Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990 rtax year beginning JUL 1, 2013 and ending JUN 30, 2014 A For the 2013 calendar year, or tax year beginning JUL 1, 2013

Open to Public

| B (| Check if | C Name of organization | | D Employer identifie | cation number |
|-----------------------------|-----------------------------|--|----------|-------------------------------------|-------------------------------|
| $\overline{}$ | ⊐Addre | | | | |
| H | chang ∏Name | · | | 30_0 | 806312 |
| \vdash | chang ∏Initial | 3 | n/suite | | |
| H | return ☐Termii | | 1/Suite | E Telephone numbe | r)390-5700 |
| \vdash | ⊸ated □Amen | | | G Gross receipts \$ | 104,758,070. |
| F | ⊒return ⊒Applid ⊒tion | | | H(a) Is this a group re | |
| | pendi | | | for subordinates | |
| | | SAME AS C ABOVE | | H(b) Are all subordinates in | ····· |
| 1 7 | Гах-ех | empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or | 527 | ` ' | list. (see instructions) |
| J١ | Nebsi | te: WWW.MILWAUKEEJEWISH.ORG | | H(c) Group exemptio | |
| | | | ∟ Year o | of formation: 1938 N | State of legal domicile; WI |
| Pa | art I | Summary | | | |
| ě | 1 | Briefly describe the organization's mission or most significant activities: THROUGH | TH | E DEVELOPME | NT OF |
| Activities & Governance | | COMMUNITY-WIDE FINANCIAL SUPPORT, PLANNING | | | |
| ern | 2 | Check this box if the organization discontinued its operations or disposed o | of more | 1 1 | |
| õ | 3 | Number of voting members of the governing body (Part VI, line 1a) | | | 71 |
| ∞ ∞ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 66 |
| ties | 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | | | 700 |
| ξį | 6 | Total number of volunteers (estimate if necessary) | | | 248,446. |
| ¥ | | Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 | | | -1,952. |
| | , b | Net differated business taxable income from Form 990-1, life 54 | | Prior Year | Current Year |
| 4 | 8 | Contributions and grants (Part VIII, line 1h) | | 19,003,661. | 20,956,313. |
| n | 9 | Program service revenue (Part VIII, line 2g) | . — | 2,202,669. | 2,210,322. |
| Revenue | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 7,592,324. | 7,174,309. |
| Œ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 376,845. | 174,683. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 29,175,499. | 30,515,627. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 15,064,529. | 11,608,907. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | . L | 0. | 0. |
| es | I | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 3,499,855. | 3,677,021. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| Ϋ́ | | Total fundraising expenses (Part IX, column (D), line 25) 1,423,268. | | 0 501 644 | 0 765 730 |
| _ | 1 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 8,501,644. 27,066,028. | 8,765,738. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | | 24,051,666. |
| _ <u>S</u> | | Revenue less expenses. Subtract line 18 from line 12 | | 2,109,471. | 6,463,961. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | | ginning of Current Year 84,294,163. | End of Year 198,339,311. |
| Asse Bal | 20 | Total liabilities (Part X, line 16) | | $\frac{34,234,103}{72,297,241}$. | 67,870,354. |
| Net U | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 11,996,922. | 130,468,957. |
| | art II | Signature Block | . _ | | |
| Und | er pena | lities of perjury, I declare that I have examined this return, including accompanying schedules and | stateme | ents, and to the best of m | y knowledge and belief, it is |
| true | , correc | et, and complete. Declaration of preparer (other than officer) is based on all information of which pr | reparer | has any knowledge. | |
| | | | | | |
| Sig | n | Signature of officer | | Date | |
| Her | е | HANNAH ROSENTHAL, PRESIDENT & CEO | | | |
| | | Type or print name and title | - 15 | | LI DTIN |
| | | Print/Type preparer's name Preparer's signature | | ate Check | PTIN |
| Paid | | DAVE GLOBIG, CPA DAVE GLOBIG, CPA | U | 1/05/15 self-employe | |
| - | Only | Firm's name WIPFLI LLP | | Firm's EIN | 39-0758449 |
| use | Only | Firm's address 10000 INNOVATION DRIVE, SUITE 250 MILWAUKEE, WI 53226-4837 | | Dhono no 11 | 4-431-9300 |
| Mar | , tha !! | RS discuss this return with the preparer shown above? (see instructions) | | Filotie IIO.41 | X Yes No |
| ivia) | , uic II | 10 GIOGGO TITO TETATTI WITH THE DIEDATE SHOWIT ADOVE! 13EE HISHUULIOHS) | | | |

Total program service expenses ▶

21,190,957.

Form 990 (2013) MILWAUKEE JE Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|------|------|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 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 | Х | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | Х | |
| 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 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| - | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | х | |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | Х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | 37 | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | 37 |
| 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 | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | 1/16 | х | |
| 15 | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 14b | - 22 | |
| IJ | 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 | 13 | | |
| | 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 | Х | |
| 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 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| | | _ | | _ |

Form 990 (2013) MILWAUKEE JEWISH F Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|--|-----|-----|----------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | 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 individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25a | 24a | X | <u> </u> |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | X |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | 37 |
| | any tax-exempt bonds? | 24c | | X |
| | 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | v |
| | 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 | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | 230 | | |
| 20 | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, | | | |
| | complete Schedule L, Part II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | 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 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, 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 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | .,, |
| | If "Yes," complete Schedule N, Part I | 31 | | <u> </u> |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | v |
| 00 | 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 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 33 | | |
| 34 | | 34 | Х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X | |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 000 | | |
| - | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | Х |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | 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 | Х | |

Form 990 (2013) MILWAUKEE JEWISH FEDERATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response or note to any line in this Part V | | | | | | | | | |
|---------|--|---------------------------|-----|-----|----|--|--|--|--|--|
| | | | | Yes | No | | | | | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 64 | | | | | | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | | | | | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and re | eportable gaming | | | | | | | | |
| | (gambling) winnings to prize winners? | | 1c | Х | | | | | | |
| 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 66 | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retur | ns? | 2b | Х | | | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions |) | | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | За | X | | | | | | |
| b | b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | | | | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | authority over, a | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account | account)? | 4a | | Х | | | | | |
| b | If "Yes," enter the name of the foreign country: ▶ | | | | | | | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A | Accounts. | | | | | | | | |
| 5а | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | Х | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | ction? | 5b | | X | | | | | |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | e organization solicit | | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | 6a | | X | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribut | ions or gifts | | | | | | | | |
| | were not tax deductible? | | 6b | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | | 7a | X | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | X | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | as required | | | | | | | | |
| | to file Form 8282? | | 7c | | X | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c | | 7e | | X | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr | | 7f | | Х | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | 7g | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, airplanes | | 7h | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di | | | | v | | | | | |
| • | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at | any time during the year? | 8 | | X | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | Х | | | | | |
| | Did the organization make any taxable distributions under section 4966? | | 9a | | X | | | | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | | 9b | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | 100 | | | | | | | | |
| | 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 | 10a 10b | | | | | | | | |
| о 11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | IOD | | | | | | | | |
| | Gross income from members or shareholders | 11a | | | | | | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | i ia | | | | | | | | |
| | | 11b | | | | | | | | |
| 12a | amounts due or received from them.) [11b] 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | 12a | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | | | | | | |
| _ | 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 | 13b | | | | | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | | | | | |
| | Did the consciention which are some of facility of the facilit | | 14a | | Х | | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule | | 14b | | | | | | | |
| | | | | | | | | | | |

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. Х Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 71 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. 71 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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 Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 12c Did the organization have a written whistleblower policy? X 13 13 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►WI, IL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website **X** Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THOMAS LINDOW - (414) 390-5700

WI

53213

1360 NORTH PROSPECT AVENUE, MILWAUKEE,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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) | l | 111120 | ((| | прсі | isat | (D) | (E) | (F) |
|-----------------------------------|-------------------|-------------|-------------------------------------|---------|--------------|---------------------------------|--------|-----------------|----------------------------|--------------------|
| Name and Title | Average | (do | Position do not check more than one | | | | | Reportable | Reportable | Estimated |
| | hours per | box. | , unle | ss pe | rson | is bot or/trus | h an | compensation | compensation | amount of |
| | week (list any | - | | | | | Ĺ | from the | from related organizations | other compensation |
| | hours for | or director | | | | pa | | organization | (W-2/1099-MISC) | from the |
| | related | trustee or | nstee. | | | ensati | | (W-2/1099-MISC) | | organization |
| | organizations | al trus | onal tr | | oloyee | comp | | | | and related |
| | below line) | Individual | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) ANDREA SCHNEIDER | 1.00 | | | | | | | | | |
| VICE-PRESIDENT | 0.40 | Х | | Х | | | | 0. | 0. | 0. |
| (2) JOAN LUBAR | 1.00 | | | | | | | | | |
| VICE-PRESIDENT | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (3) MARK GOLDSTEIN | 1.00 | | | | | | | | | |
| VICE-PRESIDENT | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (4) NANCY BARNETT | 1.00 | | | | | | | | | |
| VICE-PRESIDENT | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (5) STEPHEN CHERNOF | 1.00 | | | | | | | _ | | • |
| VICE-PRESIDENT | 0.00 | Х | | X | | | | 0. | 0. | 0. |
| (6) SUSAN LUBAR SOLVANG | 1.00 | | | | | | | | | 0 |
| VICE-PRESIDENT | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (7) DANIEL BADER | 1.00 | 7. | | 77 | | | | _ | 0. | 0 |
| TREASURER/CHAIR ELECT | 1.00 | Х | | Х | | | | 0. | 0. | 0. |
| (8) DR. SHARYL PALEY SECRETARY | 0.00 | х | | х | | | | 0. | 0. | 0. |
| (9) BETTY CHRUSTOWSKI | 0.30 | ^ | | Δ | | | | 0. | 0. | 0. |
| MEMBER | 0.00 | х | | | | | | 0. | 0. | 0. |
| (10) ADAM BAZELON | 0.30 | 23 | | | | | | • | | |
| MEMBER | 0.00 | x | | | | | | 0. | 0. | 0. |
| (11) ALAN BORSUK | 0.30 | | | | | | | | | |
| MEMBER | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (12) ALLEN SAMSON | 0.30 | | | | | | | | | |
| MEMBER | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (13) BETSY GREEN | 0.30 | | | | | | | | | |
| MEMBER | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (14) BRAD DALLET | 0.30 | | | | | | | | | |
| MEMBER | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (15) BRIAN SCHUPPER | 0.30 | | | | | | | _ | _ | _ |
| MEMBER | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (16) BRUCE ARBIT | 0.30 | | | | | | | _ | | • |
| MEMBER | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (17) DANNY ARNSTEIN | 0.30 | | | | | | | _ | | • |
| MEMBER | 0.00 | Х | | | | | | 0. | 0. | 0. |

| Form 990 (2013) MILWAUKE | | | | | | | | | 39-0806 | <u>312</u> | P | age 8 |
|--|--------------------|---|-----------------------|-------------|--------------|------------------------------|--------|-------------------------|-------------------------------|------------|----------------|-------|
| Part VII Section A. Officers, Directors, Tru | stees, Key Em | ploy | yees | , an | d Hi | ghe | st C | ompensated Employe | es (continued) | | | |
| (A) | | | | C) | | | (D) | (E) | | (F) | | |
| Name and title | Average | (do | not c | Pos heck | more | than one | | Reportable | Reportable | | timate | |
| | hours per week | box, unless person is both an officer and a director/trustee) | | | | | | compensation | compensation | | nount | |
| | (list any | i | Т | | | | Ĺ | from the | from related organizations | | other pensa | |
| | hours for | or director | | | | _ | | organization | (W-2/1099-MISC) | | om th | |
| | related | e or | stee | | | nsate | | (W-2/1099-MISC) | (11 2) 1000 111100) | | anizat | |
| | organizations | | al tru | | yee | ed uu c | | , | | _ | d relat | |
| | below | Individual 1 | Institutional trustee | er | Key employee | est co loyee | ner | | | orga | anizati | ons |
| | line) | Indi | Insti | Officer | Key 6 | Highest compensated employee | Former | | | | | |
| (18) DAVID ARNSTEIN | 0.30 |] | | | | | | _ | _ | | | _ |
| MEMBER | 0.00 | Х | | | | | | 0. | 0. | | | 0. |
| (19) DAVID LUBAR | 0.30 |] | | | | | | _ | _ | | | |
| MEMBER | 1 | X | | | | | | 0. | 0. | | | 0. |
| (20) DON GRANDE | 0.30 | 1 | | | | | | _ | | | | _ |
| MEMBER | 0.00 | X | | | | | | 0. | 0. | | | 0. |
| (21) EILEEN GRAVES | 0.30 | 1 | | | | | | _ | | | | _ |
| MEMBER | 0.00 | Х | | | | | | 0. | 0. | | | 0. |
| (22) ELLIS BROMBERG | 0.30 | ┨ | | | | | | | | | | _ |
| MEMBER | 0.00 | X | | | | | | 0. | 0. | | | 0. |
| (23) FELICIA MILLER | 0.30 | ┨ | | | | | | | | | | • |
| MEMBER | 0.00 | X | | | | | | 0. | 0. | | | 0. |
| (24) FRAN RICHMAN | 0.30 | ┨ | | | | | | _ | • | | | • |
| MEMBER | | Х | | | | | | 0. | 0. | | | 0. |
| (25) GERALD STEIN | 0.30 | ┨ | | | | | | | • | | | • |
| MEMBER | | Х | | | | | | 0. | 0. | | | 0. |
| (26) GWEN RIVKIN | 0.30 | ┨ | | | | | | | • | | | • |
| MEMBER | 0.00 | _ | | | | | | 0. | 0. | | | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | | 4 - | 0. |
| c Total from continuation sheets to Part \ | | | | | | | | 488,164. | 0. | | 4,7 | |
| d Total (add lines 1b and 1c) | | | | | | | | 488,164. | 0. | 8 | 4,7 | 92. |
| 2 Total number of individuals (including but | not limited to the | nose | eliste | ed a | bove | e) wl | no re | eceived more than \$100 | 0,000 of reportable | | | _ |
| compensation from the organization | | | | | | | | | | | V | |
| | - | | | | | | | | | | Yes | No |
| 3 Did the organization list any former office | | | | | | | | | | _ | | 37 |
| line 1a? If "Yes," complete Schedule J for | | | | | | | | | | 3 | | X |
| 4 For any individual listed on line 1a, is the s | • | | | | | | | • | • | | 37 | |
| and related organizations greater than \$15 | | | | | | | | | | 4 | X | |
| 5 Did any person listed on line 1a receive or | • | | | | • | | | • | | | | v |
| rendered to the organization? If "Yes," con | mplete Schedui | ie J | tor s | uch | pers | son | | | | 5 | | X |
| Section B. Independent Contractors | | | | | | | | | * | | | |
| 1 Complete this table for your five highest c | ompensated in | dep | ende | ent c | ontr | racto | ors tl | hat received more than | \$100,000 of compens | sation f | rom | |

the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|-----------------------------|---------------------|
| NORTHTRACK CONSTRUCTION, 6938 N. SANTA MONICA BLVD, SUITE B, FOX POINT, WI 53217 | CONSTRUCTION PROJECT | 153,157. |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

| Part VII Section A. Officers, Directors, | Trustees Key Fr | | | | | | _ | • | 39-080 | 0312 |
|--|---|--------------------------------|-----------------------|---------------|--------------|------------------------------|--------|--|--|---|
| (A) | (B) | | Јусс | 5, ai | | iigii | CSL | (D) | (E) | (F) |
| Name and title | Average hours | (cl | | Posi all t | ition | | ly) | Reportable compensation | Reportable compensation | 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) IDY GOODMAN MEMBER | 0.30 | x | | | | | | 0. | 0. | C |
| (28) JANE GELLMAN | 0.30 | | | \dashv | | | | 0. | 0. | |
| MEMBER | 0.00 | Х | | | | | | 0. | 0. | (|
| (29) JAYNE BUTLEIN | 0.30 | | | | | | | - | 0. | |
| MEMBER | 0.00 | x | | | | | | 0. | 0. | 0 |
| (30) JERRY BENJAMIN | 0.30 | | | | | | | | | |
| MEMBER | 0.00 | x | | | | | | 0. | 0. | C |
| (31) JILL PLAVNICK | 0.30 | | | | | | | | | |
| MEMBER | 0.00 | х | | | | | | 0. | 0. | C |
| (32) JODY KAUFMAN LOEWENSTEIN | 0.30 | | | | | | | | | |
| MEMBER | 0.00 | Х | | | | | | 0. | 0. | C |
| (33) JOE DEVORKIN | 0.30 | | | | | | | | | |
| MEMBER | 0.00 | Х | | | | | | 0. | 0. | (|
| (34) JOSEPH BERNSTEIN | 0.30 | | | | | | | | | _ |
| MEMBER | 0.00 | Х | | | | | | 0. | 0. | (|
| (35) JOSH GIMBEL | 0.30 | | | | | | | | • | _ |
| MEMBER | 0.00 | Х | | | | | | 0. | 0. | C |
| (36) JOSH RICHMAN | 0.30 | ٠,, | | | | | | | 0 | , |
| MEMBER | 0.00 | Х | | | | | | 0. | 0. | C |
| (37) JUDI KETTEN MEMBER | 0.00 | x | | | | | | 0. | 0. | C |
| (38) JUDY GUTEN | 0.30 | ^ | | - | | | | 0. | 0. | |
| MEMBER | 0.00 | Х | | | | | | 0. | 0. | (|
| (39) KAREN SCHAPIRO | 0.30 | | | | | | | • | <u> </u> | |
| MEMBER | 0.00 | x | | | | | | 0. | 0. | (|
| (40) KEITH LINDENBAUM | 0.30 | | | | | | | | | |
| MEMBER | 0.00 | x | | | | | | 0. | 0. | C |
| (41) LAURI ROTH | 0.30 | | | | | | | | | |
| MEMBER | 0.00 | Х | | | | | | 0. | 0. | C |
| (42) LILY GOREN | 0.30 | | | | | | | | | |
| MEMBER | 0.00 | Х | | | | | | 0. | 0. | (|
| (43) LINDA MARCUS | 0.30 | _ | | $ \ \ $ | | | | | | |
| MEMBER | 0.00 | X | | | | | | 0. | 0. | C |
| (44) LISA HILLER | 0.30 | | | | | | | | _ | |
| MEMBER | 0.00 | X | | | | | | 0. | 0. | C |
| (45) LORI KIMMEL | 0.30 | ,, | | | | | | | • | , |
| MEMBER | 0.00 | X | <u> </u> | | | | | 0. | 0. | C |
| (46) LORRAINE HOFFMANN | 0.30 | Ψ, | | | | | | | ^ | _ |
| MEMBER | 0.00 | X | | | | | | 0. | 0. | C |

| D IVIII | KEE JEWISI | | | | | | | • | 39-080 | 0312 |
|---|---|--------------------------------|-----------------------|---------------|--------------|------------------------------|--------|--|--|---|
| Part VII Section A. Officers, Directors | | nplo | oyee | | | ligh | est | | | |
| (A) Name and title | (B) Average hours | (cl | | Posi all t | ition | | ly) | (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 |
| (47) LOUISE STEIN MEMBER | 0.30 | x | | | | | | 0. | 0. | 0 |
| (48) MARCI TAXMAN | 0.30 | ^ | | Н | | | | 0. | 0. | 0 |
| MEMBER | 0.40 | х | | | | | | 0. | 0. | 0 |
| (49) MARK BRICKMAN | 0.30 | | | | | | | | | |
| MEMBER | 0.00 | х | | | | | | 0. | 0. | 0 |
| (50) MICHAEL LAPPIN | 0.30 | | | П | | | | | | |
| MEMBER | 0.00 | Х | | | | | | 0. | 0. | 0 |
| (51) MIRIAM FLEMING MEMBER | 0.30 | x | | | | | | 0. | 0. | 0 |
| (52) MITCH MOSER | 0.30 | | | | | | | 0. | 0. | 0 |
| MEMBER | 0.00 | Х | | | | | | 0. | 0. | 0 |
| (53) MOSHE KATZ | 0.30 | | | Н | | | | • | <u> </u> | <u> </u> |
| MEMBER | 0.00 | x | | | | | | 0. | 0. | 0 |
| (54) PETER WEIL | 0.30 | | | | | | | | | |
| MEMBER | 0.00 | x | | | | | | 0. | 0. | 0 |
| (55) RABBI SHARI SHAMAH | 0.30 | | | | | | | | | |
| MEMBER | 0.00 | Х | | | | | | 0. | 0. | 0 |
| (56) RABBI WES KALMAR | 0.30 | | | | | | | | | |
| MEMBER | 0.00 | Х | | | | | | 0. | 0. | 0 |
| (57) RABBI YOSEF SCHLUSSEL | 0.30 | | | | | | | _ | | |
| MEMBER | 0.00 | Х | | | | | | 0. | 0. | 0 |
| (58) RACHAEL MARKS | 0.30 | | | | | | | | | |
| MEMBER | 0.00 | Х | | | | | | 0. | 0. | 0 |
| (59) REBECCA GURALNICK | 0.30 | ,, | | | | | | | 0 | 0 |
| MEMBER | 0.00 | X | | Ш | | | | 0. | 0. | 0 |
| (60) ROB COHEN MEMBER | 0.30 | | | | | | | 0. | 0. | 0 |
| (61) ROSALIE GELLMAN | 0.00 | ^ | | Н | | | | 0. | 0. | U |
| MEMBER | 0.00 | v | | | | | | 0. | 0. | 0 |
| (62) SARA HERMANOFF | 0.30 | | | Н | | | | 0. | 0. | - |
| MEMBER | 0.00 | x | | | | | | 0. | 0. | 0 |
| (63) SARAH HWANG | 0.30 | | | H | | | | | • | 0 |
| MEMBER | 0.00 | x | | | | | | 0. | 0. | 0 |
| (64) STAN AZIMOV | 0.30 | Ť | | H | | | | | 3 0 | |
| MEMBER | 0.00 | x | | | | | | 0. | 0. | 0 |
| (65) STEPHANIE DYKEMAN | 0.30 | | | П | | | | | | |
| MEMBER | 0.00 | Х | | L ∣ | | | L | 0. | 0. | 0 |
| (66) STEPHEN RICHMAN | 0.30 | | | П | | | | | | |
| MEMBER | 0.00 | ΙX | l | ıl | | l | I | 0. | 0. | 0 . |

| Form 990 MILWAUKE. | E JEWISI | <u> </u> | EL |)EI | KΑ' | LT (| <u>N</u> | , INC. | 39-080 | 631Z |
|--|---|------------------|-----------------------|---------|--------------|------------------------------|----------|--|--|---|
| Part VII Section A. Officers, Directors, Tru | ustees, Key E | mple | oyee | s, a | nd l | High | est | Compensated Employ | rees (continued) | |
| (A) | (B) | | | | C) | | | (D) | (F) | |
| Name and title | Average hours | (c | heck | Pos | ition | | ılv) | Reportable compensation | Reportable compensation | Estimated amount of |
| | per week (list any hours for related organizations below line) | stee 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 |
| (67) SUE STRAIT MEMBER | 0.30 | x | | | | | | 0. | 0. | 0 |
| (68) SUSAN ANGEL MILLER | 0.30 | ∺ | | | | | | - | | |
| MEMBER | 0.00 | х | | | | | | 0. | 0. | 0 |
| (69) SUZY ETTINGER | 0.30 | | | | | | | | | |
| MEMBER | 0.00 | X | | | | | | 0. | 0. | 0 |
| (70) YONI SCHLUSSEL | 0.30 | | | | | | | | | |
| MEMBER | 0.00 5.00 | Х | | | | | | 0. | 0. | 0 |
| (71) MARLENE LAUWASSER | 0.40 | x | | v | | | | 0. | 0. | 0 |
| BOARD CHAIR (72) HANNAH ROSENTHAL | 38.00 | ^ | | Х | | | | 0. | 0. | 0 |
| PRESIDENT & CEO | 0.40 | 1 | | Х | | | | 261,492. | 0. | 11,972 |
| (73) THOMAS LINDOW | 38.00 | | | | | | | | | |
| CFO/COO | 1.00 | 1 | | Х | | | | 105,143. | 0. | 34,982 |
| (74) CAREN GOLDBERG | 38.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | 0.00 | | | | | Х | | 121,529. | 0. | 37,838 |
| | | | | | | | | | | |
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| | 1 | | | | | | | 400 151 | | 04 700 |
| Total to Part VII, Section A, line 1c | | | | | | | | 488,164. | | 84,792 |

Form 990 (2013)
Part VIII S

| Part VIII | Statement of Revenue |
|-----------|----------------------|
|-----------|----------------------|

| | | Check if Schedule O cont | ains a response | or note to any lir | ne in this Part VIII | | | |
|--|----------|---|-----------------|--------------------|----------------------|--|--|---|
| | | | <u></u> | , | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| nts | 1 a | Federated campaigns | 1a | | | | | |
| ig ig | | Membership dues | | | | | | |
| Å,G | | Fundraising events | | 279,020. | | | | |
| # E | | Related organizations | | | | | | |
| s, C | | Government grants (contribut | | | | | | |
| ioi | | All other contributions, gifts, gran | • — | | | | | |
| her | · | similar amounts not included above | | 20,677,293. | | | | |
| Ē | a | Noncash contributions included in lines | | 3,655,404. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | _ | Total. Add lines 1a-1f | | | 20,956,313. | | | |
| | | Total Add miles fa 11 | | Business Code | , , | | | |
| o l | 2 a | RENT FROM EXEMPT BUILD | ING | 900099 | 1,959,924. | 1,959,924. | | |
| Ş | - u h | NEWSPAPER ADVERTISING | | 511110 | 250,398. | , , , | 250,398. | |
| Ser | c | | | | , | | , - | |
| E Š | d | | | | | | | |
| Program Service Revenue | e | | | | | | | |
| P | | All other program service reve | enue | | | | | |
| | | Total. Add lines 2a-2f | | | 2,210,322. | | | |
| | 3 | Investment income (including | | | , , | | | |
| | _ | other similar amounts) | • | • | 2,631,912. | | -1,952. | 2,633,864. |
| | 4 | Income from investment of tax | | | , , | | · · · · · · · · · · · · · · · · · · · | · , , , , , , , , , , , , , , , , , , , |
| | 5 | Royalties | | | | | | |
| | _ | , | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents | (7 : 15 4. | () | | | | |
| | | Less: rental expenses | | | | | | |
| | | Rental income or (loss) | | | | | | |
| | | NI-t | | • | | | | |
| | | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | 77,967,122. | | | | | |
| | b | Less: cost or other basis | | , | | | | |
| | | and sales expenses | 73,878,142. | 221,583. | | | | |
| | c | Gain or (loss) | 4,088,980. | 453,417. | | | | |
| | d | Net gain or (loss) | | | 4,542,397. | | | 4,542,397. |
| | | Gross income from fundraising | | | , , | | | |
| une | - | including \$ 279 | · | | | | | |
| e e | | contributions reported on line | | | | | | |
| Other Reven | | Part IV, line 18 | • | 28,300. | | | | |
| 를 | b | Less: direct expenses | | 440 540 | | | | |
| 0 | | Net income or (loss) from fund | | | -114,418. | | | -114,418. |
| | | Gross income from gaming ac | | | | | | |
| | | Part IV, line 19 | | | | | | |
| | b | Less: direct expenses | | | | | | |
| | | Net income or (loss) from gam | | | | | | |
| | | Gross sales of inventory, less | - | | | | | |
| | | and allowances | | | | | | |
| | b | Less: cost of goods sold | | | | | | |
| | | Net income or (loss) from sale | | | | | | |
| | | Miscellaneous Revenu | | Business Code | | | | |
| | 11 a | CEMETERY INCOME | | 900099 | 224,463. | | | 224,463. |
| | b | | | | | | | |
| | С | | | | | | | |
| | d | All other revenue | | 900099 | 64,638. | | | 64,638. |
| | е | Total. Add lines 11a-11d | | > | 289,101. | | | |
| | 12 | Total revenue. See instructions. | | | 30,515,627. | 1,959,924. | 248,446. | 7,350,944. |

| | Statement of Functional Expens | | | | |
|----------|---|--------------------------------|-----------------------------|---------------------------------|---------------------------------------|
| Secti | on 501(c)(3) and 501(c)(4) organizations must con | | | omplete column (A). | |
| | Check if Schedule O contains a respon | nse or note to any line in (A) | this Part IX | (C) | (D) |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | 11,416,163. | 11,416,163. | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | 192,744. | 192,744. | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | _ |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 0 051 020 | 1 060 000 | 1 024 162 | 040 065 |
| 7 | Other salaries and wages | 2,951,932. | 1,068,802. | 1,034,163. | 848,967. |
| 8 | Pension plan accruals and contributions (include | 00 220 | 25 717 | 20 001 | 21 621 |
| • | section 401(k) and 403(b) employer contributions) | 88,329. 422,613. | 35,717. 150,378. | 30,981. 134,916. | 21,631. 137,319. |
| 9 10 | Other employee benefits | 214,147. | 78,215. | 69,884. | 66,048. |
| 11 | Payroll taxes Fees for services (non-employees): | 211,11, | 70,213. | 05,004. | 00,040. |
| | Management | | | | |
| | Legal | 75,160. | 24,944. | 33,089. | 17,127. |
| | Accounting | 43,197. | 11,729. | 6,303. | 25,165. |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 507,690. | 507,690. | | _ |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 200 010 | 222 245 | 6 704 | 41 041 |
| | column (A) amount, list line 11g expenses on Sch O.) | 380,010. | 332,245. | 6,724. | 41,041. |
| 12 | Advertising and promotion | 78,021. 351,231. | 23,266. 222,094. | 48,997. | 54,662. 80,140. |
| 13 | Office expenses | 42,526. | 13,470. | 13,004. | 16,052. |
| 14 15 | Information technology Royalties | 12,520. | 13,470. | 13,001. | 10,032. |
| 16 | Occupancy | 1,948,979. | 1,822,311. | 41,089. | 85,579. |
| 17 | Travel | | - | - | · · · · · · · · · · · · · · · · · · · |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 50,525. | 17,628. | 9,151. | 23,746. |
| 20 | Interest | 2,076,997. | 2,076,997. | | |
| 21 | Payments to affiliates | 2,320,118. | 2,320,118. | | |
| 22 | Depreciation, depletion, and amortization | 118,219. | 104,684. | 7,744. | 5,791. |
| 23 24 | Other expenses. Itemize expenses not covered | 110,210 | 101,001 | 1,1220 | 3,731. |
| _7 | above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | RESERVE FOR ANNUAL CAMP | 131,933. | 131,933. | | |
| b | BAD DEBT EXPENSE | 63,090. | 63,090. | | |
| С | UBIT TAXES | 4,358. | 4,358. | | |
| d | | | | | |
| е | All other expenses | 573,684. | 572,381. | 1,303. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 24,051,666. | 21,190,957. | 1,437,441. | 1,423,268. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | - 000 (as (a) |

Form 990 (2013)
Part X | Balance Sheet

| Pai | rt X | Balance Sheet | | | |
|-----------------------------|------|--|--------------------------|----------|---------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 2,086,681. | 1 | 3,428,951. |
| | 2 | Savings and temporary cash investments | | 2 | 5,659,034. |
| | 3 | Pledges and grants receivable, net | 5,558,086. | 3 | 3,917,051. |
| | 4 | Accounts receivable, net | | 4 | 328,252. |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. Complete | | | |
| | | Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under | | | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributin | g | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| ţ | | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | 233,836. | 7 | 185,254. |
| ⋖ | 8 | Inventories for sale or use | 2,471,363. | 8 | 2,338,488. |
| | 9 | Prepaid expenses and deferred charges | 1 202 7/2 | 9 | 116,887. |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 64, 279, 894 | • | | |
| | b | Less: accumulated depreciation 10b 22,617,421 | 43,693,290. | 10c | 41,662,473. |
| | 11 | Investments - publicly traded securities | 86,343,805. | 11 | 92,823,172. |
| | 12 | Investments - other securities. See Part IV, line 11 | 33,850,358. | 12 | 45,706,388. |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 2,146,277. | 15 | 2,173,361. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 1 1 - 1 1 1 1 1 | 16 | 198,339,311. |
| | 17 | Accounts payable and accrued expenses | 1,171,622. | 17 | 1,210,984. |
| | 18 | Grants payable | 4,236,888. | 18 | 0. |
| | 19 | Deferred revenue | | 19 | 54 242 222 |
| | 20 | Tax-exempt bond liabilities | | 20 | 54,340,000. |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 3,558,619. | 21 | 3,909,151. |
| es | 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| Ħ | | key employees, highest compensated employees, and disqualified persons. | | | |
| 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 | 8,990,112. | | 9 /10 210 |
| | | Schedule D | 72,297,241. | 25 26 | 8,410,219. 67,870,354. |
| | 26 | Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and | 14,431,441. | 26 | 07,070,334. |
| " | | complete lines 27 through 29, and lines 33 and 34. | | | |
| Ç | 27 | | 68,814,987. | 27 | 81,828,645. |
| alar | 28 | Unrestricted net assets Temporarily restricted net assets | · | 28 | 48,640,312. |
| Ä | 29 | | · | 29 | 10,010,011 |
| Ē | 23 | Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ | | 23 | |
| F. | | and complete lines 30 through 34. | | | |
| ţs c | 30 | Capital stock or trust principal, or current funds | | 30 | |
| sse | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Se | 33 | Total net assets or fund balances | | 33 | 130,468,957. |
| | 34 | Total liabilities and net assets/fund balances | 104 004 163 | | 198,339,311. |
| | | . The man man and the decete fails balanees | ,, | <u> </u> | , , |

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2013)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to 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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number 39-0806312

| Pa | rt I Organizations Maintaining Donor Advis | ed Funds or Other Similar Funds | or Accounts. Complete if the |
|----|--|---|--|
| | organization answered "Yes" to Form 990, Part IV, li | ne 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | 377 | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | E 040 106 | |
| 4 | Aggregate value at end of year | 20 646 060 | |
| 5 | Did the organization inform all donors and donor advisors in | | d funds |
| | are the organization's property, subject to the organization' | - | |
| 6 | Did the organization inform all grantees, donors, and donor | | |
| _ | for charitable purposes and not for the benefit of the donor | | |
| | | | 77 |
| Pa | art II Conservation Easements. Complete if the o | | |
| 1 | Purpose(s) of conservation easements held by the organiza | - - | , |
| - | Preservation of land for public use (e.g., recreation or | ` <u> </u> | orically important land area |
| | Protection of natural habitat | Preservation of a certifi | |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qua | lified conservation contribution in the form of | f 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 | | |
| b | - | | |
| c | Number of conservation easements on a certified historic s | | |
| d | Number of conservation easements included in (c) acquired | | |
| _ | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, r | | |
| | year ▶ | ,g, | |
| 4 | Number of states where property subject to conservation e | easement is located > | |
| 5 | Does the organization have a written policy regarding the p | | |
| • | violations, and enforcement of the conservation easements | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | | |
| 8 | Does each conservation easement reported on line 2(d) about | | |
| _ | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conserva | | |
| | include, if applicable, the text of the footnote to the organiz | • | |
| | conservation easements. | | 3 |
| Pa | rt III Organizations Maintaining Collections | of Art, Historical Treasures, or Oth | ner Similar Assets. |
| | Complete if the organization answered "Yes" to Form | | |
| 1a | If the organization elected, as permitted under SFAS 116 (A | ASC 958), not to report in its revenue stateme | ent and balance sheet works of art, |
| | historical treasures, or other similar assets held for public e | xhibition, education, or research in furtherand | ce of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that desc | cribes these items. | |
| b | If the organization elected, as permitted under SFAS 116 (A | ASC 958), to report in its revenue statement a | and balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, | • | · |
| | relating to these items: | • | 71 |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | > \$ 0. |
| | | | |
| 2 | If the organization received or held works of art, historical to | | |
| - | the following amounts required to be reported under SFAS | • | • • • |
| а | Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ 0. |
| b | Assets included in Form 990, Part X | | > \$ 0. |

| | | EE JEWISH I | | | | | -08063 | | |
|-----|---|-------------------------|-------------------------|---------------|---------------|----------------|------------------|------------|----------|
| Pai | t III Organizations Maintaining C | collections of Ar | t, Historical Tr | easures, | or Other | Similar A | ssets (co | ntinue | ed) |
| 3 | Using the organization's acquisition, accessi | on, and other record | s, check any of the | following tha | at are a sigr | nificant use o | of its collec | ction it | ems |
| | (check all that apply): | | | | | | | | |
| а | X Public exhibition | d | Loan or exc | hange progra | ams | | | | |
| b | X Scholarly research | е | Other | | | | | | |
| С | X Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | n how they further t | he organizati | ion's exemp | ot purpose ir | n Part XIII. | | |
| 5 | During the year, did the organization solicit o | r receive donations o | of art, historical trea | sures, or oth | er similar a | ssets | | | |
| | to be sold to raise funds rather than to be ma | aintained as part of th | ne organization's co | ollection? | | | Yes | <u>. [</u> | X No |
| Pai | t IV Escrow and Custodial Arran | | | | | | t IV, line 9, | , or | |
| | reported an amount on Form 990, Par | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | ian or other intermed | iary for contribution | s or other as | sets not in | cluded | | | |
| | on Form 990, Part X? | | | | | | Yes | s [| X No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | |
| | , , | • | · · | | | | Amo | ount | |
| С | Beginning balance | | | | | 1c | | | |
| d | Additions during the year | | | | | 1d | | | |
| е | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | | 1f | | | |
| 2a | Did the organization include an amount on Fe | | | | | | X Yes | s | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | X |
| | t V Endowment Funds. Complete i | | | | | | | | |
| | <u> </u> | (a) Current year | (b) Prior year | (c) Two yea | | Three years I | back (e) F | our ye | ars back |
| 1a | Beginning of year balance | 41,488,280. | 37,875,337. | ` ' | 5,067. | 30,522,7 | | | 98,812. |
| b | Contributions | 2,123,790. | 2,956,773. | | 3,768. | 3,252,3 | | | 11,321. |
| С | Net investment earnings, gains, and losses | 6,958,219. | 4,559,973. | 13 | 3,124. | 5,008,0 | | 3,92 | 23,028. |
| d | Grants or scholarships | 3,676,106. | 3,272,088. | | 0,311. | 1,621,1 | 130. | | 52,548. |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | 217,396. | 238,815. | 29 | 0,640. | | | | |
| f | Administrative expenses | 436,460. | 392,900. | | 5,671. | 267,0 | 023. | 25 | 57,856. |
| g | End of year balance | 46,240,327. | 41,488,280. | | 5,337. | 36,895,0 | | | 22,757. |
| 2 | Provide the estimated percentage of the curr | | | | | | <u> </u> | | |
| a | Board designated or quasi-endowment | , | % | -,, | | | | | |
| b | Permanent endowment | % | | | | | | | |
| | Temporarily restricted endowment ▶ 10 | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c shou | | | | | | | | |
| За | Are there endowment funds not in the posse | • | ation that are held a | nd administe | ered for the | organization | า | | |
| | by: | J | | | | Ü | | Ye | s No |
| | (i) unrelated organizations | | | | | | 3a | | Х |
| | (ii) related organizations | | | | | | | | Х |
| b | If "Yes" to 3a(ii), are the related organizations | | | | | | | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | |
| Pai | t VI Land, Buildings, and Equipm | | | | | | | | |
| | Complete if the organization answere | d "Yes" to Form 990, | Part IV, line 11a. S | ee Form 990 | , Part X, lin | e 10. | | | |
| | Description of property | (a) Cost or ot | T T | or other | | umulated | (d) F | Book va | alue |
| | _ cccpc or proporty | basis (investm | ' ' | (other) | ` ' | eciation | (5, 5 | | |
| | Land | ` | ′ | 3,763. | | | 2.6 | 43 | 763. |
| | Buildings | | | 5,752. | 18.18 | 32,256. | | | 496. |
| | Leasehold improvements | | | 2,753. | | 7,970. | | | 783. |
| | Equipment | | | 4,957. | | 37,195. | | | 762. |
| | Other | | | 2,669. | - , | , , , , , | | | 669. |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

▶ 41,662,473. Schedule D (Form 990) 2013

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

| Complete if the organization answered "Yes" t | o Form 990, Part IV, line 1 | 1b. See Form 990, Part X, line 12. | |
|--|-----------------------------|---|----------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-yea | r market value |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) PRIVATE EQUITY FUNDS | 725,173. | END-OF-YEAR MARKET VAI | JUE |
| (B) HEDGE FUNDS | 311,410. | END-OF-YEAR MARKET VAI | JUE |
| (C) OTHER ALTERNATIVE | | | |
| (D) INVESTMENTS | 28,788,903. | END-OF-YEAR MARKET VAI | JUE |
| (E) OTHER STRUCTURED PRODUCTS | 15,493,186. | END-OF-YEAR MARKET VAI | JUE |
| (F) PARTNERSHIP INTERESTS | 387,716. | COST | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 45,706,388. | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" t | o Form 990, Part IV, line 1 | 1c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-yea | r market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" t | o Form 990, Part IV, line 1 | 1d. See Form 990, Part X, line 15. | |
| (a) D | Description | (b |) Book value |
| (1) | | | |
| (2) | | | |

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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) POST-RETIREMENT BENEFIT LIABILITY | 33,400. | |
| (3) DEFERRED SUPPORT OF CHARITABLE | | |
| (4) GIFT ANNUITIES | 3,456,169. | |
| (5) INTEREST RATE SWAP | 4,920,650. | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 8,410,219. | |

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

| MTTWAUKEE | JEWISH | FEDERATION. | INC. |
|-------------|--------------------------|-------------|--------|
| TITTOMATOME | $O = M \times M = O = 1$ | | T110 • |

| Part | XI Reconciliation of Revenue per Audited Financial Stat | | Revenue per R | eturr | า. |
|--|--|--------------------|---------------------|---------|---------------------|
| | Complete if the organization answered "Yes" to Form 990, Part IV, line | 12a. | | | 11 001 100 |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 41,904,130. |
| | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | 1 000 006 | | |
| | Net unrealized gains on investments | | .1,989,906 . | | |
| | Donated services and use of facilities | | | | |
| | Recoveries of prior year grants | | 140 710 | | |
| | Other (Describe in Part XIII.) | 2d | 142,718. | | 10 100 604 |
| | Add lines 2a through 2d | | | 2e | 12,132,624. |
| | Subtract line 2e from line 1 | | | 3 | 29,771,506. |
| | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 1 | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | | 744 101 | | |
| | Other (Describe in Part XIII.) | 4b | 744,121. | | 744 101 |
| | Add lines 4a and 4b | | | 4c | 744,121. |
| | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 30,515,627. |
| Part | Reconciliation of Expenses per Audited Financial Sta | | n Expenses per | нети | ırn. |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line | | | | 24 104 204 |
| | Total expenses and losses per audited financial statements | | | 1 | 24,194,384. |
| | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 - 1 | | | |
| | Donated services and use of facilities | | | | |
| | Prior year adjustments | | | | |
| | Other losses | | 140 710 | | |
| | Other (Describe in Part XIII.) | | 142,718. | | 140 710 |
| | Add lines 2a through 2d | | | 2e | 142,718. |
| | Subtract line 2e from line 1 | | | 3 | 24,051,666. |
| | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | | | | |
| | Other (Describe in Part XIII.) | 4b | | | 0 |
| | Add lines 4a and 4b | | | 4c | 0. |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. |) | | 5 | 24,051,666. |
| | XIII Supplemental Information. | | | | |
| | le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, | | | 4; Part | X, line 2; Part XI, |
| lines 2 | d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any | y additional infor | mation. | | |
| | | | | | |
| יםגם | T III, LINE 4: | | | | |
| PAK | I III, LINE 4: | | | | |
| mur | JEWISH MUSEUM MILWAUKEE PRESERVES AND | DDECENTO | י חטים דיישד פ | п | |
| 11111 | OEWISH MOSEOM MILWAUREE FRESERVES AND | PRESENTS | THE CEMIS | п | |
| EAD. | ERIENCE THROUGH THE LENS OF GREATER MII | .שאוועביבי | AND CELEBO | አጥፔ | C THE |
| ĽAF. | EXTENCE THROUGH THE BEND OF GREATER MIT | JWAUKEE, | MAD CEREBY | .AIL | 9 11111 |
| CON | TINUUM OF JEWISH HERITAGE AND CULTURE. | тиг арс | ישדעידט דעי | TRT | TTONG |
| COI | TIMOOM OF CEWISH HERTIAGE AND COLIORE. | THE AKC | HILVED, EXII | трт | TIOND, |
| DRO | GRAMS AND PUBLICATIONS SHALL INSPIRE PU | IRT.TC ADE | PECTATION | FOR | тиг |
| FRO | GRAMS AND FUBLICATIONS SHALL INSTITE FO | DDIIC AFF | RECIATION | I OK | 11115 |
| מדע. | ERSITY OF JEWISH LIFE IN A LOCAL AND GI | OBAL HTS | יייטפור כטאייי | ידצידי | |
| <u>D </u> | ERDITI OF CEWIDII DIFE IN A DOCAL AND GI | JODAH IIIL | TORIC CONT | 1777 1 | • |
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| ⊄∩മ. | LS OF THE JEWISH MUSEUM ARE: | | | | |
| GOA. | ED OF THE CEWIDH MODEON ARE: | | | | |
| _ͲΟ | COLLECT, PRESERVE AND PRESENT THE RECO | חמ אחם | ΔΡ ΨΤΕΔΟΨΟ | тцδ | Ф БОСШМЕМФ |
| | COLLECT, INECENT AND INECENT INE RECU | YIND WIND | MITTACIO | TIIM | T DOCOMENT |
| чцт | JEWISH EXPERIENCE | | | | |
| ***** | OUNTEN DATURIDACE | | | | |
| -то | IMPART A SENSE OF JEWISH HISTORY AND O | ОМТТИПТ | Y FOR PRES | ЕИТ | AND FUTURE |
| | II SELICE OF SELICITIES INTO COLUMN AND | ,, 1 | | | |

Part XIII | Supplemental Information (continued)

-TO PROVIDE A SENSE OF RELIGION AND CULTURAL IDENTITY FOR MEMBERS OF THE JEWISH COMMUNITY

-TO PROMOTE INTER-FAITH UNDERSTANDING BY PROVIDING A CENTRAL JEWISH

RESOURCE ACCESSIBLE TO THE GREATER METROPOLITAN AREA

-TO FULFILL THE OUTREACH AND COMMUNITY-BUILDING MANDATE OF THE MILWAUKEE JEWISH FEDERATION

PART IV, LINE 2B:

ASSETS HELF ON BEHALF OF CEMETERY

CEMETERY PROPERTY AND EQUIPMENT AND AN INVESTMENT PORTFOLIO INTENDED TO

SATISFY CEMETERY OPERATING EXPENSES WERE TRANSFERRED TO THE FEDERATION IN

1988. THE ASSETS ARE INCLUDED IN THE FEDERATION® INVESTMENTS AND

PROPERTY AND EQUIPMENT; CEMETERY PAYABLES ARE INCLUDED IN THE FEDERATION®

ACCOUNTS PAYABLE AND ACCRUED EXPENSES IN THE ACCOMPANYING CONSOLIDATED

STATEMENTS OF FINANCIAL POSITION. THE EXCESS OF CEMETERY ASSETS OVER

LIABILITIES IS RECORDED AS A LONG-TERM LIABILITY IN THE ACCOMPANYING

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION AS THE ENTIRE TRANSFER IS

REVOCABLE UPON 60 DAYS NOTICE TO OR FROM THE FEDERATION.

PART V, LINE 4:

THE ENDOWMENTS WILL FORM A PERMANENT BASE OF SUPPORT FOR OUR LOCAL COMMUNITY, OUR AGENCIES, AND OUR PROGRAMS.

PART X, LINE 2:

THE FEDERATION RECOGNIZES THE BENEFITS OF A TAX POSITION ONLY

AFTER DETERMINING WHETHER IT IS MORE LIKELY THAN NOT THAT THE TAXING

AUTHORITY WOULD SUSTAIN THE TAX POSITION UPON EXAMINATION OF THE TECHNICAL

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

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

➤ Attach to Form 990. ➤ See separate instructions.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Employer identification number

| MII | LWAUKEE JEWIS | | | | 39-08063 | |
|------|-------------------------------|--------------------|--------------------------|--|----------------------------------|---------------------|
| Pa | rt I General Infor | rmation on A | ctivities Ou | tside the United States. Comple | ete if the organization answered | "Yes" on |
| | Form 990, Part IV | /, line 14b. | | | | |
| 1 | | | | ds to substantiate the amount of its gr | | - |
| | the grantees' eligibility for | or the grants or a | assistance, and | the selection criteria used to award the | e grants or assistance? 🗘 | Yes No |
| • | . | | | | | |
| 2 | | ribe in Part V the | e organization's | procedures for monitoring the use of it | s grants and other assistance o | utside the |
| 3 | United States. | ho following Part | I lino 3 tablo co | an be duplicated if additional space is | nooded) | |
| | (a) Region | (b) Number of | | (d) Activities conducted in region | (e) If activity listed in (d) | (f) Total |
| | (a) Hegion | offices | employees. | (by type) (e.g., fundraising, program | is a program service, | expenditures |
| | | in the region | agents, and independent | services, investments, grants to | describe specific type | for and investments |
| | | | contractors in region | recipients located in the region) | of service(s) in region | in region |
| | | | iii rogion | | | |
| | | | | | | |
| MIDI | DLE EAST AND | | | GRANTS TO RECIPIENTS | | |
| NORI | TH AFRICA | 0 | 0 | LOCATED IN REGION. | GENERAL SUPPORT | 192,744. |
| | | | | | | |
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| | | | | | | |
| 3 a | Sub-total | 0 | 0 | | | 192,744. |
| | Total from continuation | | | | | |
| | sheets to Part I | 0 | 0 | | | 0. |
| С | Totals (add lines 3a | | | | | |
| | and 3b) | 0 | 0 | | | 192,744. |

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV appraisal, other) |
|----------------------------|---|---------------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|--|
| | | | | | | | | |
| | | MIDDLE EAST AND | | F 500 | avnav. | | | |
| | | NORTH AFRICA | GENERAL SUPPORT | 7,500. | CHECK | 0. | | |
| | | | | | | | | |
| | | MIDDLE EAST AND | | | | | | |
| | | NORTH AFRICA | GENERAL SUPPORT | 5,000. | СНЕСК | 0. | | |
| | | | | | | | | |
| | | MIDDLE EAST AND | | | | | | |
| | | NORTH AFRICA | GENERAL SUPPORT | 5,000. | снеск | 0. | | |
| | | | | | | | | |
| | | MIDDIE ENGE AND | | | | | | |
| | | MIDDLE EAST AND NORTH AFRICA | GENERAL SUPPORT | 5,000. | CHECK | 0. | | |
| | | | | ,,,,,,, | | • | | |
| | | | | | | | | |
| | | MIDDLE EAST AND | | | | | | |
| | | NORTH AFRICA | GENERAL SUPPORT | 22,880. | снеск. | 0. | | |
| | | | | | | | | |
| | | MIDDLE EAST AND | | | | | | |
| | | NORTH AFRICA | GENERAL SUPPORT | 6,000. | СНЕСК | 0. | | |
| | | | | | | | | |
| | | MIDDLE EAST AND | | | | | | |
| | | NORTH AFRICA | GENERAL SUPPORT | 20,000. | СНЕСК | 0. | | |
| | | | | | | | | |
| | | MIDDLE EAST AND | | | | | | |
| | | | GENERAL SUPPORT | 21,188. | CHECK | 0. | | |

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

3 Enter total number of other organizations or entities .

11

| | le F (Form 990) | MILL | OKER OFMISH | FEDERATION, INC | • | 39-00 | 00312 | | Page 2 |
|--------------------|--------------------|---|---------------------------------|--------------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| Part II | Continuation o | f Grants and Other | Assistance to Organiza | ations or Entities Outside the | United States. | (Schedule F (Form 9 | 90), Part II, line | 1) | |
| 1 (a) Na | me of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | | | |
| | | | MIDDLE EAST AND NORTH AFRICA | GENERAL SUPPORT | 5,060. | CHECK | 0. | | |
| | | | NORTH AFRICA | GENERAL SUPPORT | 3,000. | CHECK | 0. | | |
| | | | MIDDLE EAST AND NORTH AFRICA | GENERAL SUPPORT | 10,000. | СНЕСК | 0. | | |
| | | | | | | | | | |
| | | | MIDDLE EAST AND NORTH AFRICA | GENERAL SUPPORT | 85,116. | CHECK | 0. | | |
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Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

| Part III can be duplicated if a | dditional space is neede | d | | | | | |
|---------------------------------|--------------------------|--------------------------|--------------------------|--|-----------------------------------|--|--|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | |
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| Schedu | ule F (Form 990) 2013 MILWAUKEE JEWISH FEDERATION, INC. | 39-0806312 | Page 4 |
|--------|--|------------|--------|
| Part | IV Foreign Forms | | |
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | X No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions | | |

for Form 5713)

Schedule F (Form 990) 2013

Yes X No

39-0806312 MILWAUKEE JEWISH FEDERATION, INC. Schedule F (Form 990) 2013 Page 5 Part V **Supplemental Information** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. PART I, LINE 2: A VOLUNTEER COMMITTEE DETERMINES GRANTS TO BE MADE. MILWAUKEE JEWISH FEDERATION STAFF MONITORS THE ACTUAL DISTRIBUTION OF GRANTS AND THE USAGE OF THE GRANT FUNDS. THE GRANTS ARE MADE TO U.S ORGANIZATIONS WHOSE PRIMARY OBJECTIVES ARE TO DO WORK OVERSEAS.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

Internal Revenue Service

Department of the Treasury

Open To Public

OMB No. 1545-0047

Inspection

| Name of the organization MILWAUK | KEE JEWISH FEDERAT | ION, | IN | C. | 39-0806 | ntification number |
|--|--|--|---|---|--|---|
| | Complete if the organization answ | | | | ine 17. Form 990-EZ | filers are not |
| 1 Indicate whether the organization rai a Mail solicitations b X Internet and email solicitation c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the ten highest paid incompensated at least \$5,000 by the | sed funds through any of the follow e Solicits s f Solicits g Special or oral agreement with any individual Part VII) or entity in connection with slividuals or entities (fundraisers) pur | ation of ation of al fundra al (includ profess | non-g gover lising ding o ional f | overnment grants nment grants events fficers, directors, tru- fundraising services? | stees or X Yes | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have co or con contribu | trol of | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| DURKIN ASSOCIATES - 1437 N. PROSPECT AVE. #2, MILWAUKEE, | FUNDRAISING CONSULTANT | Yes | No X | 822,954. | 113,000. | 709,954. |
| | | | | | | |
| | | | | | | |
| 3 List all states in which the organization | on is registered or licensed to solicit | | ▶ | 822,954. | 113,000. d it is exempt from re | 709,954. egistration |
| or licensing. WI,IL | | | | | | |
| | | | | | | |

39-0806312 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ECONOMIC KRISTALLNACH NONE (add col. (a) through FORUM T COMMEMORAT col. (c)) (total number) (event type) (event type) Revenue 147,025. 160,295. 307,320. 1 Gross receipts 156,995. 122,025 279,020. 2 Less: Contributions 25,000. 3,300. 28,300. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 5,309. 5,309. Rent/facility costs 12,581. 26,868. 39,449. Food and beverages 25,000. 6,768. 31,768. 8 Entertainment 48,620. 17,572. 66,192. Other direct expenses 142,718. **10** Direct expense summary. Add lines 4 through 9 in column (d) -114,418.11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct | 4 Rent/facility costs 5 Other direct expenses _____ Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: ___

| Sch | edule G (Form 990 or 990-EZ) 2013 MILWAUKEE JEWISH FEDERATION, INC. 39-0 | 806 | <u>312</u> | Page 3 |
|-----------|---|------------|------------|---------|
| 11 | Does the organization operate gaming activities with nonmembers? | | Yes | └─ No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed | | | |
| | to administer charitable gaming? | | Yes | ☐ No |
| 13 | Indicate the percentage of gaming activity operated in: | | | |
| | The organization's facility | 13a | | % |
| | | 13b | | |
| | An outside facility | 130 | | 90 |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | Name | | | |
| | Address ► | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | . 🗀 | Yes | □ No |
| b | o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | | | |
| | of gaming revenue retained by the third party > \$ | | | |
| C | If "Yes," enter name and address of the third party: | | | |
| | Name ▶ | | | |
| | Address > | | | |
| 16 | Gaming manager information: | | | |
| | Carring manager information. | | | |
| | Name | | | |
| | Gaming manager compensation ▶ \$ | | | |
| | | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| 17 | Mandatory distributions: | | | |
| | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | | Yes | ☐ No |
| r | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | • | | |
| _ | organization's own exempt activities during the tax year > \$ | | | |
| Da | IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, li | 2000 | 0b 10 |)b 15b |
| Га | 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). | nes 9, | 90, 10 | D, 15D, |
| | | | | |
| SC | HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER | <u>.S:</u> | | |
| | | | | |
| (I |) NAME OF FUNDRAISER: DURKIN ASSOCIATES | | | |
| <u>\</u> | | | | |
| <u>(I</u> |) ADDRESS OF FUNDRAISER: 1437 N. PROSPECT AVE. #2, MILWAUKEE, | WI | 53 | 202 |
| | | | | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization MILWAUKER | E JEWISH E | EDERATION, | INC. | | • | | Employer identification number $39-0806312$ |
|---|-----------------|-------------------------------|--------------------------|-----------------------------------|--|--|---|
| Part I General Information on Grants a | | | | | | L | |
| Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr | istance? | | | | | | |
| Part II Grants and Other Assistance to | | | | | anization answered "\ | es" to Form 990, Part | IV, line 21, for any |
| recipient that received more than | | | | | | , | • |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| 10/36 FRIENDS INC. PO BOX 88401 MILWAUKEE, WI 53288-0401 | 39-6081120 | 501(C)(3) | 11,430. | 0. | | | GENERAL SUPPORT |
| AIDS RESOURCE CENTER OF WISCONSIN INC 820 N PLANKINTON AVENUE - MILWAUKEE, WI 53203 | 39-1534049 | 501(C)(3) | 7,250. | 0. | | | GENERAL SUPPORT |
| ALEH FOUNDATION USA 5317 13TH AVENUE BROOKLYN, NY 11219 | 11-2716763 | 501(c)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| ALVERNO COLLEGE PO BOX 343922 3400 S. 43RD ST MILWAUKEE, WI 53234-3922 | 39-0806263 | 501(C)(3) | 5,850. | 0. | | | GENERAL SUPPORT |
| ALZHEIMER'S ASSOCIATION 730 HIGHWAY 111 STE 202 RANCHO MIRAGE, CA 92270 | 94-2897949 | 501(C)(3) | 5,000. | 0. | | | GENERAL SUPPORT |
| ALZHEIMER'S ASSOCIATION-SOUTHEAST WISCONSIN CHAPTER - 620 S 76 STREET STE 160 - MILWAUKEE, WI | | | · | | | | |
| 53214 | 39-1350965 | | 15,400. | 0. | | | GENERAL SUPPORT 234. |
| 2 Enter total number of section 501(c)(3) a3 Enter total number of other organization | - | - | TIC III IC I LADIC | | | | |

| Part II Continuation of Grants and Other | | overnments and Orga | | nited States (Sch | edule I (Form 990), Pa | | y coccata Page |
|---|----------------|-------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ALZHEIMERS DISEASE AND RELATED | | | | | | | |
| DISORDERS ASSOCIATION INC - 225 N | | | | | | | |
| MICHIGAN AVE #1700 - CHICAGO, IL | | | | | | | |
| 60601 | 13-3039601 | 501(C)(3) | 5,000. | 0. | | | GENERAL SUPPORT |
| AMERICAN FRIENDS OF YESHIVA ZICHRON DOVID - 14419 76TH AVE - | | | | | | | |
| FLUSHING, NY 11367 | 01-0681969 | 501(C)(3) | 5,000. | 0. | | | GENERAL SUPPORT |
| ANSHE SFARD KEHILLAT TORAH 6717 N GREEN BAY AVENUE GLENDALE, WI 53209 | 39-1572032 | 501(C)(3) | 23,202. | 0. | | | GENERAL SUPPORT |
| sacratic, and second | | | | | | | |
| ARTS AT LARGE INC 908 S. 5TH STREET | | | | | | | |
| MILWAUKEE, WI 55320 | 33-1114575 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE | | | | | | | |
| HILTON HEAD ISLAND, SC 29928 | 57-1035817 | 501(C)(3) | 7,500. | 0. | | | GENERAL SUPPORT |
| ARZA WORLD UNION NO AMER-KEHILLAT YOZMA - 633 THIRD AVENUE - NEW | | | | | | | |
| YORK, NY 10017-6778 | 13-1663143 | 501(C)(3) | 31,200. | 0. | | | GENERAL SUPPORT |
| ASPEN INSTITUTE INC 1000 N THIRD STREET | | | | | | | |
| ASPEN, CO 81611 | 84-0399006 | 501(C)(3) | 7,050. | 0. | | | GENERAL SUPPORT |
| ASSOCIATION OF GOVERNING BOARDS OF UNIVERSITIES AND COLLEGES - 1133 | | | | | | | |
| 20TH STREET NW, SUITE 300 - WASHINGTON, DC 20036 | 84-0502574 | 501(C)(3) | 5,000. | 0. | | | GENERAL SUPPORT |
| | | | 2,300. | - | | | |
| AURORA SINAI MEDICAL CENTER 945 N 12TH STREET | | | | | | | |
| MILWAUKEE, WI 53233 | 39-0806181 | 501(C)(3) | 5,000. | 0. | | | GENERAL SUPPORT |

Page 1 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) B'NAI AVIV 1410 INDIAN TRACE 65-0096470 501(C)(3) 6,500 0 GENERAL SUPPORT WESTON, FL 33326 B'NAI B'RITH YOUTH ORG WI REGION BBYO - 6255 N SANTA MONICA BLVD -5,000 31-1794932 0 MILWAUKEE, WI 53217 501(C)(3) GENERAL SUPPORT BETHLEHEM CHABAD 493 DELAWARE 10,200 0 DELMAR, NY 12054 45-3828519 501(C)(3) GENERAL SUPPORT BETTY FORD CENTER FOUNDATION 41990 COOK STREET SUITE C 301 PALM DESERT, CA 92211 95-3863994 501(C)(3) 22,880 0 GENERAL SUPPORT BIG BROTHERS AND BIG SISTERS OF METROPOLITAN MILWAUKEE INC - 788 N JEFFERSON STREET STE 600 -MILWAUKEE, WI 53202-3739 39-1239687 501(C)(3) 12,000 0 GENERAL SUPPORT BOYS AND GIRLS CLUB OF GREATER MILWAUKEE INC - 1558 N 6TH STREET 39-0806292 501(C)(3) 12,000 0 GENERAL SUPPORT - MILWAUKEE, WI 53212 CANCER AWARENESS THROUGH RESEARCH AND EDUCATION ASSOCIATION - PO BOX 20-3771288 501(C)(3) 5,300 0 GENERAL SUPPORT 3740 - CAREFREE, AZ 85377-3740 CATHEDRAL CENTER INC 845 N VAN BUREN ST MILWAUKEE, WI 53202-3918 74-3038890 501(C)(3) 8,000 0 GENERAL SUPPORT CENTER FOR EARLY EDUCATION 563 N. ALFRED ST. LOS ANGELOS, CA 90048 95-1768857 501(C)(3) 12,500 0 GENERAL SUPPORT

| Part II Continuation of Grants and Other | Assistance to Go | vernments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | rt II.) | |
|--|------------------|-------------------------------|--------------------------|-----------------------------------|--|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| HABAD AT COLUMBIA UNIV | | | | | | | |
| 525 W 113TH STREET | | | | | | | |
| NEW YORK, NY 10025 | 11-3587172 | 501(C)(3) | 8,000. | 0. | | | GENERAL SUPPORT |
| | | | , , , , , | | | | |
| CHABAD OF DOWNTOWN LTD | | | | | | | |
| РО ВОХ 510525 | | | | | | | CONSTRUCTION ON RABBI |
| MILWAUKEE, WI 53203 | 39-1672482 | 501(C)(3) | 59,310. | 0. | | | SAMUEL'S HOME |
| | | | | | | | |
| CHABAD OF DOWNTOWN LTD | | | | | | | |
| PO BOX 510525 | | | | _ | | | |
| MILWAUKEE, WI 53203 | 39-1672482 | 501(C)(3) | 72,790. | 0. | | | GENERAL SUPPORT |
| CHABAD OF LEHIGH | | | | | | | |
| 27 EVANS STREET | | | | | | | |
| | 11-3587172 | E01/C\/3\ | 200 500 | 0. | | | GENERAL SUPPORT |
| BETHLEHEM, PA 18015 | 11-3567172 | 501(C)(3) | 200,500. | 0. | | | GENERAL SUPPORT |
| CHABAD STUDENT CENTER AT U OF M | | | | | | | |
| 1121 UNIVERSITY AVE | | | | | | | |
| MINNEAPOLIS, MN 55414 | 27-2057339 | 501(C)(3) | 15,000. | 0. | | | GENERAL SUPPORT |
| | 2, 200,000 | 002(0)(0) | 20,000. | | | | 20110111 |
| CHARLIE FOUNDATION TO HELP CURE | | | | | | | |
| PEDIATRIC EPILEPSY - 515 OCEAN | | | | | | | |
| AVE SANTA MONICA, CA 90402 | 27-3778357 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| LAL-THE NATIONAL JEWISH CENTER | | | , | | | | |
| FOR LEARNING AND LEADERSHIP INC - | | | | | | | |
| 40 PARK AVENUE SOUTH, 4TH FLOOR - | | | | | | | |
| YEW YORK, NY 10016-8012 | 23-7390358 | 501(C)(3) | 13,000. | 0. | | | GENERAL SUPPORT |
| · | | | , | | | | |
| LEVELAND CLINIC CHILDRENS | | | | | | | |
| OSPITAL - 9500 EUCLID AVENUE / | | | | | | | |
| OVB - CLEVELAND, OH 44195 | 34-0714570 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| COA YOUTH & FAMILY CENTER | | | | | | | |
| 009 E NORTH AVENUE | | | | | | | |
| MILWAUKEE, WI 53212-3447 | 39-0806339 | 501(C)(3) | 93,756. | 0. | | | GENERAL SUPPORT |

| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | rt II.) | Т |
|--|------------------|-------------------------------|--------------------------|---|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| COLLEGE OF THE DESERT FOUNDATION | | | | | | | |
| 43-500 MONTEREY AVENUE | | | | | | | |
| PALM DESERT, CA 92260 | 95-3829219 | 501(C)(3) | 37,300. | 0. | | | GENERAL SUPPORT |
| • | | | , - | | | | |
| COMMUNITY ADVOCATES INC | | | | | | | |
| 728 N JAMES LOVELL STREET | | | | | | | |
| MILWAUKEE, WI 53233 | 39-1249426 | 501(C)(3) | 15,000. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| CONGREGATION AGUDAS ACHIM CHABAD | | | | | | | |
| INC 2233 W MEQUON ROAD - | | | | | | | |
| MEQUON, WI 53092 | 39-1735636 | 501(C)(3) | 104,567. | 0. | | | GENERAL SUPPORT |
| CONCREGATION DETIL EDUDATM | | | | | | | |
| CONGREGATION BETH EPHRAIM 520 PROSPECT STREET | | | | | | | |
| | | E01/Q\/3\ | 60.000 | 0. | | | GENERAL GURRORM |
| MAPLEWOOD, NJ 07040 | | 501(C)(3) | 60,000. | ٠. | | | GENERAL SUPPORT |
| CONGREGATION BETH EPHRAIM | | | | | | | |
| 520 PROSPECT STREET | | | | | | | IN MEMORY OF JOSEPH & |
| MAPLEWOOD, NJ 70400 | | 501(C)(3) | 8,900. | 0. | | | MARIAN CHUDNOW |
| | | | ,,,,,,,, | | | | \$20,000 - HH MATCHING |
| CONGREGATION BETH ISRAEL NER TAMID | | | | | | | GRANT; \$18,000 - KIDDUS |
| 6880 N GREEN BAY AVENUE | | | | | | | PROGRAM; \$10,000 - TO E |
| MILWAUKEE, WI 53209 | 39-0878010 | 501(C)(3) | 89,000. | 0. | | | DETERMINED; \$36,000 - |
| | | | · | | | | , |
| CONGREGATION BETH ISRAEL NER TAMID | | | | | | | |
| 6880 N GREEN BAY AVENUE | | | | | | | |
| MILWAUKEE, WI 53209 | 39-0878010 | 501(C)(3) | 201,964. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| CONGREGATION BETH ISRAEL NER TAMID | | | | | | | |
| 6880 N GREEN BAY AVENUE | | | | | | | |
| MILWAUKEE, WI 53209 | 39-0878010 | 501(C)(3) | 17,450. | 0. | | | SCHOLARSHIP |
| govgp.go.m.ov. p.m | | | | | | | |
| CONGREGATION BETH JEHUDAH | | | | | | | |
| 3100 N 52ND STREET | | 504 (5) (3) | | _ | | | |
| MILWAUKEE, WI 53216 | | 501(C)(3) | 61,965. | 0. | | | GENERAL SUPPORT |

| Part II Continuation of Grants and Other | | overnments and Orga | | nited States (Scho | edule I (Form 990), Pa | | Pag |
|--|------------|-------------------------------|--------------------------|---|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CONGREGATION EMANU-EL B'NE | | | | | | | |
| JESHURUN - 2020 W BROWN DEER ROAD | | | | | | | |
| - RIVER HILLS, WI 53217-2000 | 39-0863230 | 501(C)(3) | 147,311. | 0. | | | GENERAL SUPPORT |
| CONGREGATION SHA'AR ZAHAV | | | | | | | |
| 290 DOLORES STREET | | | | | | | |
| SAN FRANCISCO, CA 94103-2262 | 94-2477006 | 501(C)(3) | 5,200. | 0. | | | GENERAL SUPPORT |
| CONGREGATION SHAARE EMETH | | | | | | | |
| 11645 LADUE ROAD | | | | | | | |
| ST LOUIS, MO 63141 | 13-1663143 | 501(C)(3) | 9,879. | 0. | | | GENERAL SUPPORT |
| GONGDEGATION GUALON | | | | | | | |
| CONGREGATION SHALOM 7630 N SANTA MONICA BLVD | | | | | | | |
| | 13-1663143 | 501(C)(3) | 10 551 | 0. | | | GENERAL SUPPORT |
| MILWAUKEE, WI 53217 | 13-1003143 | 501(C)(3) | 19,551. | 0. | | | GENERAL SUPPORT |
| CONGREGATION SHALOM | | | | | | | |
| 7630 N SANTA MONICA BLVD | | | | | | | |
| MILWAUKEE, WI 53217-3257 | 13-1663143 | 501(C)(3) | 179,287. | 0. | | | GENERAL SUPPORT |
| CONGREGATION SHIR HADASH | | | | | | | |
| PO BOX 170632 | | | | | | | |
| MILWAUKEE, WI 53217 | | 501(C)(3) | 5,120. | 0. | | | GENERAL SUPPORT |
| GONGDEGATION GIVA | | | | | | | |
| CONGREGATION SINAI | | | | | | | |
| 8223 N PORT WASHINGTON RD MILWAUKEE, WI 53217-2694 | 39-0892487 | 501(C)(3) | 100,307. | 0. | | | GENERAL SUPPORT |
| MILWAUREE, WI 53217-2094 | 39-0892487 | 501(C)(3) | 100,307. | 0. | | | GENERAL SUPPORT |
| DAYSTAR INC. | | | | | | | |
| PO BOX 2130 | | | | | | | |
| MILWAUKEE, WI 53201-2130 | 39-1546606 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| DISCOVERY WORLD | | | | | | | |
| 500 N HARBOR DRIVE | | | | | | | |
| MILWAUKEE, WI 53202 | 39-1691578 | 501(C)(3) | 6,500. | 0. | | | GENERAL SUPPORT |

| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | - rage |
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| DREXEL UNIVERSITY | | | | | | | |
| 3141 CHESTNUT STREET, SUITE 106 | | | | | | | |
| PHILADELPHIA, PA 19102 | 23-1352630 | 501(C)(3) | 5,000. | 0. | | | SCHOLARSHIP |
| | | | | | | | |
| EISENHOWER MEDICAL CENTER | | | | | | | EMIL THOMALIMPHE OF A F |
| 39000 BOB HOPE DRIVE | 05 6130450 | E01/Q\/3\ | E0 000 | 0 | | | 5TH INSTALLMENT OF A 5 |
| RANCHO MIRAGE, CA 92270-3770 | 95-6130458 | 501(C)(3) | 50,000. | 0. | | | YEAR PLEDGE |
| EISENHOWER MEDICAL CENTER | | | | | | | |
| 39000 BOB HOPE DRIVE | | | | _ | | | |
| RANCHO MIRAGE, CA 92270-3770 | 95-6130458 | 501(C)(3) | 140,500. | 0. | | | GENERAL SUPPORT |
| EMBER FOUNDATION | | | | | | | |
| 3553 W PETERSON AVE STE 208 | | | | | | | |
| CHICAGO, IL 60659 | 20-8674232 | 501(C)(3) | 5,000. | 0. | | | GENERAL SUPPORT |
| | | | -, | - • | | | |
| FAMILY PROMISE OF GREATER PHOENIX | | | | | | | |
| 7221 E BELLEVIEW STREET #5 | | | | | | | |
| SCOTTSDALE, AZ 85257 | 86-0914408 | 501(C)(3) | 5,000. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| FEEDING AMERICA EASTERN WISCONSIN | | | | | | | |
| INC - 1700 W FOND DU LAC AVENUE - | 20 4204502 | 504 (5) (2) | 0.4.000 | | | | |
| MILWAUKEE, WI 53205-1299 | 39-1384593 | 501(C)(3) | 84,870. | 0. | | | GENERAL SUPPORT |
| FIEDLER HILLEL AT NORTHWESTERN | | | | | | | |
| UNIVERSITY - 629 FOSTER STREET - | | | | | | | |
| EVANSTON, IL 60201 | 36-2167761 | 501(C)(3) | 15,100. | 0. | | | GENERAL SUPPORT |
| | 00 220//02 | | 10,100. | | | | |
| FIRST DESCENTS | | | | | | | |
| 767 SANTA FE DR | | | | | | | |
| DENVER, CO 80204-4428 | 81-0539964 | 501(C)(3) | 20,310. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| FIRST STAGE CHILDREN'S THEATER | | | | | | | |
| 325 W WALNUT STREET | | 504 (5) (3) | | _ | | | |
| MILWAUKEE, WI 53212 | 39-1634828 | pu1(C)(3) | 11,300. | 0. | | | GENERAL SUPPORT |

| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | - rage |
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| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| FOUNDATION FOR DOUGLAS COUNTY | | | | | | | |
| RECREATION AND SENIOR CENTERS - | | | | | | | |
| P.O. BOX 1042 - GARDNERVILLE, NV | | | | | | | |
| 89410 | 45-3992227 | 501(C)(3) | 5,000. | 0. | | | GENERAL SUPPORT |
| FRIENDS OF LUBAVITCH INC | | | | | | | |
| 3109 N LAKE DRIVE | | | | | | | |
| MILWAUKEE, WI 53211-9940 | 39-1170927 | 501(C)(3) | 5,360. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| FRIENDS OF MAYANOT INSTITUTE INC. | | | | | | | |
| 228 PARK AVENUE SOUTH, SUITE 96553 | 44 2240050 | 504 (5) (2) | 10.100 | | | | |
| NEW YORK, NY 10003 | 11-3348050 | 501(C)(3) | 10,180. | 0. | | | GENERAL SUPPORT |
| FROEDTERT HOSPITAL FOUNDATION INC | | | | | | | |
| | | | | | | | |
| 9200 W WISCONSIN AVENUE | 20 1421102 | E01/G)/3) | 16 000 | 0 | | | GENERAL GURRORM |
| MILWAUKEE, WI 53226 | 39-1431192 | 501(C)(3) | 16,000. | 0. | | | GENERAL SUPPORT |
| GRAND AVENUE CLUB INC. | | | | | | | |
| 210 E MICHIGAN STREET | | | | | | | |
| MILWAUKEE, WI 53202-4901 | 39-1708177 | 501(C)(3) | 52,800. | 0. | | | GENERAL SUPPORT |
| MILWAOKEE, WI 33202 4301 | 33 1700177 | 501(0/(3/ | 32,000. | · · | | | GENERAL BUITORI |
| GREAT NECK SYNAGOGUE | | | | | | | |
| 26 OLD MILL ROAD | | | | | | | |
| GREAT NECK, NY 11023 | | 501(C)(3) | 21,210. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| HADASSAH | | | | | | | |
| 8649 N. POINT DR. | | | | | | | |
| MILWAUKEE, WI 53217 | 23-7196389 | 501(C)(3) | 5,450. | 0. | | | GENERAL SUPPORT |
| HARRY & ROSE SAMSON FAMILY JEWISH | | | | | | | |
| COMMUNITY CENTER MILW - 6255 N | | | | | | | |
| SANTA MONICA BLVD - MILWAUKEE, WI | | | | | | | |
| 53217 | 39-0806234 | 501(C)(3) | 100. | 0. | | | GENERAL SUPPORT |
| HARRY & ROSE SAMSON FAMILY JEWISH | | | | | | | |
| COMMUNITY CENTER MILW - 6255 N | | | | | | | |
| SANTA MONICA BLVD - WHITEFISH BAY, | | | | | | | |
| WI 53217-4353 | 39-0806234 | 501(C)(3) | 14,470. | 0. | | | GENERAL SUPPORT |

| Schedule I (Form 990) MILIWAUKEE | O DIVIDIT | EDERATION, | INC. | | | | 9-0000312 Page |
|--|------------------|-------------------------------|--------------------------|---|--|--|--|
| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | |
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| HARRY & ROSE SAMSON FAMILY JEWISH | | | | | | | |
| COMMUNITY CENTER MILW - 6255 N | | | | | | | |
| SANTA MONICA BLVD - WHITEFISH BAY, | | | | | | | |
| WI 53217-4353 | 39-0806234 | 501(C)(3) | 739,337. | 0. | | | SCHOLARSHIP |
| HEBREW UNION COLLEGE-JEWISH | | | | | | | |
| INSTITUTE OF RELIGION - 3077 | | | | | | | |
| UNIVERSITY AVENUE - LOS ANGELES, | | | | | | | |
| CA 90007-3796 | 31-0537067 | 501(C)(3) | 5,200. | 0. | | | GENERAL SUPPORT |
| | | | , - | - | | | |
| HILLEL ACADEMY | | | | | | | |
| 6401 N SANTA MONICA BLVD | | | | | | | |
| MILWAUKEE, WI 53217 | 39-1025262 | 501(C)(3) | 22,000. | 0. | | | GENERAL SUPPORT |
| | | | | - • | | | |
| HILLEL ACADEMY | | | | | | | |
| 6401 N. SANTA MONICA BLVD. | | | | | | | |
| MILWAUKEE, WI 53217 | 39-1025262 | 501(C)(3) | 203,348. | 0. | | | SCHOLARSHIP |
| MILMOREL, WI 33217 | 33 1023202 | 501(0)(3) | 203,340. | | | | Delio II |
| HILLEL FOUNDATION | | | | | | | |
| UNIVERSITY OF WISCONSIN 611 LANGDON | ļ | | | | | | |
| | 39-2035142 | 501(C)(3) | 42,779. | 0. | | | CAPITAL CAMPAIGN |
| MADISON, WI 53703 | 39-2033142 | 501(C)(3) | 42,779. | 0. | | | CAPITAL CAMPAIGN |
| HILLEL INDIANA UNIVERSITY | | | | | | | |
| | | | | | | | |
| 730 E 3RD ST | 20-2804389 | 501(C)(3) | 15 000 | 0. | | | GENERAL SUPPORT |
| BLOOMINGTON, IN 47401-3656 | 20-2004309 | 501(C)(3) | 15,000. | 0. | | | GENERAL SUPPORT |
| HILLDI WILLIAMED | | | | | | | |
| HILLEL MILWAUKEE | | | | | | | |
| 3053 N STOWELL AVENUE | 20 445405 | 504 (5) (0) | 60.050 | | | | |
| MILWAUKEE, WI 53211-3352 | 39-1445185 | 501(C)(3) | 68,350. | 0. | | | GENERAL SUPPORT |
| HILLER INTURDATION OF VINNESOT | | | | | | | |
| HILLEL UNIVERSITY OF MINNESOTA | | | | | | | |
| 1521 UNIVERSITY AVENUE SE | 44 6000615 | 504 (5) (0) | 45.000 | | | | |
| MINNEAPOLIS, MN 55414 | 41-6038613 | 501(C)(3) | 15,000. | 0. | | | GENERAL SUPPORT |
| WOLDON WORLD | | | | | | | |
| HOLTON YOUTH & FAMILY CENTER INC | | | | | | | |
| 510 EAST BURLEIGH ST. | | 504 (5) (6) | | _ | | | |
| MILWAUKEE, WI 53212 | 27-2047833 | pu1(C)(3) | 5,000. | 0. | | | GENERAL SUPPORT |

| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | |
|--|------------------|-------------------------------|--------------------------|---|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| HUNGER TASK FORCE MILWAUKEE | | | | | | | |
| 201 S HAWLEY COURT | | | | | | | |
| MILWAUKEE, WI 53214 | 39-1345847 | 501(C)(3) | 104,660. | 0. | | | CEREAL PROGRAM |
| | | | | | | | |
| HUNGER TASK FORCE MILWAUKEE | | | | | | | |
| 201 S HAWLEY COURT | | | | | | | |
| MILWAUKEE, WI 53214 | 39-1345847 | 501(C)(3) | 40,530. | 0. | | | GENERAL SUPPORT |
| IFF | | | | | | | |
| 1 N. LASALLE SUITE 700 | | | | | | | |
| CHICAGO, IL 60602 | 36-3656836 | 501(C)(3) | 5,000. | 0. | | | GENERAL SUPPORT |
| CHICAGO, III 00002 | 30 3030030 | 501(0)(3) | 3,000. | 0. | | | GENERAL BUITORI |
| J STREET EDUCATION FUND INC. | | | | | | | |
| PO BOX 66073 | | | | | | | |
| WASHINGTON, DC 20035 | 20-2777557 | 501(C)(3) | 5,000. | 0. | | | GENERAL SUPPORT |
| MIDITAGION, DC 20033 | 20 2777337 | 501(0)(3) | 3,000. | • | | | DINEIUM BOITONT |
| JEWISH COMMUNAL FUND | | | | | | | |
| 575 MADISON AVENUE STE 703 | | | | | | | |
| NEW YORK, NY 10022 | 23-7174183 | 501(C)(3) | 5,000. | 0. | | | GENERAL SUPPORT |
| JEWISH COMMUNITY ASSOCIATION OF | 20 /2/1200 | | ,,,,,,, | | | | |
| GREATER PHOENIX - 12701 N. | | | | | | | |
| SCOTTSDALE RD SUITE 201 - | | | | | | | |
| SCOTTSDALE, AZ 85254 | 45-3910992 | 501(C)(3) | 7,000. | 0. | | | GENERAL SUPPORT |
| Desired, in saisi | 13 3310332 | 501(6)(3) | 7,000. | • • | | | BENEFICE BOLLOW |
| JEWISH COMMUNITY CENTER | | | | | | | |
| ASSOCIATION - 520 8TH AVE - NEW | | | | | | | |
| YORK, NY 10018 | 13-5599486 | 501(C)(3) | 11,000. | 0. | | | GENERAL SUPPORT |
| | 10 0000100 | | 12,000. | | | | |
| JEWISH COMMUNITY CENTER OF | | | | | | | |
| ROCHESTER - 1200 EDGEWOOD AVENUE - | | | | | | | |
| ROCHESTER, NY 14618 | 16-0743060 | 501(C)(3) | 6,000. | 0. | | | GENERAL SUPPORT |
| TOOMESTER, HI 14010 | 10 0,43000 | 551(5)(3) | 0,000. | | | | DELIZIONI DOLLONI |
| JEWISH COMMUNITY FOOD PANTRY | | | | | | | |
| 6255 N SANTA MONICA BLVD | | | | | | | |
| MILWAUKEE, WI 53217 | 39-0806234 | 501(C)(3) | 76,200. | 0. | | | GENERAL SUPPORT |

| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Scho | edule I (Form 990), Pa | art II.) | - Pai |
|--|------------------|-------------------------------|--------------------------|---|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| JEWISH EXPERIENCE OF MADISON MILW | | | | | | | |
| INC - 3453 N 54TH STREET - | | | | | | | |
| MILWAUKEE, WI 53216 | 20-2142497 | 501(C)(3) | 13,850. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| JEWISH FAMILY SERVICE | | | | | | | |
| 801 E TAHQUITZ CANYON WAY 202 | | | | | | | |
| PALM SPRINGS, CA 92262 | 33-0613083 | 501(C)(3) | 7,100. | 0. | | | GENERAL SUPPORT |
| JEWISH FAMILY SERVICES | | | | | | | |
| 1300 N JACKSON STREET | | | | | | | |
| MILWAUKEE, WI 53202 | 39-0806291 | 501(C)(3) | 1,220,681. | 0. | | | GENERAL SUPPORT |
| TILWAOKEE, WI 33202 | 33 0000231 | 501(0)(3) | 1,220,001. | 0. | | | GENERAL BULLORI |
| JEWISH FEDERATION - GREATER MIAMI | | | | | | | |
| 4200 BISCAYNE BLVD. | | | | | | | |
| MIAMI, FL 33137 | 59-0624404 | 501(C)(3) | 20,100. | 0. | | | GENERAL SUPPORT |
| | | | · | | | | |
| JEWISH FEDERATION GREATER | | | | | | | |
| PHILADELPHIA - 2100 ARCH STREET, | | | | | | | |
| 6TH FLOOR - PHILADELPHIA, PA 19103 | 23-1500085 | 501(C)(3) | 20,000. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| JEWISH FEDERATION OF GREATER LOS | | | | | | | |
| ANGELES - PO BOX 54269 TERMINAL | 05 6444000 | 504 (5) (3) | 0.5.000 | | | | |
| ANNEX - LOS ANGELES, CA 90054-0269 | 95-6111928 | 501(C)(3) | 26,000. | 0. | | | GENERAL SUPPORT |
| JEWISH FEDERATION OF SO PALM BEACH | | | | | | | |
| COUNTY INC - 9901 DONNA KLEIN BLVD | | | | | | | |
| - BOCA RATON, FL 33428 | 59-1945109 | 501(C)(3) | 13,950. | 0. | | | GENERAL SUPPORT |
| 20011 1111011, 112 00120 | 33 1313103 | 501(6)(3) | 13,330. | · · | | | DENEMED BOTTON |
| JEWISH FEDERATION OF SOUTHERN | | | | | | | |
| ARIZONA - 3822 E RIVER ROAD STE | | | | | | | |
| 100 - TUCSON, AZ 85718-6635 | 86-0096795 | 501(C)(3) | 37,382. | 0. | | | GENERAL SUPPORT |
| - | | | | | | | |
| JEWISH FEDERATION OF THE DESERT | | | | | | | |
| 69-710 HIGHWAY 111 | | | | | | | |
| RANCHO MIRAGE, CA 92270 | 23-7211881 | 501(C)(3) | 21,125. | 0. | | | GENERAL SUPPORT |

| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | |
|--|------------------|-------------------------------|--------------------------|---|--|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| JEWISH FEDERATION PALM BEACH CO | | | | | | | |
| 4601 COMMUNITY DRIVE | | | | | | | |
| PALM BEACH, FL 33417 | 59-0948696 | 501(C)(3) | 20,000. | 0. | | | GENERAL SUPPORT |
| | 05 05 10 05 0 | | 20,000. | | | | |
| JEWISH HIGH SCHOOL OF CONNECTICUT | | | | | | | |
| INC 360 AMITY ROAD - | | | | | | | |
| WOODBRIDGE, CT 65250 | 20-5952939 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| JEWISH HOME & CARE CENTER | | | | | | | |
| FOUNDATION - 1414 N PROSPECT | | | | | | | |
| AVENUE - MILWAUKEE, WI 53202-3089 | 39-1555857 | 501(C)(3) | 161,363. | 0. | | | GENERAL SUPPORT |
| JEWISH UNITED FUND OF METRO | | | | | | | |
| CHICAGO - BEN GURION WAY 30 S | | | | | | | |
| WELLS STREET - CHICAGO, IL | | | | | | | |
| 60606-5056 | 36-2167034 | 501(C)(3) | 64,110. | 0. | | | GENERAL SUPPORT |
| JEWISH YOUTH FOUNDATION | | | | | | | |
| 8825 N. LAKE DRIVE | | | | | | | |
| MILWAUKEE, WI 53217 | 39-1819245 | 501(C)(3) | 17,300. | 0. | | | GENERAL SUPPORT |
| MILWAUKEE, WI 33217 | 33 1013243 | 501(0)(3) | 17,500. | • | | | GENERAL BUITORI |
| JOURNEY HOUSE INC | | | | | | | |
| 2110 W SCOTT STREET | | | | | | | |
| MILWAUKEE, WI 53204-0000 | 39-1203539 | 501(C)(3) | 6,000. | 0. | | | GENERAL SUPPORT |
| | | | · | | | | |
| KNOW THYSELF | | | | | | | |
| 11512 N PORT WASHINGTON ROAD, SUITE | \$ | | | | | | |
| MEQUON, WI 53092 | 27-1255826 | 501(C)(3) | 40,000. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| LAKE PARK SYNAGOGUE INC | | | | | | | |
| 3207 N HACKETT | | | | | | | |
| MILWAUKEE, WI 53211 | 39-1458726 | 501(C)(3) | 16,790. | 0. | | | GENERAL SUPPORT |
| | | | | | | | FINAL INSTALLMENT GIFT |
| LUBAVITCH OF WISCONSIN (RABBI | | | | | | | FOR 2013 FOR KLAL |
| SHMOTKIN) - 3109 N LAKE DRIVE - | | | | | | | YISRAEL/JEWISH IDENTITY |
| SHOREWOOD, WI 53211-3123 | 39-1170927 | 501(C)(3) | 75,000. | 0. | | | PROGRAM |

| Organization or government ff applicable cash grant non-cash assistance non-cash assistance or assistance cash grant non-cash assistance non-cash assistance or assistance cash grant non-cash assistance non-cash assist | Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Scho | edule I (Form 990), Pa | art II.) | Pa |
|--|--|------------------|---------------------|--------------------------|--------------------|--------------------------|----------|---------------------------------------|
| SHROPEND - 3109 N LAKE DRIVE - 39 1170927 501(C)(3) 540,650. 0. DENERAL SUPPORT SHRORENOOD, WI 53211 3123 39 1170927 501(C)(3) 5,630. 0. DENERAL SUPPORT SHRORENOOD INCOME | | (b) EIN | | (d) Amount of cash grant | non-cash | valuation (book, FMV, | | (h) Purpose of grant or assistance |
| SHROPEND - 3109 N LAKE DRIVE - 39 1170927 501(C)(3) 540,650. 0. DENERAL SUPPORT SHRORENOOD, WI 53211 3123 39 1170927 501(C)(3) 5,630. 0. DENERAL SUPPORT SHRORENOOD INCOME | HDANTECH OF WISCONSTN /DARRE | | | | | | | |
| SHOREMOOD, WI 53211-3123 39-1170927 501(C)(3) 540,650. 0. SENERAL SUPPORT LUBAVITCH OF WISCONSIN INC FRIENDS OF LUBAVITCH - 3109 N LAKE DRIVE - MILWAUKEE, WI 53211-3123 39-1170927 501(C)(3) 5,630. 0. SENERAL SUPPORT MACC FUND MACC FUND MACC FUND MAKE A DIFFRENCE WISCONSIN INC. 710 N FLANKINTON AVE STE 310 MILWAUKEE, WI 53203 20-5203533 501(C)(3) 14,650. 0. SENERAL SUPPORT MAKE A DIFFRENCE WISCONSIN INC. 710 N FLANKINTON AVE STE 310 MAKE A WISH FOUNDATION WISCONSIN 13195 WEST HAMPTON AVENUE BUTLER, WI 53007 39-1543541 501(C)(3) 79,210. 0. SENERAL SUPPORT MARQUETTE UNIV DEV OFFICE PO BOX 1881 MAYO CLINIC 200 IST SW MAYO CLINIC 201 IST SW MCCALLUM THEATRE INSTITUTE 73000 FRED WARINO BRIVE MCCRESHT, CA 92260 33-0334165 501(C)(3) 14,530. 0. SENERAL SUPPORT MCCALLUM THEATRE INSTITUTE 73000 FRED WARINO BRIVE MCCRESHT, CA 92260 33-0334165 501(C)(3) 14,530. 0. SENERAL SUPPORT | | | | | | | | |
| OF LUBAVITCH - 3109 N LAKE DRIVE - MILWAUKEE, WI 53211-3123 | | 39-1170927 | 501(C)(3) | 540,650. | 0. | | | GENERAL SUPPORT |
| OF LUBAVITCH - 3109 N LAKE DRIVE - MILMAUKE, WI 53211-3123 | TITEAUTECH OF WICCONSIN INC PRIENDS | | | | | | | |
| MILWAUKEE, WI 53211-3123 39-1170927 501(C)(3) 5,630. 0. SENERAL SUPPORT MACC FUND 10000 INNOVATION DR STE 135 MILWAUKEE, WI 53226 39-1270290 501(C)(3) 25,075. 0. SENERAL SUPPORT MAKE A DIFFERENCE WISCONSIN INC. 710 N FLANKINTON AVE STE 310 MILWAUKEE, WI 53203 20-5203533 501(C)(3) 14,650. 0. SENERAL SUPPORT MAKE A WISH FOUNDATION WISCONSIN 13195 WEST HAMPTON AVENUE 39-1543541 501(C)(3) 79,210. 0. SENERAL SUPPORT MARQUETTE UNIV DEV OFFICE PO BOX 1881 MILWAUKEE, WI 53201-1881 39-0806251 501(C)(3) 10,025. 0. SENERAL SUPPORT MAYO CLINIC 200 187 SW MCCALLUM THEATRE INSTITUTE 73000 FREE WARRING DRIVE DESERT, MN 55905 41-601702 501(C)(3) 5,000. 0. SENERAL SUPPORT MCCALLUM THEATRE INSTITUTE 73000 FREE WARRING DRIVE DESERT, CA 92260 33-0334165 501(C)(3) 14,530. 0. SENERAL SUPPORT MECHON HADAR 190 AMSTERDAM AVE | | | | | | | | |
| 10000 INNOVATION DR STE 135 MILWAUKEE, WI 53226 MARE A DIFFERENCE WISCONSIN INC. 710 N PLANKINTON AVE STE 310 MILWAUKEE, WI 53203 20-5203533 501(C)(3) 14,650. 0. GENERAL SUPPORT MAKE A WISH FOUNDATION WISCONSIN 13195 WEST HAMPTON AVENUE BUTLER, WI 53007 39-1543541 501(C)(3) 79,210. 0. GENERAL SUPPORT MARQUETTE UNIV DEV OFFICE FO BOX 1881 MILWAUKEE, WI 53201-1881 39-0806251 501(C)(3) 10,025. 0. GENERAL SUPPORT MAYO CLINIC 200 1ST SW ROCHESTER, MN 55905 41-6011702 501(C)(3) 5,000. MCCALLUM THEATRE INSTITUTE 73000 FRED WARING DRIVE DESERT, CA 92260 33-0334165 501(C)(3) 14,530. 0. GENERAL SUPPORT MECHON HADAR 190 AMSTERDAM AVE | | 39-1170927 | 501(C)(3) | 5,630. | 0. | | | GENERAL SUPPORT |
| 10000 INNOVATION DR STE 135 MILWAUKEE, WI 53226 MAKE A DIFFERENCE WISCONSIN INC. 710 N PLANKINTON AVE STE 310 MILWAUKEE, WI 53203 20-5203533 501(C)(3) 14,650. 0. GENERAL SUPPORT MAKE A WISH FOUNDATION WISCONSIN 13195 WEST HAMPTON AVENUE BUTLER, WI 53007 39-1543541 501(C)(3) 79,210. 0. GENERAL SUPPORT MARQUETTE UNIV DEV OFFICE FO BOX 1881 MILWAUKEE, WI 53201-1881 39-0806251 501(C)(3) 10,025. 0. GENERAL SUPPORT MAYO CLINIC 200 15T SW ROCHESTER, MN 55905 41-6011702 501(C)(3) 5,000. MCCALLUM THEATRE INSTITUTE 73000 FRED WARING DRIVE DESERT, CA 92260 33-0334165 501(C)(3) 14,530. 0. GENERAL SUPPORT MECHON HADAR 190 AMSTERDAM AVE | | | | | | | | |
| MILWAUKEE, WI 53226 39-1270290 501(C)(3) 25,075. 0. SENERAL SUPPORT MAKE A DIFFERENCE WISCONSIN INC. 710 N PLANKINTON AVE STE 310 MILWAUKEE, WI 53203 20-5203533 501(C)(3) 14,650. 0. SENERAL SUPPORT MAKE A WISH FOUNDATION WISCONSIN 13195 WEST HAMPTON AVENUE BUTLER, WI 53007 39-1543541 501(C)(3) 79,210. 0. SENERAL SUPPORT MARQUETTE UNIV DEV OFFICE FO BOX 1881 39-0806251 501(C)(3) 10,025. 0. SENERAL SUPPORT MAYO CLINIC 200 1ST SW ROCKESTER, MN 55905 41-6011702 501(C)(3) 5,000. 0. SENERAL SUPPORT MCCALLUM THEATRE INSTITUTE 73000 FRED WARING DRIVE DESERT, CA 92260 33-0334165 501(C)(3) 14,530. 0. SENERAL SUPPORT MECHON HADAR 190 AMSTERDAM AVE | | | | | | | | |
| MAKE A DIFFERENCE WISCONSIN INC. 710 N PLANKINTON AVE STE 310 MILWAUKEE, WI 53203 20-5203533 501(C)(3) 14,650. 0. SENERAL SUPPORT MAKE A WISH FOUNDATION WISCONSIN 13195 WEST HAMPTON AVENUE BUTLER, WI 53007 39-1543541 501(C)(3) 79,210. 0. SENERAL SUPPORT MARQUETTE UNIV DEV OFFICE FO BOX 1881 MILWAUKEE, WI 53201-1881 39-0806251 501(C)(3) 10,025. 0. SENERAL SUPPORT MAYO CLINIC 200 15T SW ROCHESTER, MN 55905 41-6011702 501(C)(3) 5,000. 0. SENERAL SUPPORT MCCALLUM THEATRE INSTITUTE 73000 FRED WARING DRIVE DESERT, CA 92260 33-0334165 501(C)(3) 14,530. 0. SENERAL SUPPORT | | 20 1270200 | E01/G)/3) | 25 075 | 0 | | | GENEDAL GUDDODE |
| 710 N PLANKINTON AVE STE 310 MILWAUKEE, WI 53203 20-5203533 501(C)(3) 14,650. 0. SENERAL SUPPORT MAKE A WISH FOUNDATION WISCONSIN 13195 WEST HAMPTON AVENUE BUTLER, WI 53007 39-1543541 501(C)(3) 79,210. 0. SENERAL SUPPORT MARQUETTE UNIV DEV OFFICE FO BOX 1881 MILWAUKEE, WI 53201-1881 39-0806251 501(C)(3) 10,025. 0. SENERAL SUPPORT MAYO CLINIC 200 1ST SW ROCHESTER, MN 55905 41-6011702 501(C)(3) 5,000. 0. SENERAL SUPPORT MCCALLUM THEATRE INSTITUTE 73000 FRED WARING DRIVE DESERT, CA 92260 33-0334165 501(C)(3) 14,530. 0. SENERAL SUPPORT MECHON HADAR 190 AMSTERDAM AVE | MILWAUKEE, WI 53226 | 39-12/0290 | 501(C)(3) | 25,075. | 0. | | | GENERAL SUPPORT |
| 710 N PLANKINTON AVE STE 310 MILWAUKEE, WI 53203 20-5203533 501(C)(3) 14,650. 0. SENERAL SUPPORT MAKE A WISH FOUNDATION WISCONSIN 13195 WEST HAMPTON AVENUE BUTLER, WI 53007 39-1543541 501(C)(3) 79,210. 0. SENERAL SUPPORT MARQUETTE UNIV DEV OFFICE FO BOX 1881 MILWAUKEE, WI 53201-1881 39-0806251 501(C)(3) 10,025. 0. SENERAL SUPPORT MAYO CLINIC 200 1ST SW ROCHESTER, MN 55905 41-6011702 501(C)(3) 5,000. 0. SENERAL SUPPORT MCCALLUM THEATRE INSTITUTE 73000 FRED WARING DRIVE DESERT, CA 92260 33-0334165 501(C)(3) 14,530. 0. SENERAL SUPPORT MECHON HADAR 190 AMSTERDAM AVE | MAKE A DIFFERENCE WISCONSIN INC | | | | | | | |
| MAKE A WISH FOUNDATION WISCONSIN 13195 WEST HAMPTON AVENUE BUTLER, WI 53007 39-1543541 501(C)(3) 79,210. MARQUETTE UNIV DEV OFFICE PO BOX 1881 MILWAUKEE, WI 53201-1881 39-0806251 501(C)(3) 10,025. 0. SENERAL SUPPORT MAYO CLINIC 200 18T SW ROCHESTER, MN 55905 41-6011702 501(C)(3) 5,000. MCCALLUM THEATRE INSTITUTE 73000 FRED WARING DRIVE DESERT, CA 92260 33-0334165 501(C)(3) 14,530. 0. SENERAL SUPPORT MCCHON HADAR 190 AMSTERDAM AVE | | | | | | | | |
| MAKE A WISH FOUNDATION WISCONSIN 13195 WEST HAMPTON AVENUE BUTLER, WI 53007 39-1543541 501(C)(3) 79,210. 0. GENERAL SUPPORT MARQUETTE UNIV DEV OFFICE PO BOX 1881 MILWAUKEE, WI 53201-1881 39-0806251 501(C)(3) 10,025. 0. GENERAL SUPPORT MAYO CLINIC 200 1ST SW ROCHESTER, MN 55905 41-6011702 501(C)(3) 5,000. 0. GENERAL SUPPORT MCCALLUM THEATRE INSTITUTE 73000 FRED WARING DRIVE DESERT, CA 92260 33-0334165 501(C)(3) 14,530. 0. GENERAL SUPPORT MCCALLUM THEATRE INSTITUTE 73000 FRED WARING DRIVE DESERT, CA 92260 33-0334165 501(C)(3) 14,530. 0. MECHON HADAR 190 AMSTERDAM AVE | | 20-5203533 | 501(C)(3) | 14,650. | 0. | | | GENERAL SUPPORT |
| 13195 WEST HAMPTON AVENUE BUTLER, WI 53007 39-1543541 501(C)(3) 79,210. 0. SENERAL SUPPORT MARQUETTE UNIV DEV OFFICE PO BOX 1881 MILWAUKEE, WI 53201-1881 39-0806251 501(C)(3) 10,025. 0. SENERAL SUPPORT MAYO CLINIC 200 1ST SW ROCHESTER, MN 55905 41-6011702 501(C)(3) 5,000. 0. SENERAL SUPPORT MCCALLUM THEATRE INSTITUTE 73000 FRED WARING DRIVE DESERT, CA 92260 33-0334165 501(C)(3) 14,530. 0. SENERAL SUPPORT | • | | | , | | | | |
| BUTLER, WI 53007 39-1543541 501(C)(3) 79,210. 0. GENERAL SUPPORT MARQUETTE UNIV DEV OFFICE PO BOX 1881 MILWAUKEE, WI 53201-1881 39-0806251 501(C)(3) 10,025. 0. GENERAL SUPPORT MAYO CLINIC 200 1ST SW ROCHESTER, MN 55905 41-6011702 501(C)(3) 5,000. 0. GENERAL SUPPORT MCCALLUM THEATRE INSTITUTE 73000 FRED WARING DRIVE DESERT, CA 92260 33-0334165 501(C)(3) 14,530. 0. GENERAL SUPPORT MECHON HADAR 190 AMSTERDAM AVE | MAKE A WISH FOUNDATION WISCONSIN | | | | | | | |
| MARQUETTE UNIV DEV OFFICE PO BOX 1881 MILWAUKEE, WI 53201-1881 39-0806251 501(C)(3) 10,025. 0. GENERAL SUPPORT MAYO CLINIC 200 1ST SW ROCHESTER, MN 55905 41-6011702 501(C)(3) 5,000. 0. GENERAL SUPPORT MCCALLUM THEATRE INSTITUTE 73000 FRED WARING DRIVE DESERT, CA 92260 33-0334165 501(C)(3) 14,530. 0. GENERAL SUPPORT MECHON HADAR 190 AMSTERDAM AVE | 13195 WEST HAMPTON AVENUE | | | | | | | |
| PO BOX 1881 MILWAUKEE, WI 53201-1881 39-0806251 501(C)(3) 10,025. 0. GENERAL SUPPORT MAYO CLINIC 200 1ST SW ROCHESTER, MN 55905 41-6011702 501(C)(3) 5,000. 0. GENERAL SUPPORT MCCALLUM THEATRE INSTITUTE 73000 FRED WARING DRIVE DESERT, CA 92260 33-0334165 501(C)(3) 14,530. 0. GENERAL SUPPORT MECHON HADAR 190 AMSTERDAM AVE | BUTLER, WI 53007 | 39-1543541 | 501(C)(3) | 79,210. | 0. | | | GENERAL SUPPORT |
| PO BOX 1881 MILWAUKEE, WI 53201-1881 39-0806251 501(C)(3) 10,025. 0. GENERAL SUPPORT MAYO CLINIC 200 1ST SW ROCHESTER, MN 55905 41-6011702 501(C)(3) 5,000. 0. GENERAL SUPPORT MCCALLUM THEATRE INSTITUTE 73000 FRED WARING DRIVE DESERT, CA 92260 33-0334165 501(C)(3) 14,530. 0. GENERAL SUPPORT MECHON HADAR 190 AMSTERDAM AVE | MADOUREE UNITY DEVI OFFICE | | | | | | | |
| MILWAUKEE, WI 53201-1881 39-0806251 501(C)(3) 10,025. 0. GENERAL SUPPORT MAYO CLINIC 200 1ST SW ROCHESTER, MN 55905 41-6011702 501(C)(3) 5,000. 0. GENERAL SUPPORT MCCALLUM THEATRE INSTITUTE 73000 FRED WARING DRIVE DESERT, CA 92260 33-0334165 501(C)(3) 14,530. 0. GENERAL SUPPORT MECHON HADAR 190 AMSTERDAM AVE | | | | | | | | |
| MAYO CLINIC 200 1ST SW ROCHESTER, MN 55905 41-6011702 501(C)(3) 5,000. 0. GENERAL SUPPORT MCCALLUM THEATRE INSTITUTE 73000 FRED WARING DRIVE DESERT, CA 92260 33-0334165 501(C)(3) 14,530. 0. GENERAL SUPPORT MECHON HADAR 190 AMSTERDAM AVE | | 39_0806251 | 501(C)(3) | 10 025 | 0 | | | GENERAL SUDDORT |
| 200 1ST SW ROCHESTER, MN 55905 41-6011702 501(C)(3) 5,000. 0. GENERAL SUPPORT MCCALLUM THEATRE INSTITUTE 73000 FRED WARING DRIVE DESERT, CA 92260 33-0334165 501(C)(3) 14,530. 0. GENERAL SUPPORT MECHON HADAR 190 AMSTERDAM AVE | TIMACKEE, WI 33201 1001 | 33 0000231 | 501(0)(3) | 10,025. | ٠. | | | GENERAL SULLOKI |
| 200 1ST SW ROCHESTER, MN 55905 41-6011702 501(C)(3) 5,000. 0. GENERAL SUPPORT MCCALLUM THEATRE INSTITUTE 73000 FRED WARING DRIVE DESERT, CA 92260 33-0334165 501(C)(3) 14,530. 0. GENERAL SUPPORT MECHON HADAR 190 AMSTERDAM AVE | MAYO CLINIC | | | | | | | |
| ROCHESTER, MN 55905 41-6011702 501(C)(3) 5,000. 0. GENERAL SUPPORT MCCALLUM THEATRE INSTITUTE 73000 FRED WARING DRIVE DESERT, CA 92260 33-0334165 501(C)(3) 14,530. 0. GENERAL SUPPORT MECHON HADAR 190 AMSTERDAM AVE | | | | | | | | |
| 73000 FRED WARING DRIVE DESERT, CA 92260 33-0334165 501(C)(3) 14,530. 0. GENERAL SUPPORT MECHON HADAR 190 AMSTERDAM AVE | | 41-6011702 | 501(C)(3) | 5,000. | 0. | | | GENERAL SUPPORT |
| 73000 FRED WARING DRIVE DESERT, CA 92260 33-0334165 501(C)(3) 14,530. 0. GENERAL SUPPORT MECHON HADAR 190 AMSTERDAM AVE | · | | | · | | | | |
| DESERT, CA 92260 33-0334165 501(C)(3) 14,530. 0. GENERAL SUPPORT MECHON HADAR 190 AMSTERDAM AVE | MCCALLUM THEATRE INSTITUTE | | | | | | | |
| MECHON HADAR 190 AMSTERDAM AVE | 73000 FRED WARING DRIVE | | | | | | | |
| 190 AMSTERDAM AVE | DESERT, CA 92260 | 33-0334165 | 501(C)(3) | 14,530. | 0. | | | GENERAL SUPPORT |
| 190 AMSTERDAM AVE | MECHON HADAD | | | | | | | |
| | | | | | | | | |
| YUKK NY 1111/25 I 1501(C)(S) I 6.000 I 0 I 1 127NF03T. C1100007 | YORK, NY 10023 | | 501(C)(3) | 6,000. | 0. | | | GENERAL SUPPORT |

| Part II Continuation of Grants and Other | Assistance to Go | overnments and Organ | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | r age |
|--|------------------|-------------------------------|-----------------------------|---|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MEDICAL COLLEGE OF WISCONSIN INC. | | | | | | | |
| PO BOX 26509 | | | | | | | |
| MILWAUKEE, WI 53226-0509 | 39-0806261 | 501(C)(3) | 46,425. | 0. | | | GENERAL SUPPORT |
| MEQUON JEWISH PRESCHOOL INC. | | | | | | | |
| 11112 N CROWN COURT | | | | | | | |
| MEQUON, WI 53092 | 39-1966107 | 501(C)(3) | 8,050. | 0. | | | GENERAL SUPPORT |
| MILWAUKEE ALLIANCE FOR JEWISH | | | | | | | |
| RECONNECTION (MAJOR) - 3322 N 51 | | | | | | | |
| BLVD - MILWAUKEE, WI 53216 | 80-0207872 | 501(C)(3) | 11,420. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| MILWAUKEE ART MUSEUM INC. | | | | | | | |
| 700 N ART MUSEUM DRIVE | 20.000016 | 504 (5) (2) | 45.560 | | | | |
| MILWAUKEE, WI 53202-4098 | 39-0806316 | 501(C)(3) | 47,560. | 0. | | | GENERAL SUPPORT |
| MILWAUKEE BALLET COMPANY INC. | | | | | | | |
| 504 W NATIONAL AVENUE | | | | | | | |
| MILWAUKEE, WI 53204-1792 | 39-1134735 | 501(C)(3) | 8,050. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| MILWAUKEE CENTER FOR INDEPENDENCE | | | | | | | |
| 2020 W WELLS STREET | 39-0806257 | 501/C)/3) | 12 700 | 0. | | | GENERAL SUPPORT |
| MILWAUKEE, WI 53233 | 39-0806257 | 501(C)(3) | 12,700. | 0. | | | GENERAL SUPPORT |
| MILWAUKEE COLLEGE PREPARATORY | | | | | | | |
| SCHOOL - 2449 N 36TH STREET - | | | | | | | |
| MILWAUKEE, WI 53210 | 39-1881295 | 501(C)(3) | 16,950. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| MILWAUKEE COUNTY | | | | | | | |
| 9480 WATERTOWN PLANK ROAD | | | | | | | |
| MILWAUKEE, WI 53226 | | GOVERNMENT ENTIT | 44,400. | 0. | | | GENERAL SUPPORT |
| MILWAUKEE HOMELESS VETERANS | | | | | | | |
| INITIATIVE INC PO BOX 18441 - | | | | | | | |
| MILWAUKEE, WI 53218 | 45-4573280 | 501(C)(3) | 10,350. | 0. | | | GENERAL SUPPORT |

| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | - rage i |
|---|------------------|-------------------------------|--------------------------|---|--|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MILWAUKEE INSTITUTE OF ART & | | | | | | | |
| DESIGN INC - 273 E ERIE STREET - | | | | | | | |
| MILWAUKEE, WI 53202 | 39-1201561 | 501(C)(3) | 12 600 | 0. | | | GENERAL SUPPORT |
| MILWAUKEE, WI 33202 | 39-1201301 | 001(0)(3) | 12,600. | 0. | | | GENERAL SUFFORT |
| MILWAUKEE INSTITUTE OF ART & | | | | | | | |
| DESIGN INC - 273 E ERIE STREET - | | | | | | | |
| MILWAUKEE, WI 53202 | 39-1201561 | 501(C)(3) | 1,000. | 0. | | | SCHOLARSHIP |
| | | | _, | - • | | | |
| MILWAUKEE JEWISH COMMUNITY CHORALE | | | | | | | |
| PO BOX 170211 | | | | | | | |
| MILWAUKEE, WI 53217 | 39-1816690 | 501(C)(3) | 5,330. | 0. | | | GENERAL SUPPORT |
| | | | | | | | DONATION: \$20K TO BE |
| MILWAUKEE JEWISH DAY SCHOOL | | | | | | | DETERMINED; \$28K BALANCE |
| 6401 N SANTA MONICA BLVD | | | | | | | OF 2014 FUNDRAISING |
| MILWAUKEE, WI 53217 | 39-1384843 | 501(C)(3) | 103,000. | 0. | | | MATCH; \$5K RAMBAM AWARD; |
| | | | | | | | |
| MILWAUKEE JEWISH DAY SCHOOL | | | | | | | |
| 6401 N SANTA MONICA BLVD | | | | | | | |
| MILWAUKEE, WI 53217 | 39-1384843 | 501(C)(3) | 112,160. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| MILWAUKEE JEWISH DAY SCHOOL | | | | | | | |
| 6401 N SANTA MONICA BLVD | | | | | | | |
| MILWAUKEE, WI 53217 | 39-1384843 | 501(C)(3) | 36,533. | 0. | | | HELEN BADER SCHOLARSHIP |
| MILWAUKEE JEWISH FREE LOAN | | | | | | | |
| | | | | | | | |
| ASSOCIATION - 409 E. SILVER SPRING DRIVE - MILWAUKEE, WI 53217 | 26-4557997 | 501(C)(3) | 41,800. | 0. | | | GENERAL SUPPORT |
| DRIVE MIDWAGREE, WI 55217 | 20 4557557 | 501(0)(3) | 41,000. | | | | GENERAL BUTTORT |
| MILWAUKEE KOLLEL INC. | | | | | | | |
| 5007 W KEEFE AVENUE | | | | | | | |
| MILWAUKEE, WI 53216 | 39-1643640 | 501(C)(3) | 39,110. | 0. | | | GENERAL SUPPORT |
| , | | | 12,230 | - | | | |
| MILWAUKEE PUBLIC MUSEUM INC. | | | | | | | |
| 800 W WELLS STREET | | | | | | | |
| MILWAUKEE, WI 53233-1478 | 39-1723105 | 501(C)(3) | 8,029. | 0. | | | GENERAL SUPPORT |

| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | rt II.) | - Fage |
|--|------------------|-------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MILWAUKEE REPERTORY THEATER INC. | | | | | | | |
| 108 E WELLS STREET | | | | | | | |
| MILWAUKEE, WI 53202 | 39-0946025 | 501(C)(3) | 29,400. | 0. | | | GENERAL SUPPORT |
| | | | , | | | | |
| MILWAUKEE SYMPHONY ORCHESTRA | | | | | | | |
| 1101 NORTH MARKET STREET, SUITE 100 |) | | | | | | |
| MILWAUKEE, WI 53202-3148 | 39-6023436 | 501(C)(3) | 7,500. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| MILWAUKEE SYMPHONY ORCHESTRA INC | | | | | | | |
| 1101 NORTH MARKET STREET, SUITE 100 | | 504 (5) (2) | 50 500 | | | | L |
| MILWAUKEE, WI 53202 | 39-6023436 | 501(C)(3) | 50,700. | 0. | | | GENERAL SUPPORT |
| MILWAUKEE YOUTH ARTS CENTER | | | | | | | |
| 325 W WALNUT STREET | | | | | | | |
| MILWAUKEE, WI 53212 | 11-3665475 | 501(C)(3) | 30,000. | 0. | | | GENERAL SUPPORT |
| iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | 11 3003173 | 301(0)(0) | 30,000. | • • • | | | Banaran Barraki |
| MJDS-MJDS FUNDS ONLY | | | | | | | BRIAN KING. \$22,000 - |
| 6401 N SANTA MONICA BLVD | | | | | | | STEIGMAN; \$67,523 - |
| MILWAUKEE, WI 53217-4353 | 39-1384843 | 501(C)(3) | 89,523. | 0. | | | BALANCE B.O.F. |
| | | | | | | | BLUMIN:\$45K;BUILD OUR |
| MJDS-MJDS FUNDS ONLY | | | | | | | FUTURE: \$100K; SUNSHINE |
| 6401 N SANTA MONICA BLVD | | | | | | | FUND:\$1,800; HEAD OF |
| MILWAUKEE, WI 53217-4353 | 39-1384843 | 501(C)(3) | 176,800. | 0. | | | SCHOOL DISC. FUND:\$10K; |
| | | | | | | | |
| MJDS-MJDS FUNDS ONLY | | | | | | | |
| 6401 N SANTA MONICA BLVD | | | | _ | | | |
| MILWAUKEE, WI 53217-4353 | 39-1384843 | 501(C)(3) | 200,000. | 0. | | | BUILD OUR FUTURE PROGRAM |
| MJDS-MJDS FUNDS ONLY | | | | | | | |
| 6401 N SANTA MONICA BLVD | | | | | | | |
| MILWAUKEE, WI 53217-4353 | 39-1384843 | 501(C)(3) | 446,800. | 0. | | | GENERAL SUPPORT |
| | 37 1304043 | 501(0)(0) | 440,000. | 0. | | | PERENTIAL BOLLOKI |
| MJDS-MJDS FUNDS ONLY | | | | | | | |
| 6401 N SANTA MONICA BLVD | | | | | | | |
| MILWAUKEE, WI 53217-4353 | 39-1384843 | 501(C)(3) | 146,132. | 0. | | | HELEN BADER SCHOLARSHIP |

| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | rt II.) | rag |
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| MOSDOS KEVER RACHEL | | | | | | | |
| 1303 53RD STREET UNITE 45 | | | | | | | |
| BROOKLYN, NY 11219 | 20-0594521 | 501(C)(3) | 6,500. | 0. | | | GENERAL SUPPORT |
| WIN TIPLE WITH ON PROPERTY FORWER | | | | | | | |
| MULTIPLE MYELOMA RESEARCH FOUND | | | | | | | |
| 383 MAIN AVENUE, 5TH FLOOR | 06 1504412 | E01/G)/3) | 100 500 | | | | GINDRAL GURRORE |
| NORWALK, CT 68510 | 06-1504413 | 501(C)(3) | 102,500. | 0. | | | GENERAL SUPPORT |
| MUSICAL INSTRUMENT MUSEUM | | | | | | | |
| 4725 E MAYO BLVD | | | | | | | |
| PHOENIX, AZ 85050 | 16-1743588 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| NATIONAL MULTIPLE SCLEROSIS | 10 1743300 | 501(0)(3) | 10,000. | | | | BINERE BOTTON |
| SOCIETY - WI CHAPTER - 1120 JAMES | | | | | | | |
| DR SUITE A - HARTLAND, WI | | | | | | | |
| 53029-9906 | 25-1066473 | 501(C)(3) | 5,050. | 0. | | | GENERAL SUPPORT |
| | | | 1 | | | | |
| NATIONAL RAMAH COMMISSION INC. | | | | | | | |
| 3080 BROADWAY | | | | | | | |
| NEW YORK, NY 10027 | 13-6161110 | 501(C)(3) | 25,000. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| NATIONAL RAMAH COMMISSION INC. | | | | | | | |
| 3080 BROADWAY | | | | | | | |
| NEW YORK, NY 10027 | 13-6161110 | 501(C)(3) | 5,000. | 0. | | | SCHOLARSHIP |
| NEW CONCEPT SELF DEVELOPMENT | | | | | | | |
| CENTER INC - DR MARTIN LUTHER KING | | | | | | | |
| JR CENTER 1531 WEST VLIET STREET - | | | | _ | | | |
| MILWAUKEE, WI 53205 | 39-1220236 | 501(C)(3) | 25,850. | 0. | | | GENERAL SUPPORT |
| VIII. 77 | | | | | | | |
| NEWCAJE | | | | | | | |
| 354 KENRICK ST. | 0.7.1001001 | 501/67/23 | | | | | |
| NEWTON, MA 21580 | 27-1094081 | 501(C)(3) | 5,000. | 0. | | | GENERAL SUPPORT |
| NEXT ACT THEATER | | | | | | | |
| PO BOX 394 | | | | | | | |
| | 39-1553360 | 501(C)(3) | 10,300. | 0. | | | GENERAL SUPPORT |
| MILWAUKEE, WI 53201 | 39-1333360 | POT(C)(3) | 10,300. | ١. | | | GENERAL SUFFURI |

| Part II Continuation of Grants and Othe | r Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | - Pa |
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| NICOLET HIGH SCHOOL FOUNDATION | | | | | | | |
| 6701 N JEAN NICOLET ROAD | | | | | | | |
| MILWAUKEE, WI 53217 | 39-1528691 | 501(C)(3) | 10,600. | 0. | | | GENERAL SUPPORT |
| NORTH SHORE HEBREW ACADEMY 16 CHERRY LANE | | | | | | | |
| KINGS POINT, NY 11024 | 11-2200920 | 501(C)(3) | 15,000. | 0. | | | GENERAL SUPPORT |
| NORTHWESTERN UNIVERSITY 1201 DAVIS ST. | | | | | | | |
| EVANSTON, IL 60208 | 36-2167817 | 501(C)(3) | 42,700. | 0. | | | GENERAL SUPPORT |
| OHOLEI YOSEF YITZCHAK LUBAVITCH 14100 W 9 MILE RD | | | | | | | |
| OAK PARK, MI 48237-2621 | 38-3253099 | 501(C)(3) | 5,770. | 0. | | | GENERAL SUPPORT |
| OHR HATORAH INC 7020 N GREEN BAY AVENUE | | | | | | | |
| GLENDALE, WI 53209 | 74-2986109 | 501(C)(3) | 5,783. | 0. | | | GENERAL SUPPORT |
| OPERATION DREAM INC 1521 N RIVERCENTER PO BOX 12356 | | | | | | | |
| MILWAUKEE, WI 53212 | 26-1455938 | 501(C)(3) | 68,200. | 0. | | | GENERAL SUPPORT |
| ORTHODOX UNION 11 BROADWAY | | | | | | | |
| NEW YORK, NY 10004-1302 | 13-5623717 | 501(C)(3) | 25,000. | 0. | | | GENERAL SUPPORT |
| PALM SPRINGS ART MUSEUM 101 MUSEUM DRIVE | | | | | | | |
| PALM SPRINGS, CA 92262 | 95-1809576 | 501(C)(3) | 10,290. | 0. | | | GENERAL SUPPORT |
| PARK SYNAGOGUE 27500 SHAKER BLVD | | | | | | | |
| PEPPER PIKE, OH 44124 | 34-0714533 | 501(C)(3) | 13,010. | 0. | | | GENERAL SUPPORT |

| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | |
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| PEF ISRAEL ENDOWMENT FUND | | | | | | | |
| 317 MADISON AVENUE STE 607 | | | | | | | |
| NEW YORK, NY 10017 | 13-6104086 | 501(C)(3) | 54,000. | 0. | | | GENERAL SUPPORT |
| · | | | , | | | | |
| PHOENIX CHILDREN'S HOSPITAL | | | | | | | |
| FOUNDATION - PO BOX 29661 - | | | | | | | |
| PHOENIX, AZ 85016 | 74-2421549 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| PLANNED PARENTHOOD OF WISCONSIN | | | | | | | |
| INC - 302 N. JACKSON ST | 20 0062201 | E01/G)/3) | 10 400 | 0 | | | GENERAL GURRORE |
| MILWAUKEE, WI 53202 | 39-0863391 | 501(C)(3) | 19,490. | 0. | | | GENERAL SUPPORT |
| PROGRAM FOR EARLY PARENT SUPPORT | | | | | | | |
| 4649 SUNNYSIDE AVENUE N #324 | | | | | | | |
| SEATTLE, WA 98103-6900 | 91-1212698 | 501(C)(3) | 6,000. | 0. | | | GENERAL SUPPORT |
| | | | · | | | | |
| PROJECT IDENTITY | | | | | | | |
| 57 ESSEX ROAD | | | | | | | |
| GREAT NECK, NY 11023 | 11-2614344 | 501(C)(3) | 5,000. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| RABBINICAL ASSEMBLY OF AMERICA | | | | | | | |
| 3080 BROADWAY | 13-1663324 | E01/G)/3) | 15 000 | 0. | | | GENERAL SUPPORT |
| NEW YORK, NY 10027 | 13-1003324 | 501(C)(3) | 15,000. | 0. | | | GENERAL SUPPORT |
| RACHEL'S NETWORK | | | | | | | |
| 1200 18TH STREET NW #910 | | | | | | | |
| WASHINGTON, DC 20036 | 31-1644905 | 501(C)(3) | 7,500. | 0. | | | GENERAL SUPPORT |
| · | | | , | | | | |
| RAMAH OUTDOOR ADVENTURES | | | | | | | |
| 300 S. DAHLIA STREET #205 | | | | | | | |
| DENVER, CO 80246 | 90-0582182 | 501(C)(3) | 105,910. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| REPERTORY EAST PLAYHOUSE | | | | | | | |
| 24266 MAIN STREET | 25 2242222 | E01/G)/3) | F 000 | _ | | | GENERAL GURRORE |
| NEWHALL, CA 91321 | 35-2242303 | DOT(G)(3) | 5,000. | 0. | | | GENERAL SUPPORT |

| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | r age i |
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| ROCK AND ROLL HALL OF FAME | | | | | | | |
| FOUNDATION - 1100 ROCK & ROLL BLVD | | | | | | | |
| - CLEVELAND, OH 49114 | 13-3171867 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| RUACH INC | | | | | | | |
| 6310 N PORT WASHINGTON ROAD LOWER 1 | l L | | | | | | |
| MILWAUKEE, WI 53217 | | 501(C)(3) | 22,090. | 0. | | | GENERAL SUPPORT |
| SHALOM HARTMAN INSTITUTE OF NORTH | | | | | | | |
| AMERICA - ONE PENNSYLVANIA PLAZA | | | | | | | MLI GRANT PROPOSAL DATED |
| #1606 - NEW YORK, NY 10119 | 13-3014387 | 501(C)(3) | 100,000. | 0. | | | 1/19/2014. |
| | | | | | | | |
| SKYLIGHT MUSIC THEATRE CORP | | | | | | | |
| 158 NORTH BROADWAY | 20 0075274 | E01/G)/3) | E 050 | 0 | | | CEMEDAI CHDDODE |
| MILWAUKEE, WI 53202-6037 | 39-0975374 | 501(C)(3) | 5,050. | 0. | | | GENERAL SUPPORT |
| SOJOURNER FAMILY PEACE CENTER | | | | | | | |
| PO BOX 080319 | | | | | | | |
| MILWAUKEE, WI 53208 | 39-1276210 | 501(C)(3) | 34,750. | 0. | | | GENERAL SUPPORT |
| SPECIAL OLYMPICS WISCONSIN | | | | | | | |
| 2310 CROSSROADS DRIVE STE 1000 | | | | | | | |
| MADISON, WI 53718 | 39-1176591 | 501(C)(3) | 5,350. | 0. | | | GENERAL SUPPORT |
| - | | | , - | - | | | |
| STEVE & SHARI SADEK FAMILY CAMP | | | | | | | |
| INTERLAKEN JCC - 6255 N SANTA | | | | | | | |
| MONICA BLVD - MILWAUKEE, WI 53217 | 39-0806234 | 501(C)(3) | 40,582. | 0. | | | GENERAL SUPPORT |
| STEVE & SHARI SADEK FAMILY CAMP | | | | | | | |
| INTERLAKEN JCC - 6255 N SANTA | | | | | | | |
| MONICA BLVD - MILWAUKEE, WI 53217 | 39-0806234 | 501(C)(3) | 26,755. | 0. | | | SCHOLARSHIP |
| | | | | | | | |
| SUMMERFEST FOUNDATION INC. | | | | | | | |
| 200 N. HARBOR DR. MILWAUKEE, WI 53202 | 45-2522052 | 501(C)(3) | 10,060. | 0. | | | GENERAL SUPPORT |
| HILMAUREE, WI JJZUZ | ±3-2322032 | POTICI(3) | 10,000. | 0. | | 1 | PENERAL SUFFORI |

| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Scho | edule I (Form 990), Pa | art II.) | Pay |
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| SUSAN G KOMEN SE WISCONSIN | | | | | | | |
| 2025 W. OKLAHOMA AVE STE 116 | | | | | | | |
| MILWAUKEE, WI 53215 | 75-1835298 | 501(C)(3) | 12,500. | 0. | | | GENERAL SUPPORT |
| TEMPLE B'NAI TORAH | | | | | | | |
| 15727 NE 4TH STREET | | | | | | | |
| BELLEVUE, WA 98008 | 91-0848001 | 501(C)(3) | 12,000. | 0. | | | GENERAL SUPPORT |
| TEMPLE MENORAH | | | | | | | |
| 9363 N 76TH STREET | | | | | | | |
| MILWAUKEE, WI 53223 | | 501(C)(3) | 25,000. | 0. | | | GENERAL SUPPORT |
| THE BARBARA SINATRA CHILDREN'S | | | | | | | |
| CENTER AT EISENHOWER - 39000 BOB | | | | | | | |
| HOPE DRIVE - RANCHO MIRAGE, CA | | | | | | | |
| 92270 | 33-0136550 | 501(C)(3) | 11,000. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| THE CONSERVATIVE SYNAGOGUE OF | | | | | | | |
| WESTPORT - 30 HILLSPOINT ROAD - | 06.4000504 | 504 (5) (2) | 45.000 | | | | |
| WESTPORT, CT 68808 | 06-1203591 | 501(C)(3) | 15,000. | 0. | | | GENERAL SUPPORT |
| THE FRIENDSHIP CIRCLE INC. | | | | | | | |
| 8825 N. LAKE DR. | | | | | | | |
| MILWAUKEE, WI 53217 | 39-1819245 | 501(C)(3) | 38,810. | 0. | | | GENERAL SUPPORT |
| THE JOSEPH AND REBECCA PELTZ | | | | | | | |
| CENTER FOR JEWISH LIFE - 2233 W | | | | | | | |
| MEQUON ROAD - MEQUON, WI 53092 | 11-3587172 | 501(C)(3) | 10,960. | 0. | | | GENERAL SUPPORT |
| Migoon Rolls Migoon, WI 33032 | 11 3307172 | 501(0)(3) | 10,500. | · · | | | CHARLES BOTTOKT |
| THE MEDICAL COLLEGE OF WISCONSIN | | | | | | | |
| INC 8701 WATERTOWN PLANK RD - | | | | | | | |
| MILWAUKEE, WI 53226-0509 | 39-0806261 | 501(C)(3) | 23,600. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| THE SHUL | | | | | | | |
| 8825 N LAKE DRIVE | | | | | | | |
| BAYSIDE, WI 53217-1939 | 11-3587172 | 501(C)(3) | 24,135. | 0. | | | GENERAL SUPPORT |

| Schedule I (Form 990) MILWAUKEE | JEWISH E | FEDERATION, | INC. | | | 3 | 9-0806312 Page 1 |
|---|------------------|-------------------------------|-----------------------------|---|--|--|---------------------------------------|
| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | ırt II.) | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| TIKKUN HA-IR OF MILWAUKEE INC. PO BOX 090287 MILWAUKEE, WI 53209 | 77-0596241 | 501(C)(3) | 15,214. | 0. | | | GENERAL SUPPORT |
| TORAH ACADEMY OF MILWAUKEE HIGH SCHOOL - 6800 N GREEN BAY AVENUE - GLENDALE, WI 53209 | 93-0869475 | 501(C)(3) | 9,635. | 0. | | | GENERAL SUPPORT |
| TORAH ACADEMY OF MILWAUKEE HIGH SCHOOL - 6800 N GREEN BAY AVENUE - GLENDALE, WI 53209 | 93-0869475 | 501(C)(3) | 35,307. | 0. | | | HELEN BADER SCHOLARSHIP |
| TREEPEOPLE 12601 MULHOLLAND DRIVE BEVERLY HILLS, CA 90210 | 23-7314838 | 501(C)(3) | 6,000. | 0. | | | GENERAL SUPPORT |
| TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT ST PHILADELPHIA, PA 19104-6270 | 23-1352685 | 501(C)(3) | 5,000. | 0. | | | SCHOLARSHIP |
| TUCSON JEWISH COMMUNITY CENTER 3800 E RIVER ROAD TUCSON, AZ 85718-6600 | 86-0183578 | 501(C)(3) | 5,000. | 0. | | | CAPITAL CAMPAIGN |
| TUCSON JEWISH COMMUNITY CENTER 3800 E RIVER ROAD TUCSON, AZ 85718-6600 | 86-0183578 | 501(C)(3) | 2,500. | 0. | | | GENERAL SUPPORT |
| UCLA FOUNDATION 10945 LE CONTE AVENUE, SUITE 3132 BOX 951784 - LOS ANGELES, CA 90054-0269 | 95-2250801 | 501(C)(3) | 5,000. | 0. | | | GENERAL SUPPORT |
| UNITED COMMUNITY CENTER INC 1028 SOUTH 9TH STREET MILWAUKEE, WI 53204 | 39-1146191 | 501(C)(3) | 20,000. | 0. | | | GENERAL SUPPORT |

| Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | rt II.) | - Fage |
|------------------|---|--|--|---|--|---|
| (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| | | | | | | |
| | | | | | | |
| 39-6100399 | 501(C)(3) | 57,150. | 0. | | | GENERAL SUPPORT |
| | | | | | | |
| | | | | | | |
| 59-0637885 | 501(C)(3) | 5,000. | 0. | | | GENERAL SUPPORT |
| | | | | | | |
| | | | | | | |
| 30 0006100 | E01/Q\/3\ | 144 005 | 0 | | | GENERAL GURRORE |
| 39-0806190 | 501(C)(3) | 144,985. | 0. | | | GENERAL SUPPORT |
| | | | | | | |
| | | | | | | |
| 59_0624458 | 501(C)(3) | 10 000 | 0 | | | GENERAL SUPPORT |
| 33 0024430 | 501(0)(3) | 10,000. | 0. | | | GENERAL BUITORI |
| | | | | | | |
| | | | | | | REGENTS OF UNIV. OF LISA |
| 39-0743975 | 501(C)(3) | 69 000 | 0. | | | WIS. |
| 05 0710570 | | | | | | |
| | | | | | | |
| | | | | | | |
| 39-0743975 | 501(C)(3) | 309,900. | 0. | | | GENERAL SUPPORT |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 39-0743975 | 501(C)(3) | 12,750. | 0. | | | GENERAL SUPPORT |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 20-4451219 | 501(C)(3) | 35,000. | 0. | | | GENERAL SUPPORT |
| | | | | | | |
| | | | | | | |
| 12 1662142 | E01/G\/3\ | 1,000. | 0. | | | GENERAL SUPPORT |
| | (b) EIN 39-6100399 59-0637885 39-0806190 59-0624458 39-0743975 39-0743975 20-4451219 | (b) EIN (c) IRC section if applicable (s) Find the section of applicable (s) | (b) EIN (c) IRC section if applicable (d) Amount of cash grant (39-6100399) 501(C)(3) 57,150. 59-0637885 501(C)(3) 5,000. 39-0806190 501(C)(3) 144,985. 59-0624458 501(C)(3) 10,000. 39-0743975 501(C)(3) 69,000. 39-0743975 501(C)(3) 309,900. 39-0743975 501(C)(3) 35,000. | Assistance to Governments and Organizations in the United States (Scholin (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance 39-6100399 501(c)(3) 57,150. 0. 59-0637885 501(c)(3) 5,000. 0. 39-0806190 501(c)(3) 144,985. 0. 59-0624458 501(c)(3) 10,000. 0. 39-0743975 501(c)(3) 69,000. 0. 39-0743975 501(c)(3) 309,900. 0. 39-0743975 501(c)(3) 12,750. 0. 20-4451219 501(c)(3) 35,000. 0. | Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Pa (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 59-0637885 501(C)(3) 57,150. 0. 59-0637885 501(C)(3) 57,150. 0. 59-0624458 501(C)(3) 10,000. 0. 39-0743975 501(C)(3) 39-0743975 501(C)(3) 309,900. 0. 20-4451219 501(C)(3) 35,000. 0. | Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (non-cash assistance) (g) Description of non-cash assistance 39-6100399 501(c) (3) 57,150. 0. </td |

| Part II Continuation of Grants and Other | Assistance to Go | vernments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | rt II.) | |
|--|------------------|-------------------------------|--------------------------|---|--|---|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| URJ OLIN-SANG-RUBY UNION INSTITUTE | | | | | | | |
| 1121 LAKE COOK ROAD, SUITE D | | | | | | | |
| DEERFIELD, IL 60015 | 13-1663143 | 501(C)(3) | 4,000. | 0. | | | SCHOLARSHIP |
| | | | | | | | |
| UWM FOUNDATION INC. | | | | | | | |
| 1440 E NORTH AVENUE | | | | | | | |
| MILWAUKEE, WI 53202 | 23-7337744 | 501(C)(3) | 31,100. | 0. | | | GENERAL SUPPORT |
| VCFS EDUCATIONAL FOUNDATION INC | | | | | | | |
| P.O. BOX 12591 | | | | | | | |
| DALLAS, TX 75225 | 26-4638243 | 501(C)(3) | 12,000. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| VISION FORWARD ASSOCIATION | | | | | | | |
| 912 N HAWLEY ROAD | 20 0040250 | 501 (G) (3) | 5 000 | 0 | | | GENERAL GURDONE |
| MILWAUKEE, WI 53213 | 39-2040359 | 501(C)(3) | 5,200. | 0. | | | GENERAL SUPPORT |
| WALNUT WAY CONSERVATION CORP | | | | | | | |
| 2247 N. 17TH ST. | | | | | | | |
| MILWAUKEE, WI 53205-0000 | 39-2007850 | 501(C)(3) | 5,000. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| WASHINGTON INSTITUTE FOR NEAR EAST | | | | | | | |
| POLICY - 1828 L STREET NW - | F2 1276024 | E01/G)/3) | 11 000 | 0 | | | CHANDAI CHADAAN |
| WASHINGTON, DC 20036 | 52-1376034 | 501(C)(3) | 11,000. | 0. | | | GENERAL SUPPORT |
| WASHINGTON UNIVERSITY IN ST. LOUIS | | | | | | | |
| 1 BROOKINGS DR. CAMPUS BOX 1210 | | | | | | | |
| ST LOUIS, MO 63130 | 43-0653611 | 501(C)(3) | 15,000. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| WISCONSIN CONSERVATORY OF MUSIC | | | | | | | |
| 1584 N PROSPECT AVENUE | | | | | | | |
| MILWAUKEE, WI 53202-6501 | 39-0915050 | 501(C)(3) | 16,500. | 0. | | | GENERAL SUPPORT |
| WISCONSIN INSTITUTE FOR TORAH | | | | | | | |
| STUDY - 3288 N LAKE DRIVE - | | | | | | | |
| MILWAUKEE, WI 53211-3124 | 39-1366081 | 501(C)(3) | 84,685. | 0. | | | GENERAL SUPPORT |

| Part II Continuation of Grants and Other | | overnments and Orga | | nited States (Sch | edule I (Form 990), Pa | art II.) | 9-0000312 Page |
|--|------------|-------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| WISCONSIN INSTITUTE FOR TORAH | | | | | | | |
| STUDY - 3288 N LAKE DRIVE - | | | | | | | |
| MILWAUKEE, WI 53211-3124 | 39-1366081 | 501(C)(3) | 53,531. | 0. | | | HELEN BADER SCHOLARSHIP |
| | | | 11,111. | | | | |
| WISCONSIN REGION B'NAI B'RITH | | | | | | | |
| YOUTH ORG - 6255 N SANTA MONICA | | | | | | | |
| BLVD - MILWAUKEE, WI 53217 | 31-1794932 | 501(C)(3) | 20,000. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| WOODLAND PATTERN | | | | | | | |
| 720 E LOCUST | | | | | | | |
| MILWAUKEE, WI 53212 | 39-1332252 | 501(C)(3) | 5,250. | 0. | | | GENERAL SUPPORT |
| WORLD CONFEDERATION OF JEWISH | | | | | | | |
| COMMUNITY CENTERS INC - 711 THIRD | | | | | | | |
| AVENUE 10TH FLOOR - NEW YORK, NY | | | | | | | |
| 10017 | 20-0812055 | 501(C)(3) | 24,000. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| WORLD COUNCIL OF SYNAGOGUES INC | | | | | | | |
| 3080 BROADWAY | | | | _ | | | |
| NEW YORK, NY 10027 | 23-7162488 | 501(C)(3) | 30,000. | 0. | | | GENERAL SUPPORT |
| WOUNDED WARRIOR PROJECT INC | | | | | | | |
| 4899 BELFORT RD STE 300 | | | | | | | |
| JACKSONVILLE, FL 32256 | 20-2370934 | 501(C)(3) | 6,000. | 0. | | | GENERAL SUPPORT |
| TACKSONVILLE, FL 32230 | 20-2370934 | 501(0/(3/ | 0,000. | 0. | | | GENERAL SUFFORT |
| WUWM MILWAUKEE PUBLIC RADIO | | | | | | | |
| 111 E WISCONSIN AVENUE, SUITE 700 | | | | | | | |
| MILWAUKEE, WI 53202 | 20-1257939 | 501(C)(3) | 10,460. | 0. | | | GENERAL SUPPORT |
| | 20 220,505 | | 10,100. | | | | |
| YESHIVA ELEMENTARY SCHOOL OF MILW | | | | | | | |
| INC - 5115 W KEEFE AVENUE - | | | | | | | |
| MILWAUKEE, WI 53216 | 39-1631932 | 501(C)(3) | 147,475. | 0. | | | GENERAL SUPPORT |
| , | | | | | | | |
| YESHIVA ELEMENTARY SCHOOL OF MILW | | | | | | | |
| INC - 5115 W KEEFE AVENUE - | | | | | | | |
| MILWAUKEE, WI 53216 | 39-1631932 | 501(C)(3) | 25,149. | 0. | | | HELEN BADER SCHOLARSHIP |

| Part II Continuation of Grants and Othe | er Assistance to Go | overnments and Organ | nizations in the U | nited States (Sch | edule I (Form 990), Pa | rt II.) | |
|--|---------------------|-------------------------------|--------------------------|---|--|---|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| YOUNG JUDAEA GLOBAL INC 575 8TH AVE 11TH FLOOR | | | | | | | |
| NEW YORK, NY 10018 | 45-2640858 | 501(C)(3) | 101,250. | 0. | | | SCHOLARSHIP |
| | | | | | | | |
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| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---------------------------------|--------------------------|---------------------------------------|---|--|
| | | | | | |
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| | | | | | |
| Part IV Supplemental Information. Provide the information | on required in Part I, lin | e 2, Part III, colum | n (b), and any other a | dditional information. | |
| ART I, LINE 2: | | | | | |
| VOLUNTEER COMMITTEE DETERMINE | S GRANTS TO | BE MADE. | MILWAUKEE | | |
| EWISH FEDERATION STAFF MONITOR | S THE ACTUA | L DISTRIBU | JTION OF GR | ANTS AND THE | |
| SAGE OF THE GRANT FUNDS. | | | | | |
| | | | | | |
| ART II, LINE 1, COLUMN (H): | | | | | |
| AME OF ORGANIZATION OR GOVERNM | ENT: CONGRE | GATION BE | TH ISRAEL N | ER TAMID | |
| H) PURPOSE OF GRANT OR ASSISTA | | | | | |
| | 4 | | | -, ₁ , | |

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

Compensated Employees

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

► Attach to Form 990. ► See separate instructions.

▶ 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

Part I Questions Regarding Compensation

MILWAUKEE JEWISH FEDERATION, INC. **Employer identification number** 39-0806312

| | | | Yes | No |
|------------|---|----|-----|----|
| 1 a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| h | 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 in line 1a? | 2 | | |
| | tradices, and officers, including the OLO/Exceptive Director, regarding the terms checked in line 14: | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | | | |
| Ū | 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 X Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | Approval by the board of compensation committee | | | |
| 4 | During the year, did any person listed in 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 | | Х |
| | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | Х |
| | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | Х |
| | 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) and 501(c)(4) organizations must complete lines 5-9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| а | The organization? | 5a | | X |
| b | Any related organization? | 5b | | Х |
| | If "Yes" to line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| | The organization? | 6a | | X |
| b | Any related organization? | 6b | | Х |
| | If "Yes" to line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments | | | |
| | not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53 4958-6(c)? | 9 | 1 | |

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

Schedule J (Form 990) 2013

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

For each individual whose compensation must be reported in 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 are not 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-2 and/or 1099-MI | SC compensation | (C) Retirement and | (D) Nontaxable | | | |
|----------------------|-------------|--------------------------|-------------------------------------|---|--------------------------------|----------------|------------|---|--|
| (A) Name and Title | • | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | reported as deferred in prior Form 990 | |
| (1) HANNAH ROSENTHAL | (i) | 249,964. | 10,148. | 1,380. | 0. | 11,972. | 273,464. | 0. | |
| PRESIDENT & CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (2) CAREN GOLDBERG | (i) | 120,149. | 0. | 1,380. | 5,300. | 32,538. | 159,367. | 0. | |
| EXECUTIVE DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
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| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | <u> </u> | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |

SCHEDULE K (Form 990) Department of the Treasury

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a, Provide descriptions.

explanations, and any additional information in Part VI.

OMB No. 1545-0047 2013 Open to Public Inspection

► Attach to Form 990. ► See separate instructions. ► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number Name of the organization 39-0806312 MILWAUKEE JEWISH FEDERATION, INC. SEE PART VI FOR COLUMNS (A) AND CONTINUATIONS Part I **Bond Issues** (a) Defeased (h) On behalf (i) Pooled (a) Issuer name (b) Issuer EIN (c) CUSIP# (d) Date issued (e) Issue price (f) Description of purpose of issuer financing Yes No Yes No Yes No COLORADO EDUCATIONAL AND PROVIDE FUNDS TO A CULTURAL FACILITIES AUT 84-0896727 Х NONE 12/03/12 54340000. REFUND TWO PRIOR Х Х D Part II Proceeds В С D 1 Amount of bonds retired 2 Amount of bonds legally defeased 54,340,000. 3 Total proceeds of issue **4** Gross proceeds in reserve funds **5** Capitalized interest from proceeds 6 Proceeds in refunding escrows 7 Issuance costs from proceeds **8** Credit enhancement from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds 54,340,000. Other spent proceeds 11 Other unspent proceeds Year of substantial completion Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? X Has the final allocation of proceeds been made? X Does the organization maintain adequate books and records to support the final allocation of proceeds? Part III Private Business Use В C D Α 1 Was the organization a partner in a partnership, or a member of an LLC, Yes No Yes No Yes No Yes No X which owned property financed by tax-exempt bonds? 2 Are there any lease arrangements that may result in private business use of X bond-financed property?

| Par | t III Private Business Use (Continued) | | | | | | | | |
|----------|--|-----------|---------|-----|----|-----|-----|----------|----------|
| | | | A | I | 3 | (| 2 | | D |
| За | Are there any management or service contracts that may result in private | Yes | No | Yes | No | Yes | No | Yes | No |
| | business use of bond-financed property? | | X | | | | | | |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside | | | | | | | | |
| | counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| <u>c</u> | Are there any research agreements that may result in private business use of bond-financed property? | | X | | | | | | |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside | | | | | | | | |
| | counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by | | | | | | | | |
| | entities other than a section 501(c)(3) organization or a state or local government | | .00 % | | % | | % | | % |
| 5 | Enter the percentage of financed property used in a private business use as a result of | | | | | | | | |
| | unrelated trade or business activity carried on by your organization, another | | | | | | | | |
| | section 501(c)(3) organization, or a state or local government | | .00 % | | % | | % | | % |
| 6 | Total of lines 4 and 5 | | .00 % | | % | | % | | % |
| 7 | Does the bond issue meet the private security or payment test? | | X | | | | | | |
| 8a | Has there been a sale or disposition of any of the bond-financed property to a non- | | | | | | | | |
| | governmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | | | | | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed | | | | | | | | |
| | of | | % | | % | | % | | % |
| С | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections | | | | | | | | |
| | 1.141-12 and 1.145-2? | | | | | | | | |
| 9 | Has the organization established written procedures to ensure that all nonqualified | | | | | | | | |
| | bonds of the issue are remediated in accordance with the requirements under | | | | | | | | |
| | Regulations sections 1.141-12 and 1.145-2? | X | | | | | | | |
| Par | t IV Arbitrage | 1 | | 1 | | | | | |
| | | , | Ą | ı | 3 | (| Ç | | <u> </u> |
| 1 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and | Yes | No | Yes | No | Yes | No | Yes | No |
| | Penalty in Lieu of Arbitrage Rebate? | | X | | | | | | |
| | If "No" to line 1, did the following apply? | | | | | | 1 | | |
| | Rebate not due yet? | X | | | | | | | |
| | Exception to rebate? | X | | | | | | | |
| <u>c</u> | No rebate due? | Х | | | | | | | |
| | If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate | | | | | | | | |
| | computation was performed | | | | | | , , | | |
| | Is the bond issue a variable rate issue? | Х | | | | | | | |
| 4a | Has the organization or the governmental issuer entered into a qualified | | | | | | | | |
| | hedge with respect to the bond issue? | X | | | | | | | |
| | Name of provider | US BANK N | | | | | | | |
| | Term of hedge | 10. | 0000000 | | | | | | |
| d | Was the hedge superintegrated? | | X | | | | | | |
| e | Was the hedge terminated? | | X | | | | | <u> </u> | |

| Part IV Arbitrage (Continued) | | | 1 | | | | 1 | |
|--|---|----------------|------------|----------|--------------|--|-----|----------|
| | | A | † | В | | C | | D |
| F W | Yes | No X | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | | | | + | | | |
| b Name of provider | | | 1 | | + | | | |
| c Term of GIC | | | | | 1 | | | _ |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | _ | | _ |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | | 1 | <u> </u> | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | x | | | | | | | |
| Part V Procedures To Undertake Corrective Action | | | | | | | | |
| | 1 | <u> </u> | l | В | (| <u>c </u> | l | D |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of | | | | | | | | |
| federal tax requirements are timely identified and corrected through the voluntary | | | | | | | | |
| closing agreement program if self-remediation is not available under applicable | | | | | | | | |
| regulations? | X | | | | | | | |
| Part VI Supplemental Information. Provide additional information for responses to question | s on Schedul | e K (see insti | ructions). | • | • | • | • | |
| SCHEDULE K, PART I, BOND ISSUES: | | (| | | | | | |
| (A) ISSUER NAME: COLORADO EDUCATIONAL AND CULTUR | AL FAC | ILITIES | AUTHO | RITY | | | | - |
| (F) DESCRIPTION OF PURPOSE: | | | | | | | | |
| PROVIDE FUNDS TO REFUND TWO PRIOR ISSUES, ISSUED | ON 6/ | 16/05 Z | ND 10/ | 25/07 | | | | |
| THOUSE TOURS TO RELEASE TWO TREET TOURS TOURS | 011 07. | 10,03 1 | 110 107 | 23,0, | | | | |
| PART IV, LINE 2(C): | | | | | | | | |
| ALL PROCEEDS WERE SPENT ON THE DATE OF ISSUE AND | WEBE I | VEVER 1 | MVESTE | n • | | | | |
| THEREFORE, NO REBATE WILL BE DUE. | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | .411 V 1111 1 | | <u> </u> | | | | |
| THEREFORE, NO REDATE WITH DE DOES | | | | | | | | |
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SCHEDULE L

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

(Form 990 or 990-EZ)

Employer identification number

OMB No. 1545-0047

| | M | ITLWAU | KEE | JEWISH | F.E.L |)EKA | TION, INC | ٠ ز | | 39 | -08 | 063 | 1 | | | | |
|----------|---------------------------------------|----------------|----------|---------------------|---------|----------|-----------------------|-------|-----------------------|--------|----------------|---------|----------|----------------|--------------------------|-------|---------|
| Part I | Excess Bene | fit Trans | sacti | ons (section 50 | 01(c)(3 | 3) and s | section 501(c)(4) o | orgai | nizations only). | | | | | | | | |
| | Complete if the c | organizatio | n ansv | vered "Yes" on | Form 9 | 990. Pa | art IV. line 25a or 2 | 25b. | or Form 990-EZ, P | art V. | line 40 |)b. | | | | | |
| 1 | Complete ii are c | or garnization | | Relationship bety | | | | 200, | or romroco LL, r | u , | | , | (4) | Corre | cted? | | |
| ' (a) Na | ame of disqualified p | erson | (6) | person and or | | | | (c) | Description of tran | sactio | n | | | | | | |
| | | | | | J | | | | | | | | Y | 28 | No | | |
| | | | | | | | | | | | | | _ | | | | |
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| 2 Ente | r the amount of tax i | ncurred by | the o | rganization man | aners | or disc | nualified persons | durir | ng the year under | | | | _ | | | | |
| | 1050 | • | | | • | | | | | | > \$ | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 3 Ente | r the amount of tax, | ir any, on i | ine ∠, i | above, reimburs | ea by | trie or | ganization | | | | > \$ | | | | | | |
| Part II | Loans to and | Var Erar | n Int | oracted Dar | 0000 | | | | | | | | | | | | |
| rait II | J | | | | | | | | | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | - | | | | | , Part V, line 38a | or Fo | orm 990, Part IV, lin | e 26; | or if th | ne orga | ınizati | on | | | |
| | reported an amo | unt on For | m 990 | , Part X, line 5, 6 | | | | | | | | W \ A | | | | | |
| | a) Name of | (b) Relatio | | (c) Purpose | | an to or | (e) Original | | (f) Balance due | (g) In | | | | (n) Ap | oroved ard o <u>r</u> | (i) W | ritten. |
| inte | rested person | with organ | ization | of loan | | zation? | principal amoun | nt | | defa | ault? | comm | ittee? | agree | ment? | | |
| | | | | | То | From | | | | Yes | No | Yes | No | Yes | No | | |
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| Total | | | | | | | > | \$ | | | | | | | | | |
| Part III | Grants or As | sistance | e Ber | nefiting Inter | reste | d Pe | rsons. | | | | | • | | | | | |
| | Complete if the c | organizatio | n ansv | vered "Yes" on | Form 9 | 990 P: | art IV line 27 | | | | | | | | | | |
| (a) i | Name of interested p | | | (b) Relationship | | | (c) Amount of | of | (d) Type | of | | 10 |) Purp | nse ni | f | | |
| (α) | varie of interested p | 3013011 | ' | interested pers | | | assistance | | assistan | | | | assista | | | | |
| | | | | the organiza | | - | | | | | | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2013

| Part IV | Business Transactions Invol | lving Interested Persons. | | | | rage z |
|---------|---|---|---------------------------|--------------------------------|---------|-------------------------------|
| | Complete if the organization answere | ed "Yes" on Form 990, Part IV, line 28a, 28 | 8b, or 28c. | | | |
| | a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | organiz | aring of zation's nues? |
| | | | | | Yes | No |
| BETTY | CHRUSTOWSKI | BOARD MEMBER | 311,768. | INSURANCE P | | X |
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| Part V | Supplemental Information Provide additional information for resi | ponses to questions on Schedule L (see | instructions). | | | |
| ~~~ | | | | | | |
| SCH L | , PART IV, BUSINESS | TRANSACTIONS INVOLVI | NG INTEREST | ED PERSONS: | | |
| (A) N | AME OF PERSON: BETTY | CHRUSTOWSKI | | | | |
| (D) D: | ESCRIPTION OF TRANSA | CTION: INSURANCE PAY | MENTS | | | |
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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public . Inspection

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC. Employer identification number 39-0806312

| Pai | rt I Types of Property | | | | | | | |
|-----|--|---------------------|----------------------------|--|--------------|---------|-------|----|
| | | (a) | (b) | (c) | (d) | | | |
| | | Check if applicable | Number of contributions or | Noncash contribution amounts reported on | Method of de | | - | c |
| | | арріісаріє | | Form 990, Part VIII, line 1 | | ation a | mount | |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | X | 193 | 3,655,404. | FAIR MARKET | ' VA | LUE | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other () | | | | | | | |
| 26 | Other () | | | | | | | |
| 27 | Other () | | | | | | | |
| 28 | Other () | | | | | | | |
| 29 | Number of Forms 8283 received by the organiz | | - | 1 1 | | | | |
| | for which the organization completed Form 828 | 33, Part IV, | Donee Acknowled | gement 29 | | | | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | | | | | | | |
| | at least three years from the date of the initial of | | • | • | • • | | | v |
| | the entire holding period? | | | | | 30a | | _X |
| | If "Yes," describe the arrangement in Part II. | | | -f | | | | X |
| 31 | Does the organization have a gift acceptance p | | | | | 31 | | |
| ₃∠a | Does the organization hire or use third parties of | | _ | | sn | 20- | | Х |
| L | contributions? | | | | | 32a | | |
| | If "Yes," describe in Part II. | ooluma (a) 4 | for a type of pro- | rty for which call man (a) in | phookod | | | |
| 33 | If the organization did not report an amount in | column (c) 1 | or a type of prope | rty for which column (a) is | эпескеа, | | | |
| | describe in Part II. | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2013)

| Schedule M | (Form 990) (2013) | MILWAUKEE | JEWISH | FEDERATIO | ON, INC. | 39- | 0806312 | Page 2 |
|------------|-----------------------------------|--|---------------------------------|---|--|--|--|---------------|
| Part II | Supplemental is reporting in Part | Information. Prof. I, column (b), the nudditional information | ovide the info umber of cont | rmation required b ributions, the numb | y Part I, lines 30b per of items receiv | 32b, and 33, and wheel, or a combination | nether the organiza of both. Also com | tion plete |
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

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

2013
Open to Public Inspection

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number 39-0806312

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

MISSION OF THE MILWAUKEE JEWISH FEDERATION IS TO ENSURE THE CONTINUITY

OF THE JEWISH PEOPLE, TO ENHANCE THE QUALITY OF JEWISH LIFE AND TO

BUILD A STRONG, UNIFIED AND INCLUSIVE JEWISH COMMUNITY IN MILWAUKEE.

IN ISRAEL AND THROUGHOUT THE WORLD THE MILWAUKEE JEWISH FEDERATION

FUNCTIONS AS THE CONVENER OF THE JEWISH COMMUNITY IN MILWAUKEE, ENGAGED

IN COMMUNITY PLANNING AND THE RAISING AND ALLOCATION OF FUNDS-INCLUDING

MONIES THAT SUPPORT ELEVEN CONSTITUENT AGENCIES WHICH ARE INDEPENDENT

501(C)(3) ORGANIZATIONS IN ORDER TO FULFILL ITS MISSION. THE MILWAUKEE

JEWISH FEDERATION ALSO ADMINISTERS A SERIES OF DIRECT PROGRAM SERVICES.

THE LARGEST OF THESE ARE THE COALITION FOR JEWISH LEARNING, THE JEWISH

MUSEUM MILWAUKEE AND "THE WISCONSIN JEWISH CHRONICLE"

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

COMMUNITY IN MILWAUKEE, IN ISRAEL, AND THROUGHOUT THE WORLD THE

MILWAUKEE JEWISH FEDERATION FUNCTIONS AS THE CONVENER OF THE JEWISH

COMMUNITY IN MILWAUKEE, ENGAGED IN COMMUNITY PLANNING AND THE RAISING

AND ALLOCATION OF FUNDS-INCLUDING MONIES THAT SUPPORT ELEVEN

CONSTITUENT AGENCIES WHICH ARE INDEPENDENT 501(C)(3) ORGANIZATIONS IN

ORDER TO FULFILL ITS MISSION. THE MILWAUKEE JEWISH FEDERATION ALSO

ADMINISTERS A SERIES OF DIRECT PROGRAM SERVICES. THE LARGEST OF THESE

ARE THE COALITION FOR JEWISH LEARNING, THE JEWISH MUSEUM MILWAUKEE AND

"THE WISCONSIN JEWISH CHRONICLE"

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

ARCHIVES DEPARTMENT OF THE JEWISH MUSEUM MILWAUKEE. THE JEWISH MUSEUM

EXPENSES \$ 20,229,787. INCL GRANTS OF \$ 11,608,907. REVENUE \$ 1,390,926.

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

HUSBAND-WIFE RELATIONSHIPS:

ITS VICTIMS.

| Schedule O (Form 990 or 990-EZ) (2013) | Page 2 |
|---|---|
| Name of the organization MILWAUKEE JEWISH FEDERATION, INC. | Employer identification number 39-0806312 |
| MICHAEL GREEN - BETSY GREEN | |
| RABBI YOSEF SCHLUSSEL - YONI SCHLUSSEL | |
| GERALD STEIN - LOUISE STEIN | |
| STEPHAN RICHMAN - FRAN RICHMAN | |
| | |
| PARENT-CHILDREN RELATIONSHIPS: | |
| DON GRANDE - JILL PLAVNICK | |
| STEPHEN RICHMAN - JOSH RICHMAN | |
| FRAN RICHMAN - JOSH RICHMAN | |
| SIBLING-SIBLING RELATIONSHIPS: | |
| DAVID ARNSTEIN - DANNY ARNSTEIN | |
| DAVID LUBAR - JOAN LUBAR | |
| DAVID LUBAR - SUSAN LUBAR SOLVANG | |
| JOAN LUBAR - SUSAN LUBAR SOLVANG | |
| FORM 990, PART VI, SECTION A, LINE 4: | |
| BY-LAW CHANGES SUMMARIZED: | |
| - THERE WILL NO LONGER BE AN EXECUTIVE COMMITTEE | |
| - REQUIREMENT ADDED THAT THE CHAIR OR, IN HIS/HER ABSENCE | E, DEATH OR |
| DISABILITY, A VICE CHAIR, SHALL PRESIDE AT MEETINGS. | |
| - THERE WILL BE ONLY ONE CLASS OF DIRECTORS (REDUCED FROM | M FOUR) AND PAST |
| CHAIRS AND CONSTITUENT AGENCY CHIEF VOLUNTEER OFFICERS WI | ILL NO LONGER |
| AUTOMATICALLY SERVE ON THE MILWAUKEE JEWISH FEDERATION BO | DARD. |
| - THE NUMBER OF DIRECTORS REDUCED FROM SEVENTY FIVE AT-LA | ARGE MEMBERS TO NOT |
| | |

LESS THAN THREE AND NOT MORE THAN THIRTY.

Employer identification number 39-0806312

- ADDED PER STATUTE AND CURRENT PRACTICE OF ASKING EACH BOARD MEMBER TO COMPLETE A CONFLICT OF INTEREST STATEMENT.
- THE CHAIR OF THE GOVERNANCE/NOMINATING COMMITTEE IS ADDED TO THE LIST OF VICE CHAIRS NAMED IN THE BY-LAWS.
- THE TREASURER SHALL APPOINT MEMBERSHIP OF THE FINANCE COMMITTEE OF NO LESS THAN SIX MEMBERS, PREVIOUSLY ELEVEN MEMBERS.
- COMMITTEE TENURE WAS CHANGED TO MATCH THE TENURE FOR COMMITTEE CHAIRS.
- MANDATORY INDEMNIFICATION AND LIMITED LIABILITY OF VOLUNTEERS SECTIONS
 WERE REWRITTEN TO REFLECT CURRENT STATUTE.

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

ANNUAL MEMBERSHIP SHALL BE GRANTED TO ALL JEWISH PERSONS WHO

ARE (A) AT LEAST 13 YEARS OF AGE, AND (B) PLEDGE AT LEAST \$18.00 TO THE CORPORATION DURING SUCH YEAR.

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

THE GOVERNANCE/NOMINATING COMMITTEE SHALL SUBMIT TO THE ANNUAL

MEETING OF THE MEMBERS OF THE CORPORATION A LIST OF NAMES CHOSEN FROM THE

MEMBERSHIP FOR ELECTION TO THE BOARD OF DIRECTORS. ADDITIONAL NAMES MAY BE

PLACED IN NOMINATION UPON THE PETITION OF AT LEAST TWENTY-FIVE (25) MEMBERS

OF THE CORPORATION, PROVIDED THAT SUCH PETITION IS RECEIVED BY THE CHAIR OF

THE GOVERNANCE/NOMINATING COMMITTEE NOT LESS THAN TWENTY (20) DAYS PRIOR TO

THE CORPORATION'S ANNUAL MEETING. NOTICE OF THE NAMES CHOSEN BY THE

GOVERNANCE/NOMINATING COMMITTEE AND ANY NAMES SUBMITTED BY PETITION SHALL

BE GIVEN TO THE MEMBERSHIP PURSUANT TO THE NOTICE PROVISION IN ARTICLE II,

SECTION 6, NOT LESS THAN TEN (10) DAYS PRIOR TO THE CORPORATION'S ANNUAL

MEETING. AT THE ANNUAL MEETING MEMBERS SHALL ELECT DIRECTORS TO FILL

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number 39-0806312

TIME TO TIME BY THE BOARD. THE NUMBER OF DIRECTORS SHALL BE NOT LESS THAN
THREE (3) AND NOT MORE THAN THIRTY (30). EACH NEWLY ELECTED DIRECTOR SHALL
HOLD OFFICE FOR A TWO (2) YEAR TERM OR UNTIL HIS/HER SUCCESSOR SHALL HAVE
BEEN ELECTED. NO DIRECTOR SHALL SERVE MORE THAN THREE (3) CONSECUTIVE
TERMS, AFTER WHICH HE/SHE SHALL NOT BE ELIGIBLE FOR ELECTION TO THE BOARD
UNTIL AT LEAST ONE (1) YEAR HAS ELAPSED. THIS PROVISION DOES NOT APPLY TO
SOMEONE SERVING ON THE BOARD BY VIRTUE OF THEIR POSITION AS AN OFFICER.

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

THE FORM 990 WILL BE AVAILABLE FOR REVIEW TO ALL BOARD MEMBERS PRIOR TO FILING.

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

THE MILWAUKEE JEWISH FEDERATION DOES REGULARLY AND

CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. SPECIFICALLY, EACH YEAR ALL BOARD MEMBERS ARE PROVIDED A COPY OF THE POLICY AND A STATEMENT TO COMPLETE, SIGN AND RETURN TO THE FEDERATION OFFICE. A COMMITTEE REVIEWS THE STATEMENTS FOR ANY CONFLICTS AND ADDRESSES ANY CONFLICTS.

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

THE CEO'S COMPENSATION IS REVIEWED AND NEGOTIATED BY A

COMPENSATION SUBCOMMITTEE OF THE OFFICERS. THE PROCESS OCCURS EVERY 3
YEARS IN TIME WITH THE COMPENSATION CONTRACT RENEWAL.

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

THE AUDITED FINANCIAL STATEMENTS AND ANNUAL REPORT ARE

AVAILABLE ON THE MILWAUKEE JEWISH FEDERATION'S WEBSITE. THE ANNUAL REPORT

| MILWAUKEE JEWISH FEDERATION, INC. | 39-0806312 |
|---|-----------------|
| PROVIDES A SUMMARY OF INCOME AND COMMUNITY ALLOCATIONS. | THE CONFLICT OF |
| INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPO | ON REQUEST. |
| | |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| GAIN (LOSS) ON INTEREST RATE SWAP | 650,753. |
| CHANGE IN TRUST LIABILITIES | -632,585. |
| TOTAL TO FORM 990, PART XI, LINE 9 | 18,168. |
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| MILWAUKEE JEW | ISH FEDERATION, I | INC. | | | | 39-08063 | 12 | |
|---|------------------------------------|---|-------------------------------|---|-----------|---------------------------------|-----------------------------------|---------------|
| Part I Identification of Disregarded Entities Complete | te if the organization answered "\ | es" on Form 990, Part IV, line 3 | 3. | | | | | |
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state of foreign country) | or Total inco | me End-of-ye | | Direct c | (f) ontrolling ntity | J |
| | | | | | | | | |
| | _ | | | | | | | |
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| | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organizations during the tax year. | ations Complete if the organizati | on answered "Yes" on Form 990 |), Part IV, line 34 b | ecause it had one | e or more | related tax-exen | npt | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if sectio 501(c)(3)) | 1 | (f) ct controlling entity | Section 5 contro enti | olled ity? |
| MJF HOUSING NO 2, INC 39-1853067 | | | | 301(0)(0)) | + | | Yes | No |
| 1360 N PROSPECT AVE MILWAUKEE, WI 53202 | LOW-INCOME HOUSING | WISCONSIN | 501(C)(3) | LINE 11A, I | | KEE JEWISH | x | |
| MJF HOUSING NO 3, INC 39-1882504 | | | | | | , | | |
| 1360 N PROSPECT AVE | | | | | MILWAU | KEE JEWISH | | |
| MILWAUKEE, WI 53202 | LOW-INCOME HOUSING | WISCONSIN | 501(C)(3) | LINE 11A, I | FEDERA | TION, INC. | X | |
| THE BLUMENTHAL FAMILY FOUNDATION, INC | | | | | | | | |
| 68-0515556, 1360 N PROSPECT AVE, MILWAUKEE, | | | | | | | | |
| WI 53202 | SUPPORTING | WISCONSIN | 501(C)(3) | LINE 11A, I | N/A | | | X |

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

Schedule R (Form 990) 2013

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

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | (j) | (k) |
|--|------------------|---|---------------------------|---|-----------------------|-----------------------------------|-------------------------------|----|-----------------|----------|-------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under | Share of total income | Share of end-of-year assets | Disproportionate allocations? | | amount in box | partner | Percentage ownership |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes N | 0 |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | Sec. (| i) |
|--|------------------|--|---------------------------|---|-----------------------|-----------------------------------|----------------------|--------|-----------------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Type of entity (C corp, S corp, or trust) | Share of total income | Share of end-of-year assets | Percentage ownership | | tion b)(13) rolled tity? |
| | | country) | | , | | | | Yes | No |
| MJF GOLDA MEIR HOUSING, INC 45-4756528 | | | MILWAUKEE | | | | | | |
| 1360 N PROSPECT AVE. | | | JEWISH | | | | | | |
| MILWAUKEE, WI 53202 | HOUSING | WI | FEDERATION, | C CORP | 243,359. | 3,070,315. | 100% | X | |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Not | e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | No |
|--------------|--|---|-----------------------------|--|--------|-----|----|
| 1 | During the tax year, did the organization engage in any of the following transaction | ns with one or more r | elated organizations listed | in Parts II-IV? | | | |
| а | Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | | | 1a | | X |
| b | Gift, grant, or capital contribution to related organization(s) | | | | 1b | | Х |
| С | Gift, grant, or capital contribution from related organization(s) | | | | 1c | | Х |
| d | Loans or loan guarantees to or for related organization(s) | | | | 1d | | X |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | | Х |
| | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | X | |
| g | Sale of assets to related organization(s) | | | | 1g | | Х |
| h | Purchase of assets from related organization(s) | | | | 1h | | Х |
| i | Exchange of assets with related organization(s) | | | | 1i | | Х |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | Х |
| | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | X |
| - 1 | Performance of services or membership or fundraising solicitations for related orga | anization(s) | | | 11 | | Х |
| | Performance of services or membership or fundraising solicitations by related orga | | | | | | Х |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organizat | | | | Х | | |
| | Sharing of paid employees with related organization(s) | | | | | | Х |
| | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1р | | X |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1q | | Х |
| | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | | Х |
| s | Other transfer of cash or property from related organization(s) | | | | 1s | | Х |
| | If the answer to any of the above is "Yes," see the instructions for information on v | | | | | | |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount in | volved | | |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
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| (6) | | | | | | | |
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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) | (e) | (f) Share of total income | (g) Share of end-of-year assets | (h Dispro tiona allocati Yes | por- ite ons? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) Genera manag partne Yes | (k) Percentage ing ownership |
|--|----------------------|-----|-----|------------------------------------|--|--|---------------------|---|---|------------------------------|
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