990) 2016

| | ERATION OF GRE | EATER ST. PA | AUL 41-0693887 | Page 3 |
|--|----------------------------|---|--|-------------|
| Part VII Investments - Other Securities. | | 1 11 11 11 11 11 11 11 11 11 11 11 11 1 | | |
| Complete if the organization answered "Yes' | on Form 990, Part IV, line | 11b. See Form 990, I | art X, line 12. | |
| (a) Description of security or category (including name of security) | (b) Book value | | luation: Cost or end-of-year market | value |
| (1) Financial derivatives | | | | |
| (2) Closely-held equity interests | 1112-34 | | | |
| (3) Other | | | | |
| (A) EQUITY SECURITIES AND | | | | |
| (B) FUNDS, NOT PUBLICLY | | | | |
| (C) TRADED | 5,811,458 | END-OF-VI | EAR MARKET VALUE | |
| (D) FIXED INCOME SECURITIES | 3,011,130 | HAD OF I | MIC HARREST VALUE | |
| (E) AND FUNDS, NOT PUBLICLY | | | | |
| (F) TRADED | 1,265,779 | ENID_OF VI | EAR MARKET VALUE | |
| (G) MARKETABLE ALTERNATIVE | 1,203,113 | EMD-OF-11 | AK MAKKEI VALUE | |
| (H) FUND | 3,993,876. | END OF VI | ZAD MADVEM MATTE | |
| | | | EAR MARKET VALUE | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 13,598,934. | | | |
| Part VIII Investments - Program Related. | | | | |
| Complete if the organization answered "Yes' | | | | |
| (a) Description of investment | (b) Book value | (c) ivietnod of va | luation: Cost or end-of-year market | value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | a track to get | | |
| Part IX Other Assets. | | | | |
| Complete if the organization answered "Yes | | 11d. See Form 990, F | 'art X, line 15. | |
| (a) | Description | | (b) Book v | /alue |
| <u>(1)</u> | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin | ne 15.) | | > | |
| Part X Other Liabilities. | , | | | |
| Complete if the organization answered "Yes" | on Form 990. Part IV. line | 11e or 11f. See Form | 990. Part X. line 25. | |
| 1. (a) Description of liability | ,, | (b) Book value | | |
| (1) Federal income taxes | | | | |
| (2) CHARITABLE REMAINDER TRUS | ;m | | | |
| (3) LIABILITIES | , - | 837,176. | | |
| (4) FISCAL AGENCY LIABILITY | | 2,563,214. | | |
| (5) | | 2,303,214· | | |
| (6) | | | | |
| \U/ | I | i i | 法法证证证 医乳腺 化二氯化物 医二氯化物 医二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基 | |

3,400,390 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

(7) (8)

JEWISH FEDERATION OF GREATER ST. PAUL Schedule D (Form 990) 2016 41-0693887 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5,925,929. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments 2a 692,022. Donated services and use of facilities _____ 2b Recoveries of prior year grants 2c Other (Describe in Part XIII.) 2đ d <u>653,279.</u> Add lines 2a through 2d 5,272,650. Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 58,358. 4a Other (Describe in Part XIII.) c Add lines 4a and 4b 58,358. 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5,331,008. Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 4,384,038. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b Other losses 2c d Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e 4,384,038. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 58,358. c Add lines 4a and 4b 4,442,396. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI. lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART 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. 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

31

Schedule D (Form 990) 2016

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ORGANIZATION QUALIFY AS A CHARITABLE TAX DEDUCTION BY THE CONTRIBUTOR. THE

THE UNITED JEWISH FUND AND COUNCIL JEWISH FEDERATION OF GREATER ST. PAUL 41-0693887 Page 5 Schedule D (Form 990) 2016 Part XIII | Supplemental Information (continued) ORGANIZATION FOLLOWS THE GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION'S 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 -38,743.

Part XIII Supplemental Information (continued)

| Part VII Investments - Other Securities. See Form 990, Part X, line 12. (a) Description of security or category | | (c) Method of valuation: |
|--|----------------|----------------------------------|
| (including name of security) | (b) Book value | Cost or end-of-year market value |
| SPECIAL OPPORTUNITIES FUND | 1,600,848. | FMV |
| CASH SURRENDER VALUE OF LIFE INSURANCE | 812,473. | FMV |
| STOCK IN PRIVATE COMPANY | 100,000. | COST |
| ISRAEL GOVERNMENT BONDS | 14,500. | FMV |
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SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

▶ Attach to Form 990.

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

| OMB No. 1545-0047 | 2016 | Open to Public |
|-------------------|------|----------------|
| | | |

GENERAL OPERATING SUPPORT GENERAL OPERATING SUPPORT SENERAL OPERATING SUPPORT SENERAL OPERATING SUPPORT SENERAL OPERATING SUPPORT **Employer identification number** ž 41-0693887 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance N/A N/A (f) Method of valuation (book, FMV, appraisal, other) N/Ac (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 677, 577 554,045 348,214 169,000 125,268 PAUL (d) Amount of cash grant JEWISH FUND AND COUNCIL OF GREATER ST. (c) IRC section (if applicable) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 41-0698596 JEWISH FEDERATION 41-0694697 41-0694687 criteria used to award the grants or assistance? 13-1624240 41-0826434 General Information on Grants and Assistance (b) EIN THE UNITED JEWISH COMMUNITY RELATIONS COUNCIL 1 (a) Name and address of organization OF ST. PAUL THE JEWISH FEDERATIONS OF NORTH AMERICA - 25 BROADWAY STE 1700 or government JEWISH COMMUNITY CENTER 1521 UNIVERSITY AVE SE JEWISH FAMILY SERVICE MINNEAPOLIS, MN 55403 Name of the organization ST. PAUL, MN 55116 ST. PAUL, MN 55116 12 N 12TH ST, #480 NEW YORK, NY 10004 ST. PAUL, MN 55102 1375 ST. PAUL AVE 1633 SEVENTH ST W HILLEL FOUNDATION 768 HAMLINE AVE TALMUD TORAH Part Part II

Schedule I (Form 990) (2016)

BENERAL OPERATING SUPPORT

000

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

MINNEAPOLIS, MN 55414

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

Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990)

Page 1

41-0693887

SENERAL OPERATING SUPPORT SENERAL OPERATING SUPPORT GENERAL OPERATING SUPPORT GENERAL OPERATING SUPPORT SENERAL OPERATING SUPPORT (h) Purpose of grant or assistance (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) N/A N/A N/A appraisal, other) (f) Method of valuation (book, FMV, 0.N/A (e) Amount of non-cash assistance 16,802, (d) Amount of cash grant 54,550 50,000 43,600 30,000 20,640 20,500 15,900 10,420 (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 36-3337514 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 41-1789509 41-6009136 59-2151725 41-1525206 36-3411361 41-1763738 41-0711505 13-5599486 (p) EIN ASSOCIATION - 520 EIGHTH AVE, 4TH COUNTY - 2500 VANDERBILT BEACH ROAD #2201 - NAPLES, FL 34109 JEWISH FEDERATION OF COLLIER (a) Name and address of organization or government JEWISH HISTORICAL SOCIETY MINNESOTA JEWISH THEATRE JEWISH COMMUNITY CENTERS FL - NEW YORK, NY 10018 BETH JACOB CONGREGATION HERZL CAMP ASSOCIATION MINNEAPOLIS, MN 55416 MINNEAPOLIS, MN 55426 MINNEAPOLIS, MN 55416 4330 CEDAR LAKE RD S 4330 CEDAR LAKE RD S 1179 VICTORIA CURVE ST. PAUL, MN 55116 ST. PAUL, MN 55118 ST. PUAL, MN 55105 ST. PAUL, MN 55116 SHOLOM FOUNDATION 3610 PHILIPS PKWY MOUNT ZION TEMPLE 1300 SUMMIT AVE CHABAD ACADEMY 1758 FORD PKWY PO BOX 16155

Schedule I (Form 990)

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

Schedule I (Form 990)

Page 1

41-0693887

Schedule I (Form 990) GENERAL OPERATING SUPPORT GENERAL OPERATING SUPPORT (h) Purpose of grant or assistance (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance 9 900. (d) Amount of cash grant 5,774, (c) IRC section if applicable 23-7243247 501(C)(3) 41-0824942 501(C)(3) (b) EIN 616 S. MISSISSIPPI RIVER BLVD (a) Name and address of organization or government MINNEAPOLIS, MN 55403 ST. PAUL, MN 55116 511 KENWOOD PKWY TEMPLE OF AARON BLAKE SCHOOL

632241 04-01-16 THE UNITED JEWISH FUND AND COUNCIL

JEWISH FEDERATION OF GREATER ST. PAUL

Schedule I (Form 990) (2016)

Part III

Page 2

41-0693887

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.

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) APPLICANTS FOR GRANTS MUST PROVIDE DETAILED EXPLANATIONS OF INTENDED USES Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. INCLUDING BUDGETS; AND SUBMIT FINANCIAL INFORMATION AT DETERMINED N/A (d) Amount of non-cash assistance 202,996 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2: INTERVALS SCHOLARSHIPS

Schedule I (Form 990) (2016)

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

THE UNITED JEWISH FUND AND COUNCIL JEWISH FEDERATION OF GREATER ST. PAUL **Employer identification number** 41-0693887

| Pa | art I Questions Regarding Compensation | | | |
|----|---|---------------------------------------|----------|------|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| | Travel for companions Payments for business use of personal residence | 100 | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as, maid, chauffeur, chef) | | | |
| | | | | 1 |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | L | |
| | | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant LX Compensation survey or study | | | |
| | Form 990 of other organizations Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | L | X |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| _ | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | . i. |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | 1.5 |
| | contingent on the revenues of: | 1 | | 77 |
| a | The organization? | 5a | | X |
| D | Any related organization? | 5b | | Δ. |
| _ | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| _ | contingent on the net earnings of: | | | v |
| | The organization? | 6a | | X |
| D | Any related organization? | 6b | 3.55 | X |
| 7 | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | | | | v |
| c | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | 1,550 | X |
| 8 | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | 10000 | Х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | • | | |
| 9 | Regulations section 53.4958-6(c)? | 9 | - 127.00 | |
| | riogalationo occitori oci-toco o(c): | , 5 | | 1 |

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Schedule J (Form 990) 2016

THE UNITED JEWISH FUND AND COUNCIL

JEWISH FEDERATION OF GREATER ST. PAUL

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 41-0693887 Schedule J (Form 990) 2016

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

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

| | | (B) Breakdown of W | (B) Breakdown of W-2 and/or 1099-MISC compensation | 1 | (C) Retirement and | ple | (E) Total of columns | F |
|-------------------------------------|----------|--------------------------|--|-------------------------------------|--------------------------------|---------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | Бепептѕ | (a)-(i)(a) | In column (B) reported as deferred on prior Form 990 |
| (1) ELI SKORA EXECUTIVE DIBECTOR | € € | 177,834. | 000 | 0.0 | 000 | 22,283. | 200,117. | 0 |
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Schedule J (Form 990) 2016

THE UNITED JEWISH FUND AND COUNCIL JEWISH FEDERATION OF GREATER ST. P. Part III | Supplemental Information

Schedule J (Form 990) 2016

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

Page 3

41-0693887

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Schedule J (Form 990) 2016

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2016
Open to Public Inspection

Name of the organization

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

Employer identification number 41-0693887

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: DUE TO THE GENEROSITY OF A BENEFACTOR, SCHOLARSHIPS ARE PROVIDED FOR STUDENTS TO ATTEND U.S. COLLEGES AND UNIVERSITIES. 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 WOMEN'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 VI, SECTION A, LINE 2: ALAN AND LISA BERNICK - FAMILY RELATIONSHIP MICHAEL AND POLLY SAXON - FAMILY RELATIONSHIP STEVEN AND MICHELLE SHALLER - FAMILY RELATIONSHIP

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

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

Schedule O (Form 990 or 990-EZ) (2016)

Employer identification number 41-0693887

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:

FORTY-NINE OF THE DIRECTORS OF THE ORGANIZATION ARE ELECTED AT THE ANNUAL MEETING OF THE ORGANIZATION. DIRECTORS ARE NOMINATED BY THE NOMINATING

COMMITTEE AND ELECTED BY AND FROM THE MEMBERSHIP OF THE ORGANIZATION. THESE DIRECTORS SHALL SERVE A TERM OF THREE YEARS EACH, AND SHALL BE ELECTED SUCH THAT ONE-THIRD OF THE DIRECTORS IS ELECTED EACH YEAR.

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 OF THE ORGANIZATION 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 OF THE

BOARD OF DIRECTORS PRESENT AT ANY MEETING OF THE BOARD OF DIRECTORS AT

WHICH A OUORUM IS PRESENT.

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

THE ORGANIZATION'S BOARD OF DIRECTORS DELEGATES THE TASK OF REVIEWING AND APPROVING THE FORM 990 TO THE AUDIT COMMITTEE.

Employer identification number 41-0693887

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 PRESENTATION REGARDING THE PROPOSED TRANSACTION OR ARRANGEMENT, BUT THEN AFTER MUST LEAVE DURING THE DISCUSSION AND VOTE ON THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE BOARD SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, IF THAT IS NOT REASONABLY ATTAINABLE. THE REMAINING BOARD SHALL DETERMINE BY A MAJORITY VOTE WHETHER IT IS IN THE BEST INTEREST AND FOR ITS OWN BENEFIT TO ENTER INTO THE TRANSACTION 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 MINUTES DOCUMENT THE NAMES OF THE PERSONS WHO WERE PRESENT FOR THE DISCUSSIONS AND VOTES RELATED TO THE CONFLICT, THE CONTENT OF THE DISCUSSIONS, AND 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
632212 08-25-16 Schedule O (Form 990 or 990-EZ) (2016)

| Name of the organization THE UNITED JEWISH FUND JEWISH FEDERATION OF G | | Employer identification number 41-0693887 |
|---|---|---|
| AND MORE THAN 300 NETWORK COMMUNITIE | | |
| FEDERATIONS INFORMATION REGARDING AN | NUAL SALARIES FOR FED | ERATION EMPLOYEES, |
| INCLUDING EXECUTIVE DIRECTORS. OUR | PERSONNEL COMMITTEE M | EETS ANNUALLY TO |
| EVALUATE THE EXECUTIVE DIRECTOR'S PE | RFORMANCE OVER THE PA | ST YEAR. USING |
| THIS EVALUATION IN CONJUNCTION WITH | | |
| ARRIVES AT THE EXECUTIVE DIRECTOR'S | SALARY. THIS PROCESS | LAST OCCURRED |
| DURING 2016. | | |
| | | |
| THE SALARIES ARE SET BY THE EXECUTIV | E DIRECTOR. THE BUDGE | T INCLUDING THE |
| SALARY LINE ITEM IS APPROVED BY THE | FULL BOARD. THIS PROC | ESS LAST OCCURED |
| DURING 2017. | | |
| | | |
| FORM 990, PART VI, SECTION C, LINE 1 | | |
| THE ORGANIZATION MAKES ITS GOVERNING | | |
| POLICY, AND FINANCIAL STATEMENTS AVA | ILABLE TO THE PUBLIC | UPON REQUEST. |
| | | |
| FORM 990, PART XI, LINE 9, CHANGES I | N NET ASSETS: | |
| CHANGE IN VALUE OF CHARITABLE REMAIN | | -38,743. |
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SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

2016

OMB No. 1545-0047

Open to Public Inspection

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. JEWISH FEDERATION OF GREATER ST. PAUL THE UNITED JEWISH FUND AND COUNCIL

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

Employer identification number 41-0693887

Direct controlling entity End-of-year assets <u>e</u> Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

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

| Section 512(b)(13) controlled entity? | oN N | | | | | |
|---|------------|--|---|--|---|--|
| Section cont | Yes | | | | | |
| (f) Direct controlling entity | | | | | | |
| (d) (e) Exempt Code Public charity section status (if section | 501(c)(3)) | | | | | |
| (d) Exempt Code section | | | | | | |
| (c) Legal domicile (state or foreign country) | | | - | | - | |
| (b) Primary activity | | | | | | |
| (a) Name, address, and EIN of related organization | | | | | | |

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

Schedule R (Form 990) 2016

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

Schedule R (Form 990) 2016

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.

Page 2

41-0693887

Schedule R (Form 990) 2016 General or Percentage managing ownership Yes No (i) Section 512(b)(13) controlled entity? 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. × Percentage ownership Yes No Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets Disproportionate Yes No allocations? Share of total income Share of end-of-year assets 6 Type of entity (C corp, S corp, or trust) e Share of total income PRUST Direct controlling entity FEDERATION OF GREATER ST Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ JEWISH Legal domicile (state or foreign country) 46 Ø છ (d)
| Direct controlling entity Primary activity 9 Legal domicile (state or foreign country) PRUST Primary activity 9 Name, address, and EIN of related organization CHARITABLE REMAINDER TRUSTS (1) Name, address, and EIN of related organization <u>a</u> <u>a</u> 632162 09-06-16 Part IV

SEE PART VII FOR CONTINUATIONS

41-0693887

Page 3

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

Schedule R (Form 990) 2016

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

| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | å |
|--|----------------------------|--|---|------------|-----|------------|
| 1 During the tax year, did the organization engage in any of the following transaction | ns with one or more re | transactions with one or more related organizations listed in Parts II-IV? | I in Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | t c | | | <u>1</u> a | | × |
| b Giff, grant, or capital contribution to related organization(s) | | | | 1b | | × |
| c Gift, grant, or capital contribution from related organization(s) | | | | 10 | | × |
| d Loans or loan guarantees to or for related organization(s) | | | | 19 | | × |
| e Loans or loan guarantees by related organization(s) | | | | 0 | | × |
| | | | | 2 | - | |
| f Dividends from related organization(s) | | | | ‡ | 1 | : |
| | | | | - 3 | | : > |
| | | | | 51 | t | ∢ : |
| h Purchase of assets from related organization(s) | | | | 두 | | × |
| i Exchange of assets with related organization(s) | | | | ;= | | × |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | 11 | | × |
| V pass of facilities an imment or other assets from related organization(s) | | | | ÷ | | Þ |
| Education and interest of any of the content assets in the content and | | | *************************************** | 4 | | 4: |
| Performance of services or membership or fundraising solicitations for | related organization(s) | | | = | | × |
| m Performance of services or membership or fundraising solicitations by related org | related organization(s) | | | Ę | | × |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | tion(s) | | | ţ. | | × |
| o Sharing of paid employees with related organization(s) | | | | 10 | | × |
| | | | | | | |
| p Reimbursement paid to related organization(s) for expenses | | | | - | į. | × |
| | | | | 10 | | × |
| | | | | | | |
| | | | | ÷ | : | × |
| Other transfer of cash or property from related organization(s) | | | | 18 | | × |
| 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. | who must complete the | is line, including coverec | relationships and transaction thresholds. | | | |
| | | 6 | | | | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved | /olved | | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (9) | · | | | | | |
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THE UNITED JEWISH FUND AND COUNCIL

JEWISH FEDERATION OF GREATER ST. PAUL

Schedule R (Form 990) 2016

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.

| | (4) | (7) | 5 | 9 | [3 | 14 | 5 | 5 | 170 |
|--|------------------|----------|---|--------|----------------------|----------------------|---|--|--------------------------------|
| Name, address, and EIN of entity | Primary activity | ig ig | Predominant income paties se. (related, unrelated, 501(6)(3) excluded from tax under ogs? | ** | Share of end-of-year | Disproportionate all | Olspnopor Code V-UBI ceneral or Percentage tong amoration? Orde V-UBI ceneral or Percentage allocations? of Schedule K-1 partner? ownership | U) General or managing partner? | (n) Percentage ownership |
| | | country) | sections 512-514) Yes No | income | assets | Yes No | (Form 1065) | Yes No | |
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