

EXTENDED TO FEBRUARY 15, 2017

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

2015
Open to Public
InspectionDepartment 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.**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**MILWAUKEE JEWISH FEDERATION, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

1360 NORTH PROSPECT AVENUE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

MILWAUKEE, WI 53202**F** Name and address of principal officer: **HANNAH ROSENTHAL**
SAME AS C ABOVE**D** Employer identification number**39-0806312****E** Telephone number**(414) 390-5700****G** Gross receipts \$ **119,997,393.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.MILWAUKEEJEWISH.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1938** **M** State of legal domicile: **WI****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE MILWAUKEE JEWISH FEDERATION, INC. IS A VOLUNTARY ASSOCIATION OF INDIVIDUALS INTERESTED IN MEETING	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3
	4	Number of independent voting members of the governing body (Part VI, line 1b)	31
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	69
	6	Total number of volunteers (estimate if necessary)	700
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12
7b		Net unrelated business taxable income from Form 990-T, line 34	-4,642.
Expenses	8	Contributions and grants (Part VIII, line 1h)	Prior Year 32,633,699. Current Year 24,433,748.
	9	Program service revenue (Part VIII, line 2g)	2,209,538. 2,287,476.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,759,843. 3,101,901.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	160,410. 140,425.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,763,490. 29,963,550.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,418,881. 14,078,183.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,998,668. 3,900,267.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,515,367. 8,674,301.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	30,932,916. 26,652,751.
	19	Revenue less expenses. Subtract line 18 from line 12	11,830,574. 3,310,799.
	20	Total assets (Part X, line 16)	Beginning of Current Year 214,599,138. End of Year 213,252,737.
	21	Total liabilities (Part X, line 26)	97,222,451. 95,318,392.
22	Net assets or fund balances. Subtract line 21 from line 20		117,376,687. 117,934,345.

Part II Signature Block

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

Sign Here

Signature of officer

Date

HANNAH ROSENTHAL, PRESIDENT & CEO

Type or print name and title

Paid

Print/Type preparer's name

DAVE GLOBIG, CPA

Preparer's signature

DAVE GLOBIG, CPA

Date

02/06/17Check ☐ if self-employed

PTIN

P01356041**Preparer Use Only**Firm's name **WIPFLI LLP**Firm's EIN **39-0758449**Firm's address **10000 INNOVATION DRIVE, SUITE 250
MILWAUKEE, WI 53226-4837**Phone no. **414.431.9300**

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

☒ Yes ☐ No

532001 12-16-15

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

THROUGH THE DEVELOPMENT OF COMMUNITY-WIDE FINANCIAL SUPPORT, PLANNING AND ALLOCATIONS, THE 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

2 Did the organization undertake any significant program services during the year which were not listed onthe prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 525,760. including grants of \$ 0.) (Revenue \$ 340.)

THE JEWISH MUSEUM MILWAUKEE IS DEDICATED TO PRESERVING AND PRESENTING THE HISTORY OF THE JEWISH PEOPLE IN SOUTHEASTERN WISCONSIN AND CELEBRATING THE CONTINUUM OF JEWISH HERITAGE AND CULTURE. THE HISTORY OF AMERICAN JEWS IS ROOTED IN THOUSANDS OF YEARS OF SEARCHING FOR FREEDOM AND EQUALITY. WE ARE COMMITTED TO SHARING THIS STORY AND THE LIFE LESSONS IT BRINGS WITH IT, SO THAT WE MAY ENHANCE THE PUBLIC'S AWARENESS AND APPRECIATION OF JEWISH LIFE AND CULTURE INDIVIDUALS FROM AROUND THE COUNTRY. VISIT THE JEWISH MUSEUM MILWAUKEE AND LEARN ABOUT THE HISTORY OF THE JEWISH PEOPLE IN SOUTHEASTERN WISCONSIN SCHOOL GROUPS, SYNAGOGUE GROUPS, CHURCH GROUPS, OLDER ADULT GROUPS AND OTHERS. VISIT THE JMM AND ENJOY DOCENT-LED SPECIAL TOURS SCHOLARLY RESEARCHERS ARE ASSISTED WITH THEIR REQUESTS FOR INFORMATION AND MATERIALS BY THE

4b (Code:) (Expenses \$ 393,457. including grants of \$ 0.) (Revenue \$ 0.)

THE NATHAN AND ESTHER PELZ HOLOCAUST EDUCATION RESOURCE CENTER IN MILWAUKEE, WISCONSIN IS DEDICATED TO HOLOCAUST REMEMBRANCE, EDUCATION, AND THE PRESERVATION OF THE MEMORY OF ITS VICTIMS. BY TEACHING ABOUT THE HOLOCAUST, THE HOLOCAUST EDUCATION RESOURCE CENTER AIMS TO PROMOTE AWARENESS OF THE EVILS OF HATRED AND PREJUDICE AND TO INSPIRE ETHICAL BEHAVIOR. HERC TAUGHT THE LESSONS OF THE HOLOCAUST TO 21,000 STUDENTS, TEACHERS AND COMMUNITY MEMBERS THROUGHOUT WISCONSIN LAST YEAR.

4c (Code:) (Expenses \$ 294,210. including grants of \$ 0.) (Revenue \$ 0.)

THE MISSION OF "THE CHRONICLE" IS TO PROVIDE NEWS OF A LOCAL, NATIONAL AND INTERNATIONAL CHARACTER SO AS TO FOSTER A SENSE OF COMMUNITY WITHIN THE JEWISH POPULATION OF WISCONSIN, PROVIDE INFORMATION AND INTERPRETATION CONCERNING JEWISH LIFE THAT IS NOT AVAILABLE THROUGH LOCAL AND NATIONAL MEDIA, CREATE A FORUM FOR HEARING THOSE ISSUES OF A LOCAL, NATIONAL AND INTERNATIONAL NATURE THAT ARE IMPORTANT TO JEWS, SUPPORT THE PUBLISHER, THE MILWAUKEE JEWISH FEDERATION IN ITS COMMUNITY-BUILDING GOAL OF PROMOTING AWARENESS OF AND SUPPORT FOR THE VALUE OF JEWISH COMMUNITY, SERVE AS A COMMUNICATIONS VEHICLE THROUGH WHICH LOCAL ORGANIZATIONS, AGENCIES AND SYNAGOGUES CAN REPORT TO THEIR CONSTITUENCIES AND TO THE JEWISH COMMUNITY IN GENERAL AND THROUGH WHICH THEY CAN PUBLICIZE THEIR ACTIVITIES, RECORD COMMUNITY EVENTS AND LIFE

4d Other program services (Describe in Schedule O.)

(Expenses \$ 22,193,535. including grants of \$ 14,078,183.) (Revenue \$ 2,051,902.)

4e Total program service expenses **23,406,962.**

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	77	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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	69	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	3	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

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

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	31			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		31		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?			X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

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?		X
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

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

19 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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **THOMAS LINDOW - (414) 390-5700**
1360 NORTH PROSPECT AVENUE, MILWAUKEE, WI 53202

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRENT ARNOLD DIRECTOR	0.30 0.60	X						0.	0.	0.
(2) JEROME BENJAMIN DIRECTOR	0.30 0.60	X						0.	0.	0.
(3) MARK BRICKMAN DIRECTOR	0.30 0.60	X						0.	0.	0.
(4) ALLAN CARNEOL DIRECTOR	0.30 0.60	X						0.	0.	0.
(5) DAVID COHN DIRECTOR	0.30 0.60	X						0.	0.	0.
(6) REBECCA DALLEY DIRECTOR	0.30 0.60	X						0.	0.	0.
(7) BARBARA GLAZER DIRECTOR	0.30 0.60	X						0.	0.	0.
(8) IDY GOODMAN DIRECTOR	0.30 0.60	X						0.	0.	0.
(9) BETSY GREEN DIRECTOR	0.30 0.60	X						0.	0.	0.
(10) SARA HERMANOFF DIRECTOR	0.30 0.60	X						0.	0.	0.
(11) LISA HILLER DIRECTOR	0.30 0.60	X						0.	0.	0.
(12) RABBI WESLEY KALMAR DIRECTOR	0.30 0.60	X						0.	0.	0.
(13) MOSHE KATZ DIRECTOR	0.30 0.60	X						0.	0.	0.
(14) MARLENE LAUWASSER DIRECTOR	0.30 0.60	X						0.	0.	0.
(15) SUSAN ANGEL MILLER DIRECTOR	0.30 0.60	X						0.	0.	0.
(16) LAUREN ROTH DIRECTOR	0.30 0.60	X						0.	0.	0.
(17) SUE STRAIT DIRECTOR	0.30 0.60	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID WERNER DIRECTOR	0.30 0.60	X						0.	0.	0.
(19) DANIEL BADER BOARD CHAIR	5.00 10.00	X		X				0.	0.	0.
(20) NANCY BARNETT DIRECTOR	0.30 0.60	X		X				0.	0.	0.
(21) EILEEN GRAVES (BEG.-7/23/15) VICE-CHAIR	1.00 2.00	X		X				0.	0.	0.
(22) STEPHEN CHERNOF VICE-CHAIR	1.00 2.00	X		X				0.	0.	0.
(23) MARK GOLDSTEIN VICE-CHAIR	1.00 2.00	X		X				0.	0.	0.
(24) JOAN LUBAR VICE-CHAIR	1.00 2.00	X		X				0.	0.	0.
(25) ANDREA SCHNEIDER VICE-CHAIR	1.00 2.00	X		X				0.	0.	0.
(26) SUSAN SOLVANG VICE-CHAIR	1.00 2.00	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								511,439.	0.	85,914.
d Total (add lines 1b and 1c)								511,439.	0.	85,914.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** **X**
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4** **X**
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5** **X**

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
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 0		

SEE PART VII, SECTION A CONTINUATION SHEETS

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	204,200.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	24,229,548.				
	g Noncash contributions included in lines 1a-1f: \$		3,252,343.				
	h Total. Add lines 1a-1f			24,433,748.			
Program Service Revenue	2 a RENT FROM EXEMPT BUILDING	Business Code	900099	2,052,242.	2,052,242.		
	b NEWSPAPER ADVERTISING		511110	235,234.		235,234.	
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			2,287,476.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,189,496.		-4,642.	3,194,138.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 204,200. of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a CEMETERY INCOME		900099	146,703.			146,703.	
b							
c							
d All other revenue		900099	55,715.			55,715.	
e Total. Add lines 11a-11d			202,418.				
12 Total revenue. See instructions.			29,963,550.	2,052,242.	230,592.	3,246,968.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,257,524.	13,257,524.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	482,184.	482,184.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	338,475.	338,475.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	601,104.	233,621.	175,390.	192,093.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,497,096.	970,504.	728,602.	797,990.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	106,617.	31,105.	41,788.	33,724.
9 Other employee benefits	487,018.	244,319.	109,130.	133,569.
10 Payroll taxes	208,432.	79,946.	59,378.	69,108.
11 Fees for services (non-employees):				
a Management				
b Legal	24,847.	14,149.	3,228.	7,470.
c Accounting	47,443.	10,171.	6,394.	30,878.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	354,707.	354,707.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	543,468.	196,958.	16,526.	329,984.
12 Advertising and promotion	54,882.	41,062.	1,814.	12,006.
13 Office expenses	401,705.	264,066.	36,849.	100,790.
14 Information technology	41,712.	23,381.	7,337.	10,994.
15 Royalties				
16 Occupancy	1,949,471.	1,814,366.	46,186.	88,919.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	194,489.	102,725.	6,228.	85,536.
20 Interest	2,077,931.	2,077,931.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,426,906.	2,426,906.		
23 Insurance	144,163.	131,181.	7,161.	5,821.
24 Other expenses. Itemize expenses not covered 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 O.)				
a ANNUAL CAMPAIGN RESERVE	144,394.	144,394.		
b BAD DEBT EXPENSE	68,340.	27,655.	4,500.	36,185.
c UBIT TAXES	1,054.	1,054.		
d				
e All other expenses	198,789.	138,578.	7,137.	53,074.
25 Total functional expenses. Add lines 1 through 24e	26,652,751.	23,406,962.	1,257,648.	1,988,141.
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)

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,077,320.	1	4,383,980.
	2 Savings and temporary cash investments	9,397,011.	2	5,226,012.
	3 Pledges and grants receivable, net	2,999,280.	3	2,801,464.
	4 Accounts receivable, net	1,093,329.	4	405,989.
	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 contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	3,140,837.	7	3,692,512.
	8 Inventories for sale or use	4,564,292.	8	4,423,072.
	9 Prepaid expenses and deferred charges	174,042.	9	149,991.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 61,213,157.		
	b Less: accumulated depreciation	10b 26,181,585.	10c	35,031,572.
	11 Investments - publicly traded securities	98,557,436.	11	101,174,589.
	12 Investments - other securities. See Part IV, line 11	51,196,884.	12	53,761,279.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,183,582.	15	2,202,277.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	214,599,138.	16	213,252,737.
Liabilities	17 Accounts payable and accrued expenses	1,625,481.	17	1,564,677.
	18 Grants payable	3,702,681.	18	3,702,680.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	54,340,000.	20	54,340,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	4,053,684.	21	3,977,476.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 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 Schedule D	33,500,605.	25	31,733,559.
	26 Total liabilities. Add lines 17 through 25	97,222,451.	26	95,318,392.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	82,792,339.	27	84,053,982.
	28 Temporarily restricted net assets	21,201,314.	28	19,396,531.
	29 Permanently restricted net assets	13,383,034.	29	14,483,832.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	117,376,687.	33	117,934,345.
	34 Total liabilities and net assets/fund balances	214,599,138.	34	213,252,737.

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,963,550.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,652,751.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,310,799.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	117,376,687.
5	Net unrealized gains (losses) on investments	5	-2,549,022.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-204,119.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	117,934,345.

Part XII Financial Statements and Reporting

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

☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15048384.	19003661.	20956313.	32633699.	24433748.	112075805
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	15048384.	19003661.	20956313.	32633699.	24433748.	112075805
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						14411973.
6 Public support. Subtract line 5 from line 4.						97663832.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	15048384.	19003661.	20956313.	32633699.	24433748.	112075805
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2717393.	6209587.	2856375.	4111238.	3194138.	19088731.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	23,442.	28,605.				52,047.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						131216583
12 Gross receipts from related activities, etc. (see instructions)					12	10,054,676.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	74.43	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	77.14	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐ **►**

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐ **►**

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)**11** Has the organization accepted a gift or contribution from any of the following persons?**a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?**b** A family member of a person described in (a) above?**c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):**a** ☐ The organization satisfied the Activities Test. Complete line 2 below.**b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.**c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).**2** Activities Test. Answer (a) and (b) below.**a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.**b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.**3** Parent of Supported Organizations. Answer (a) and (b) below.**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2015 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

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

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

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

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

2 Political expenditures ▶ \$

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b ▶ \$

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		11,200.
j Total. Add lines 1c through 1i			11,200.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

DURING FISCAL YEAR 2016 MILWAUKEE JEWISH FEDERATION PAID A REGISTERED LOBBYIST FOR FOUR MONTHS OF LEGISLATIVE MONITORING SERVICES IN MADISON, WISCONSIN.

DURING THE 2015-16 LEGISLATIVE SESSION, WJC MET WITH LEGISLATORS AND

Part IV Supplemental Information (continued)

MEMBERS OF GOVERNOR WALKER'S ADMINISTRATION RELATED TO: COMBATTING THE
BOYCOTT, DIVESTMENT AND SANCTIONS (BDS) MOVEMENT, EMPLOYMENT LEAVE FOR
ORGAN DONATION AND EXEMPTIONS FOR RELIGIOUS CEMETERIES. THESE
ACTIVITIES INCLUDED THE INTRODUCTION OF A RESOLUTION SHOWING SUPPORT
FOR ISRAEL AND CONDEMNING THE BDS MOVEMENT, LOBBYING FOR AN AMENDMENT
TO A BILL THAT WOULD HAVE REMOVED CURRENT LAW EXEMPTIONS FOR RELIGIOUS
CEMETERIES, AND DISCUSSIONS WITH STAKEHOLDERS (NO GOVERNMENT OFFICIALS)
RELATED TO CRAFTING A LEGISLATIVE RESPONSE TO A DRAFT PROPOSAL THAT
WOULD AMEND WISCONSIN'S HATE CRIME STATUTE TO INCLUDE LAW ENFORCEMENT
OFFICERS AS A PROTECTED CLASS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	384	
2 Aggregate value of contributions to (during year)	10,579,505.	
3 Aggregate value of grants from (during year)	8,654,321.	
4 Aggregate value at end of year	36,059,959.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$	0.
(ii) Assets included in Form 990, Part X	▶ \$	245,684.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$	0.
b Assets included in Form 990, Part X	▶ \$	0.

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

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

- a ☒ Public exhibition
 b ☒ Scholarly research
 c ☒ Preservation for future generations
 d ☒ Loan or exchange programs
 e ☐ Other _____

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	51,355,630.	46,240,327.	41,488,280.	37,875,337.	36,895,067.
b Contributions	2,156,923.	6,289,238.	2,123,790.	2,956,773.	3,823,768.
c Net investment earnings, gains, and losses	-6,196.	2,092,844.	6,958,219.	4,559,973.	133,124.
d Grants or scholarships	2,709,050.	2,530,457.	3,676,106.	3,272,088.	2,230,311.
e Other expenditures for facilities and programs	260,218.	273,102.	217,396.	238,815.	290,640.
f Administrative expenses	462,975.	463,220.	436,460.	392,900.	455,671.
g End of year balance	50,074,114.	51,355,630.	46,240,327.	41,488,280.	37,875,337.

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

a Board designated or quasi-endowment ▶ .00 %

b Permanent endowment ▶ 1.00 %

c Temporarily restricted endowment ▶ 99.00 %

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

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,643,763.		2,643,763.
b Buildings		50,371,926.	20,400,756.	29,971,170.
c Leasehold improvements		1,423,967.	576,809.	847,158.
d Equipment		6,772,201.	5,204,020.	1,568,181.
e Other		1,300.		1,300.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				35,031,572.

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) PRIVATE EQUITY FUNDS	481,490.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	176,904.	END-OF-YEAR MARKET VALUE
(C) OTHER ALTERNATIVE		
(D) INVESTMENTS	37,283,888.	END-OF-YEAR MARKET VALUE
(E) OTHER STRUCTURED PRODUCTS	15,628,734.	END-OF-YEAR MARKET VALUE
(F) PARTNERSHIP INTERESTS	190,263.	COST
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	53,761,279.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POST-RETIREMENT BENEFIT LIABILITY	33,400.
(3) DEFERRED SUPPORT OF CHARITABLE	
(4) GIFT ANNUITIES	4,738,745.
(5) INTEREST RATE SWAP	4,488,015.
(6) AGENCY ENDOWMENT FUNDS	22,473,399.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	31,733,559.

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 ☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	27,452,905.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-2,549,022.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	94,493.
e	Add lines 2a through 2d	2e	-2,454,529.
3	Subtract line 2e from line 1	3	29,907,434.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	56,116.
c	Add lines 4a and 4b	4c	56,116.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	29,963,550.

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

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

1	Total expenses and losses per audited financial statements	1	26,747,244.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	94,493.
e	Add lines 2a through 2d	2e	94,493.
3	Subtract line 2e from line 1	3	26,652,751.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	26,652,751.

Part XIII Supplemental Information.

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

PART III, LINE 4:

THE JEWISH MUSEUM MILWAUKEE PRESERVES AND PRESENTS THE JEWISH EXPERIENCE THROUGH THE LENS OF GREATER MILWAUKEE, AND CELEBRATES THE CONTINUUM OF JEWISH HERITAGE AND CULTURE. THE ARCHIVES, EXHIBITIONS, PROGRAMS AND PUBLICATIONS SHALL INSPIRE PUBLIC APPRECIATION FOR THE DIVERSITY OF JEWISH LIFE IN A LOCAL AND GLOBAL HISTORIC CONTEXT.

GOALS OF THE JEWISH MUSEUM ARE:

-TO COLLECT, PRESERVE AND PRESENT THE RECORDS AND ARTIFACTS THAT DOCUMENT THE JEWISH EXPERIENCE

-TO IMPART A SENSE OF JEWISH HISTORY AND CONTINUITY FOR PRESENT AND FUTURE

GENERATIONS

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 HELD 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'S INVESTMENTS AND
PROPERTY AND EQUIPMENT; CEMETERY PAYABLES ARE INCLUDED IN THE FEDERATION'S
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 MERITS OF

Part XIII Supplemental Information *(continued)*

THE TAX POSITION ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. THE FEDERATION RECORDED NO ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS. TAX RETURNS FOR THE TAX YEARS 2013 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 94,493.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CHANGE IN TRUST LIABILITIES -10,062.

HUD DIVIDENDS 66,178.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 56,116.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 94,493.

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

39-0806312

Form 990, Part IV, line 14b.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION.	GENERAL SUPPORT	338,475.
3 a Sub-total	0	0			338,475.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			338,475.

Schedule F (Form 990) 2015

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 NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	20,000.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	20,000.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	16,000.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	9,750.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	37,730.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	145,340.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	5,000.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	26,000.	CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **9**

3 Enter total number of other organizations or entities **0**

[illegible]

Part III can be duplicated if additional space is needed.

[illegible]

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

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.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number
39-0806312

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
G. STRATEGIES - P.O. BOX 247, MILWAUKEE, WI 53201	FUNDRAISING CONSULTANT		X	236,700.	40,000.	196,700.
LINE BY LYNE CONSULTING LLC - 131 W WHITE OAK WAY, MEQUON,	FUNDRAISING CONSULTANT		X	0.	40,007.	-40,007.
Total				236,700.	80,007.	156,693.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

WI, IL

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 (add col. (a) through col. (c))
		ECONOMIC FORUM (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	236,700.		236,700.
	2	Less: Contributions	204,200.		204,200.
	3	Gross income (line 1 minus line 2)	32,500.		32,500.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	13,390.		13,390.
	8	Entertainment			
	9	Other direct expenses	81,103.		81,103.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			94,493.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-61,993.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct 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 conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 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 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:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b 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 ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: LINE BY LYNE CONSULTING LLC

(I) ADDRESS OF FUNDRAISER: 131 W WHITE OAK WAY, MEQUON, WI 53092

Part IV	Supplemental Information <i>(continued)</i>
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number
39-0806312

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

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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
CARE: CANCER AWARENESS THROUGH RESEARCH AND EDUCATION ASSOCIATION - PO BOX 3740 - CAREFREE, AZ 85377-3740	20-3771288	501(C)(3)	5,700.	0.			GENERAL DONATION
UNIVERSITY OF ARIZONA FOUNDATION/CENTER FOR JUDAIC STUDIES - 1111 N CHERRY AVE - TUCSON, AZ 85721-0109	86-6050388	501(C)(3)	5,000.	0.			GENERAL DONATION
JEWISH COMMUNITY ASSOCIATION OF GREATER PHOENIX - 12701 N. SCOTTSDALE RD SUITE 201 - SCOTTSDALE, AZ 85254	45-3910992	501(C)(3)	8,600.	0.			GENERAL DONATION
JEWISH FEDERATION OF SOUTHERN ARIZONA - 3822 E RIVER ROAD STE 100 - TUCSON, AZ 85718-6686	86-0096795	501(C)(3)	35,600.	0.			GENERAL DONATION
TUCSON JEWISH COMMUNITY CENTER 3800 E RIVER ROAD TUCSON, AZ 85718-6600	86-0183578	501(C)(3)	5,000.	0.			GENERAL DONATION
JEWISH FEDERATION AND FAMILY SERVICES OF ORANGE COUNTY - SAMUELI JEWISH CAMPUS - IRVINE, CA 92603-0174	95-2407026	501(C)(3)	10,000.	0.			GENERAL DONATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **197.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **1.**

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

Schedule I (Form 990) (2015)

Part II 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 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
COACHELLA VALLEY REPERTORY THEATRE 69-930 HIGHWAY 111 RANCHO MIRAGE, CA 92270	95-4304295	501(C)(3)	6,500.	0.			GENERAL DONATION
COLLEGE OF THE DESERT FOUNDATION 43-500 MONTEREY AVENUE PALM DESERT, CA 92260	95-3829219	501(C)(3)	32,130.	0.			GENERAL DONATION
TREEPEOPLE 12601 MULHOLLAND DRIVE BEVERLY HILLS, CA 90210	23-7314838	501(C)(3)	5,000.	0.			GENERAL DONATION
JEWISH FEDERATION OF GREATER LOS ANGELES - 6505 WILSHIRE BLVD - LOS ANGELES, CA 90048	95-6111928	501(C)(3)	26,100.	0.			GENERAL DONATION
BETTY FORD CENTER FOUNDATION 72301 COUNTRY CLUB DR SUITE 201 RANCHO MIRAGE, CA 92270	95-3863994	501(C)(3)	5,000.	0.			GENERAL DONATION
JONSSON CANCER CENTER FOUNDATION 8-950 FACTOR BUILDING LOS ANGELES, CA 90095-1781	95-2242757	501(C)(3)	5,200.	0.			GENERAL DONATION
EISENHOWER MEDICAL CENTER FOUNDATION - 39000 BOB HOPE DRIVE - RANCHO MIRAGE, CA 92270-3770	95-6130458	501(C)(3)	10,045.	0.			GENERAL DONATION
AMERICAN JEWISH UNIVERSITY 15600 MULHOLLAND DR BEL AIR, CA 90077-1519	95-1684064	501(C)(3)	20,000.	0.			GENERAL DONATION
RANCHO MIRAGE WRITERS FESTIVAL C/O RANCHO MIRAGE PUBLIC LIBRARY RANCHO MIRAGE, CA 92270	37-1754922	501(C)(3)	5,000.	0.			GENERAL DONATION

Schedule I (Form 990)

Part II 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 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 OF THE DESERT 69-710 HIGHWAY 111 RANCHO MIRAGE, CA 92270	23-7211881	501(C)(3)	18,600.	0.			GENERAL DONATION
CH 69730 HIGHWAY 111 STE 100 RANCHO MIRAGE, CA 92270-2873	94-2897949	501(C)(3)	5,000.	0.			GENERAL DONATION
PALM SPRINGS ART MUSEUM 101 MUSEUM DRIVE PALM SPRINGS, CA 92263-2310	95-1809576	501(C)(3)	16,050.	0.			GENERAL DONATION
JEWISH FAMILY SERVICE OF THE DESERT - 801 EAST TAHQUITZ CANYON WAY #202 - PALM SPRINGS, CA 92262	33-0613083	501(C)(3)	5,080.	0.			GENERAL DONATION
MCCALLUM THEATRE 73000 FRED WARING DR PALM DESERT, CA 92260-2800	95-2834871	501(C)(3)	24,530.	0.			GENERAL DONATION
RAMAH OUTDOOR ADVENTURES 300 S. DAHLIA STREET #205 DENVER, CO 80246	90-0582182	501(C)(3)	169,100.	0.			GENERAL DONATION
ASPEN INSTITUTE INC 1000 N THIRD STREET ASPEN, CO 81611	84-0399006	501(C)(3)	7,795.	0.			GENERAL DONATION
ASPEN JEWISH CONGREGATION 77 MEADOWOOD DRIVE ASPEN, CO 81611	84-0723135	501(C)(3)	11,000.	0.			GENERAL DONATION
JEWISH COMMUNITY CENTER CHABAD OF ASPEN - 435 W MAIN STREET - ASPEN, CO 81611	22-3787221	501(C)(3)	6,560.	0.			GENERAL DONATION

Schedule I (Form 990)

Part II 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 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 VALUES ONLINE 334 W HOPKINS AVENUE ASPEN, CO 81611	27-2436116	501(C)(3)	22,500.	0.			GENERAL DONATION
THE CONSERVATIVE SYNAGOGUE OF WESTPORT - 30 HILLSPPOINT ROAD - WESTPORT, CT 06880	06-1203591	501(C)(3)	118,000.	0.			GENERAL DONATION
CHABAD OF WESLEYAN 34 HIGH STREET MIDDLETOWN, CT 06457		501(C)(3)	9,500.	0.			GENERAL DONATION
MULTIPLE MYELOMA RESEARCH FOUNDATION - 383 MAIN AVE, 5TH FLOOR - NORWALK, CT 06851	06-1504413	501(C)(3)	170,200.	0.			GENERAL DONATION
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 DONATION
WASHINGTON INSTITUTE FOR NEAR EAST POLICY - 1828 L STREET NW #1050 - WASHINGTON, DC 20036	52-1376034	501(C)(3)	131,000.	0.			GENERAL DONATION
J STREET EDUCATION FUND INC. PO BOX 66073 WASHINGTON, DC 20035	20-2777557	501(C)(4)	10,000.	0.			GENERAL DONATION
RACHEL'S NETWORK 1200 18TH STREET NW #910 WASHINGTON, DC 20036	31-1644905	501(C)(3)	5,000.	0.			GENERAL DONATION
B'NAI AVIV 1410 INDIAN TRACE WESTON, FL 33326	65-0096470	501(C)(3)	12,000.	0.			GENERAL DONATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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JEWISH FEDERATION OF SO PALM BEACH COUNTY INC - 9700 DONNA KLEIN BLVD - BOCA RATON, FL 33428-1788	59-1945109	501(C)(3)	22,050.	0.			GENERAL DONATION
UNITED WAY - PALM BEACH CO 2600 QUANTUM BOULEVARD BOYNTON BEACH, FL 33426	59-0637885	501(C)(3)	5,000.	0.			GENERAL DONATION
ORLANDO TORAH ACADEMY INC 8651 COMMODITY CIRCLE ORLANDO, FL 32819-9015	27-2575267	501(C)(3)	10,000.	0.			GENERAL DONATION
JEWISH FEDERATION PALM BEACH CO 4601 COMMUNITY DRIVE WEST PALM BEACH, FL 33417	59-0948696	501(C)(3)	10,000.	0.			GENERAL DONATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 3201 W COMMERCIAL BLVD STE 127 - FORT LAUDERDALE, FL 33309-3440	59-0954683	501(C)(3)	20,000.	0.			GENERAL DONATION
CONGREGATION SOLEL 1301 CLAVEY RD HIGHLAND PARK, IL 60035-4539	36-2371223	501(C)(3)	19,889.	0.			GENERAL DONATION
EMBER FOUNDATION 3553 W PETERSON AVE STE 208 CHICAGO, IL 60659	20-8674232	501(C)(3)	5,500.	0.			GENERAL DONATION
FRIENDS OF THE FORUM C/O MICHAEL ROSENBAUM CHICAGO, IL 60654-8885	20-8943695	501(C)(3)	20,000.	0.			GENERAL DONATION
GREATER CHICAGO JEWISH FESTIVAL PO BOX 5215 SKOKIE, IL 60076	36-3035049	501(C)(3)	5,000.	0.			GENERAL DONATION

Part II 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 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 UNITED FUND OF METRO CHICAGO - BEN GURION WAY - CHICAGO, IL 60606	36-2167034	501(C)(3)	5,960.	0.			GENERAL DONATION
BERNARD ZELL ANSHE EMET DAY SCHOOL DEVELOPMENT OFFICE CHICAGO, IL 60613	36-2166955	501(C)(3)	5,100.	0.			GENERAL DONATION
WOUNDED WARRIOR PROJECT 230 W MONROE ST STE 200 CHICAGO, IL 60606	20-2370934	501(C)(3)	5,000.	0.			GENERAL DONATION
UNIVERSITY OF CHICAGO 1427 E 60 STREET STE 120 CHICAGO, IL 60637	36-2177139	501(C)(3)	5,000.	0.			SCHOLARSHIPS
CAMP RAMAH IN WISCONSIN 65 EAST WACKER PLACE #1200 CHICAGO, IL 60601	36-6009250	501(C)(3)	10,000.	0.			SCHOLARSHIPS
CAMP RAMAH IN WISCONSIN 65 EAST WACKER PLACE #1200 CHICAGO, IL 60601	36-6009250	501(C)(3)	10,000.	0.			SCHOARSHIPS
CAMP RAMAH IN WISCONSIN 65 EAST WACKER PLACE #1200 CHICAGO, IL 60601	36-6009250	501(C)(3)	2,500.	0.			GENERAL DONATION
ADLER PLANETARIUM 1300 LAKE SHORE DRIVE CHICAGO, IL 60605	36-6210902	501(C)(3)	10,000.	0.			GENERAL DONATION
US HOLOCAUST MEMORIAL MUSEUM MIDWEST REGION - PO BOX 1852 - HIGHLAND PARK, IL 60035	52-1309391	501(C)(3)	30,000.	0.			GENERAL DONATION

Schedule I (Form 990)

Part II 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 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
NORTHWESTERN UNIVERSITY 1201 DAVIS ST. EVANSTON, IL 60208	36-2167817	501(C)(3)	59,650.	0.			GENERAL DONATION
UNIVERSITY OF CHICAGO 1427 E 60 STREET STE 120 CHICAGO, IL 60637	36-2177139	501(C)(3)	136.	0.			GENERAL DONATION
HILLEL INDIANA UNIVERSITY 730 E 3RD ST BLOOMINGTON, IN 47401-3656	20-2804389	501(C)(3)	30,000.	0.			GENERAL DONATION
DANA-FARBER CANCER INSTITUTE P.O. BOX 849168 BOSTON, MA 02284-9168	04-2263040	501(C)(3)	5,000.	0.			GENERAL DONATION
CHABAD CENTER OF BETHESDA 5713 BRADLEY BLVD BETHESDA, MD 20814-1034	90-0908661	501(C)(3)	7,100.	0.			GENERAL DONATION
THE SCRATCH FOUNDATION 7315 WISCONSIN AVE BETHESDA, MD 20814	46-2612143	501(C)(3)	5,000.	0.			GENERAL DONATION
KALAMAZOO NATURE CENTER INC 7000 N WESTNEDGE AVE KALAMAZOO, MI 49009-6309	38-1674780	501(C)(3)	5,000.	0.			GENERAL DONATION
OHOLEI YOSEF YITZCHAK LUBAVITCH 14100 W 9 MILE RD OAK PARK, MI 48237-2621	38-3253099	501(C)(3)	10,130.	0.			GENERAL DONATION
EDUCATION ACTION GROUP FOUNDATION INC. - 950 W NORTON STE 202 - MUSKEGON, MI 49441	26-0877115	501(C)(3)	5,000.	0.			GENERAL DONATION

Part II 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 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
HILLEL UNIVERSITY OF MINNESOTA 1521 UNIVERSITY AVENUE SE MINNEAPOLIS, MN 55414	41-6038613	501(C)(3)	30,000.	0.			GENERAL DONATION
UPSTREAM ARTS 3501 CHICAGO AVE 5 MINNEAPOLIS, MN 55407-2109	20-4451219	501(C)(3)	45,000.	0.			GENERAL DONATION
MAYO CLINIC 200 1ST SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	5,500.	0.			GENERAL DONATION
CHABAD STUDENT CENTER AT U OF M 1121 UNIVERSITY AVE MINNEAPOLIS, MN 55414	27-2057339	501(C)(3)	16,800.	0.			GENERAL DONATION
CONGREGATION SHAARE EMETH 11645 LADUE ROAD ST LOUIS, MO 63141		501(C)(3)	5,840.	0.			GENERAL DONATION
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DR. ST LOUIS, MO 63130	43-0653611	501(C)(3)	30,000.	0.			GENERAL DONATION
PINEY WOODS SCHOOL PO BOX 57 PINEY WOODS, MS 39148-9989	64-0314538	501(C)(3)	5,000.	0.			GENERAL DONATION
CAMP GAN ISRAEL - MI 6516 MORGANFORD RD CHARLOTTE, NC 28211	38-1734762	501(C)(3)	6,050.	0.			SCHOLARSHIPS
CONGREGATION BETH EPHRAIM 113 PARKER AVENUE MAPLEWOOD, NJ 07040		501(C)(3)	5,800.	0.			GENERAL DONATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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AMERICAN FRIENDS OF YESHIVA ZICHRON DOVID - 14419 76TH AVE - FLUSHING, NY 11367-3115	01-0681969	501(C)(3)	5,000.	0.			GENERAL DONATION
RABBINICAL ASSEMBLY OF AMERICA 3080 BROADWAY NEW YORK, NY 10027	13-1663324	501(C)(3)	60,000.	0.			GENERAL DONATION
BETHLEHEM CHABAD 493 DELAWARE AVE DELMAR, NY 12054	45-3828519	501(C)(3)	63,000.	0.			GENERAL DONATION
SHALOM HARTMAN INSTITUTE OF NORTH AMERICA - ONE PENNSYLVANIA PLAZA #1606 - NEW YORK, NY 10119	13-3014387	501(C)(3)	150,000.	0.			GENERAL DONATION
HEBRON FUND INC 1760 OCEAN AVENUE BROOKLYN, NY 11230	11-2623719	501(C)(3)	10,000.	0.			GENERAL DONATION
WORLD REFORM APPEAL ARZA/WORLD UNION - 633 THIRD AVENUE, 7TH FL - NEW YORK, NY 10017-6678		501(C)(3)	10,000.	0.			GENERAL DONATION
CLAL-THE NATIONAL JEWISH CENTER FOR LEARNING AND LEADERSHIP INC - ATTN: BRAD HIRSCHFIELD - NEW YORK, NY 10016-8012	23-7390358	501(C)(3)	11,000.	0.			GENERAL DONATION
GREAT NECK SYNAGOGUE 26 OLD MILL ROAD GREAT NECK, NY 11023		501(C)(3)	7,150.	0.			GENERAL DONATION
WORLD COUNCIL OF SYNAGOGUES INC 3080 BROADWAY NEW YORK, NY 10027	23-7162488	501(C)(3)	40,000.	0.			GENERAL DONATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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FRIENDS OF CHABAD OF HEBRON 1178 E 23RD ST BROOKLYN, NY 11210-4519	26-1592721	501(C)(3)	17,500.	0.			GENERAL DONATION
SHALOM HARTMAN INSTITUTE OF NORTH AMERICA - ONE PENNSYLVANIA PLAZA #1606 - NEW YORK, NY 10119	13-3014387	501(C)(3)	2,500.	0.			SCHOLARSHIPS
YOUNG JUDAEA GLOBAL INC 575 8TH AVE 11TH FLOOR NEW YORK, NY 10018	45-2640858	501(C)(3)	100,000.	0.			SCHOLARSHIPS
ARZA WORLD UNION NO AMER-KEHILLAT YOZMA - 633 THIRD AVENUE - NEW YORK, NY 10017-6778	13-1663143	501(C)(3)	15,000.	0.			GENERAL DONATION
AMERICAN FRIENDS OF THE PARENTS CIRCLE FAMILIES FORUM - 1425 RXR PLAZA - UNIONDALE, NY 11556-1425	95-4869142	501(C)(3)	7,100.	0.			GENERAL DONATION
WORLD CONFEDERATION OF JEWISH COMMUNITY CENTERS INC - 711 THIRD AVENUE 10TH FLOOR - NEW YORK, NY 10017	20-0812055	501(C)(3)	25,000.	0.			GENERAL DONATION
THE INSTITUTE FOR THE ADVANCEMENT OF EDUCATION IN JAFFA INC - 171-06 76TH AVE - FLUSHING, NY 11366	11-2697261	501(C)(3)	25,000.	0.			GENERAL DONATION
NATIONAL RAMAH COMMISSION INC. 3080 BROADWAY NEW YORK, NY 10027	13-6161110	501(C)(3)	40,000.	0.			GENERAL DONATION
ALEH FOUNDATION USA 5317 13TH AVENUE BROOKLYN, NY 11219	11-2716763	501(C)(3)	10,000.	0.			GENERAL DONATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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TEMPLE SINAI (ROCHESTER) 363 PENFIELD RD ROCHESTER, NY 14625		501(C)(3)	5,141.	0.			GENERAL DONATION
JEWISH COMMUNITY CENTER ASSOCIATION - 520 8TH AVE - NEW YORK, NY 10018	13-5599486	501(C)(3)	6,200.	0.			GENERAL DONATION
JEWISH COMMUNITY CENTER OF ROCHESTER - THE WILLIAM & MILDRED LEVINE BUILDING - ROCHESTER, NY 14618-5408	16-0743060	501(C)(3)	7,500.	0.			GENERAL DONATION
THE DEBATE SOCIETY LTD PO BOX 283 BROOKLYN, NY 11222	74-3256898	501(C)(3)	5,000.	0.			GENERAL DONATION
YOUNG JUDAEA GLOBAL INC 575 8TH AVE 11TH FLOOR NEW YORK, NY 10018	45-2640858	501(C)(3)	50,000.	0.			GENERAL DONATION
ROCK AND ROLL HALL OF FAME FOUNDATION - 1100 ROCK & ROLL BLVD - CLEVELAND, OH 49114	13-3171867	501(C)(3)	20,000.	0.			GENERAL DONATION
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE NO JJ19 CLEVELAND, OH 44195-0001	91-2153073	501(C)(3)	12,500.	0.			GENERAL DONATION
CLEVELAND CLINIC CHILDRENS HOSPITAL - 9500 EUCLID AVENUE / DVB - CLEVELAND, OH 44195	34-0714570	501(C)(3)	15,000.	0.			GENERAL DONATION
PARK SYNAGOGUE 27500 SHAKER BLVD PEPPER PIKE, OH 44124	34-0714533	501(C)(3)	14,967.	0.			GENERAL DONATION

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LEAGUE OF WILDERNESS DEFENDERS 27803 WILLIAMS LANE EUGENE, OR 97830	93-0928847	501(C)(3)	15,000.	0.			GENERAL DONATION
CHABAD OF LEHIGH 727 EVANS STREET BETHLEHEM, PA 18015	11-3587172	501(C)(3)	125,000.	0.			GENERAL DONATION
DICKINSON COLLEGE C/O JEN ACUNA CARLISLE, PA 17013-2896	23-1365954	501(C)(3)	15,000.	0.			GENERAL DONATION
SCHECHTER INSTITUTE INC P O BOX 8500 PHILADELPHIA, PA 19178-3566	22-3342043	501(C)(3)	10,000.	0.			GENERAL DONATION
FOUNDATION FOR INDIVIDUAL RIGHTS EDUCATION - 170 S INDEPENDENCE MALL W., SUITE 510 - PHILADELPHIA, PA 19106	04-3467254	501(C)(3)	7,500.	0.			GENERAL DONATION
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND, SC 29928	57-1035817	501(C)(3)	5,000.	0.			CAPITAL CAMPAIGN
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND, SC 29928	57-1035817	501(C)(3)	2,500.	0.			GENERAL DONATION
CONGREGATION SHEARITH ISRAEL 9401 DOUGLAS AVENUE DALLAS, TX 75225	75-0976060	501(C)(3)	5,500.	0.			GENERAL DONATION
CONGREGATION SHEARITH ISRAEL 9401 DOUGLAS AVENUE DALLAS, TX 75225	75-0976060	501(C)(3)	1,200.	0.			GENERAL DONATION

Part II 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 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
DONALD DRIVER FOUNDATION 12929 GULF FREEWAY, SUITE 212 DALLAS, TX 77034	76-0678602	501(C)(3)	13,500.	0.			GENERAL DONATION
MILWAUKEE PUBLIC MUSEUM INC. 800 W WELLS STREET MILWAUKEE, WI 53233-1478	39-1723105	501(C)(3)	5,999.	0.			GENERAL DONATION
NATIONAL COUNCIL JEWISH WOMEN HIPPI - C/O MARGIE MARGOLIES - MILWAUKEE, WI 53217	13-1641076	501(C)(3)	10,000.	0.			GENERAL DONATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY - WI CHAPTER - 1120 JAMES DR SUITE A - HARTLAND, WI 53029-9906	25-1066473	501(C)(3)	5,900.	0.			GENERAL DONATION
MILWAUKEE JEWISH FREE LOAN ASSOCIATION - 409 E. SILVER SPRING DRIVE - MILWAUKEE, WI 53217	26-4557997	501(C)(3)	76,200.	0.			GENERAL DONATION
MILWAUKEE JEWISH DAY SCHOOL 6401 N SANTA MONICA BLVD MILWAUKEE, WI 53217	39-1384843	501(C)(3)	602,383.	0.			GENERAL DONATION
MILWAUKEE INSTITUTE OF ART & DESIGN INC - 273 E ERIE STREET - MILWAUKEE, WI 53202	39-1201561	501(C)(3)	13,775.	0.			GENERAL DONATION
MILWAUKEE JEWISH DAY SCHOOL 6401 N SANTA MONICA BLVD MILWAUKEE, WI 53217	39-1384843	501(C)(3)	356,737.	0.			ENDOWMENT WITHDRAWAL
MILWAUKEE SYMPHONY ORCHESTRA INC 1101 N. MARKET STREET, SUITE 100 MILWAUKEE, WI 53202	39-6023436	501(C)(3)	49,575.	0.			GENERAL DONATION

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NEW THREADS OF HOPE INC. 3001 N. 112TH ST. MILWAUKEE, WI 53222	39-1674150	501(C)(3)	10,000.	0.			GENERAL DONATION
MILWAUKEE REPERTORY THEATER INC. 108 E WELLS STREET MILWAUKEE, WI 53202	39-0946025	501(C)(3)	10,000.	0.			CAPITAL CAMPAIGN
MILWAUKEE JEWISH DAY SCHOOL 6401 N SANTA MONICA BLVD MILWAUKEE, WI 53217	39-1384843	501(C)(3)	100.	0.			GENERAL DONATION
MILWAUKEE INSTITUTE OF ART & DESIGN INC - 273 E ERIE STREET - MILWAUKEE, WI 53202	39-1201561	501(C)(3)	2,500.	0.			SCHOLARSHIPS
MILWAUKEE KOLLEL INC. 5007 W KEEFE AVENUE MILWAUKEE, WI 53216	39-1643640	501(C)(3)	32,640.	0.			GENERAL DONATION
NEW CONCEPT SELF DEVELOPMENT CENTER INC - DR MARTIN LUTHER KING JR CENTER - MILWAUKEE, WI 53205	39-1220236	501(C)(3)	26,600.	0.			GENERAL DONATION
MILWAUKEE REPERTORY THEATER INC. 108 E WELLS STREET MILWAUKEE, WI 53202	39-0946025	501(C)(3)	30,750.	0.			GENERAL DONATION
ALZHEIMER'S ASSOCIATION-SOUTHEAST WISCONSIN CHAPTER - 620 S 76 STREET STE 160 - MILWAUKEE, WI 53214	39-1350965	501(C)(3)	1,000.	0.			GENERAL DONATION
NICOLET HIGH SCHOOL FOUNDATION 6701 N JEAN NICOLET ROAD MILWAUKEE, WI 53217	39-1528691	501(C)(3)	22,600.	0.			GENERAL DONATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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YESHIVA ELEMENTARY SCHOOL OF MILW INC - 5115 W KEEFE AVENUE - MILWAUKEE, WI 53216	39-1631932	501(C)(3)	70,858.	0.			GENERAL DONATION
WUWM MILWAUKEE PUBLIC RADIO 111 E WISCONSIN AVE SUITE 700 MILWAUKEE, WI 53202	20-1257939	501(C)(3)	48,920.	0.			GENERAL DONATION
WISCONSIN INSTITUTE FOR TORAH STUDY (WITS) - 3288 N LAKE DRIVE - MILWAUKEE, WI 53211-3124	39-1366081	501(C)(3)	97,480.	0.			GENERAL DONATION
WISCONSIN HUMANE SOCIETY 4500 W WISCONSIN AVENUE MILWAUKEE, WI 53208	39-0810533	501(C)(3)	7,116.	0.			GENERAL DONATION
WISCONSIN CONSERVATORY OF MUSIC 1584 N PROSPECT AVENUE MILWAUKEE, WI 53202-6501	39-0915050	501(C)(3)	31,500.	0.			GENERAL DONATION
VICTORY GARDEN INITIATIVE/URBAN ECOLOGY CENTER - 1845 N. FARWELL AVE SUITE 100 - MILWAUKEE, WI 53202	39-1712663	501(C)(3)	5,600.	0.			GENERAL DONATION
UWM FOUNDATION INC. 1440 E NORTH AVENUE MILWAUKEE, WI 53202	23-7337744	501(C)(3)	37,950.	0.			GENERAL DONATION
UW HILLEL FOUNDATION FOR JEWISH CAMPUS LIFE - THE BARBARA HOCHBERG CENTER FOR JEWISH LIFE - MADISON, WI 53703-1198	39-2035142	501(C)(3)	61,450.	0.			GENERAL DONATION
UNIVERSITY OF WISCONSIN FOUNDATION U.S. BANK LOCKBOX MILWAUKEE, WI 53278-0807	39-0743975	501(C)(3)	652,830.	0.			GENERAL DONATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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UNITED WAY OF GREATER MILWAUKEE INC. - 225 W VINE STREET - MILWAUKEE, WI 53212-0971	39-0806190	501(C)(3)	124,305.	0.			GENERAL DONATION
UNITED PERFORMING ARTS FUND INC. 301 W. WISCONSIN AVE STE 600 MILWAUKEE, WI 53203-2232	39-6100399	501(C)(3)	54,980.	0.			GENERAL DONATION
UNITED COMMUNITY CENTER INC 1028 SOUTH 9TH STREET MILWAUKEE, WI 53204	39-1146191	501(C)(3)	10,000.	0.			CAPITAL CAMPAIGN
TORAH ACADEMY OF MILWAUKEE HIGH SCHOOL - 6800 N GREEN BAY AVENUE - GLENDALE, WI 53209	93-0869475	501(C)(3)	16,890.	0.			GENERAL DONATION
NEXT ACT THEATER PO BOX 394 MILWAUKEE, WI 53201	39-1553360	501(C)(3)	7,200.	0.			GENERAL DONATION
TIKKUN HA-IR OF MILWAUKEE INC. PO BOX 090287 MILWAUKEE, WI 53209	77-0596241	501(C)(3)	25,624.	0.			GENERAL DONATION
THE LUX CENTER FOR CATHOLIC JEWISH STUDIES - 7335 S HIGHWAY 100 - HALES CORNERS, WI 53130	39-1243521	501(C)(3)	5,000.	0.			GENERAL DONATION
THE JOSEPH AND REBECCA PELTZ CENTER FOR JEWISH LIFE - 2233 W MEQUON ROAD - MEQUON, WI 53092	11-3587172	501(C)(3)	13,575.	0.			GENERAL DONATION
THE FRIENDSHIP CIRCLE, INC. 8825 N. LAKE DR. MILWAUKEE, WI 53217	39-1819245	501(C)(3)	15,870.	0.			GENERAL DONATION

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MILWAUKEE HOMELESS VETERANS INITIATIVE, INC. - PO BOX 18441 - MILWAUKEE, WI 53218	45-4573280	501(C)(3)	10,500.	0.			GENERAL DONATION
TEMPLE MENORAH 9363 N 76TH STREET MILWAUKEE, WI 53223		501(C)(3)	24,240.	0.			GENERAL DONATION
SUMMERFEST FOUNDATION INC. 639 E. SUMMERFEST PLACE MILWAUKEE, WI 53202	45-2522052	501(C)(3)	8,345.	0.			GENERAL DONATION
STEVE & SHARI SADEK FAMILY CAMP INTERLAKEN JCC - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	39-0806234	501(C)(3)	30,500.	0.			SCHOLARSHIPS
STEVE & SHARI SADEK FAMILY CAMP INTERLAKEN JCC - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	39-0806234	501(C)(3)	34,442.	0.			GENERAL DONATION
SOJOURNER FAMILY PEACE CENTER PO BOX 080319 MILWAUKEE, WI 53208	39-1276210	501(C)(3)	23,250.	0.			GENERAL DONATION
RUACH INC 6310 N PORT WASHINGTON ROAD MILWAUKEE, WI 53217	20-3268560	501(C)(3)	15,740.	0.			GENERAL DONATION
PLANNED PARENTHOOD OF WISCONSIN INC - 302 N. JACKSON ST. - MILWAUKEE, WI 53202	39-0863391	501(C)(3)	18,320.	0.			GENERAL DONATION
PENFIELD CHILDREN'S CENTER 833 N 26TH STREET MILWAUKEE, WI 53233-1599	39-1093701	501(C)(3)	12,500.	0.			GENERAL DONATION

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OPERATION DREAM INC 1521 N RIVERCENTER DR MILWAUKEE, WI 53212	26-1455938	501(C)(3)	58,540.	0.			GENERAL DONATION
THE SHUL 8825 N LAKE DRIVE BAYSIDE, WI 53217-1939	39-1170927	501(C)(3)	27,060.	0.			GENERAL DONATION
MILWAUKEE COLLEGE PREPARATORY SCHOOL - 2449 N 36TH STREET - MILWAUKEE, WI 53210	39-1881295	501(C)(3)	17,250.	0.			GENERAL DONATION
JEWISH FAMILY SERVICES - JOHN YOPPS - 1300 N JACKSON STREET - MILWAUKEE, WI 53202		501(C)(3)	475,124.	0.			ENDOWMENT WITHDRAWAL
MILWAUKEE ART MUSEUM INC. 626 E WISCONSIN AVE MILWAUKEE, WI 53202-4616	39-0806316	501(C)(3)	200.	0.			GENERAL DONATION
CHILDREN'S HOSPITAL OF WISCONSIN INC - PO BOX 1997 - MILWAUKEE, WI 53201-9770	39-0812532	501(C)(3)	7,600.	0.			GENERAL DONATION
COA YOUTH & FAMILY CENTER 909 E NORTH AVENUE MILWAUKEE, WI 53212-3447	39-0806339	501(C)(3)	2,500.	0.			CAPITAL CAMPAIGN
COA YOUTH & FAMILY CENTER 909 E NORTH AVENUE MILWAUKEE, WI 53212-3447	39-0806339	501(C)(3)	17,600.	0.			GENERAL DONATION
COA YOUTH & FAMILY CENTER 909 E NORTH AVENUE MILWAUKEE, WI 53212-3447	39-0806339	501(C)(3)	43,013.	0.			GENERAL DONATION

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COA YOUTH & FAMILY CENTER 909 E NORTH AVENUE MILWAUKEE, WI 53212-3447	39-0806339	501(C)(3)	250.	0.			SCHOLARSHIPS
CONGREGATION AGUDAS ACHIM CHABAD INC. - 2233 W MEQUON ROAD - MEQUON, WI 53092	39-1735636	501(C)(3)	40,601.	0.			GENERAL DONATION
CONGREGATION BETH ISRAEL NER TAMID 6880 N GREEN BAY AVENUE MILWAUKEE, WI 53209	39-0878010	501(C)(3)	405,084.	0.			GENERAL DONATION
CONGREGATION BETH ISRAEL NER TAMID 6880 N GREEN BAY AVENUE MILWAUKEE, WI 53209	39-0878010	501(C)(3)	15,600.	0.			SCHOLARSHIPS
CONGREGATION BETH JEHUDAH 3100 N 52ND STREET MILWAUKEE, WI 53216		501(C)(3)	87,418.	0.			GENERAL DONATION
CONGREGATION EMANU-EL B'NE JESHURUN - 2020 W BROWN DEER ROAD - RIVER HILLS, WI 53217-2000	39-0863230	501(C)(3)	79,612.	0.			ANNUAL ENDOWMENT WITHDRAWAL
CONGREGATION EMANU-EL B'NE JESHURUN - 2020 W BROWN DEER ROAD - RIVER HILLS, WI 53217-2000	39-0863230	501(C)(3)	136,304.	0.			GENERAL DONATION
CONGREGATION SHALOM 7630 N SANTA MONICA BLVD MILWAUKEE, WI 53217-3257	13-1663143	501(C)(3)	15,579.	0.			ENDOWMENT WITHDRAWAL
CONGREGATION SHALOM 7630 N SANTA MONICA BLVD MILWAUKEE, WI 53217-3257	13-1663143	501(C)(3)	196,402.	0.			GENERAL DONATION

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CONGREGATION SHIR HADASH PO BOX 170632 MILWAUKEE, WI 53217		501(C)(3)	4,600.	0.			GENERAL DONATION
CONGREGATION SINAI 8223 N PORT WASHINGTON ROAD MILWAUKEE, WI 53217-2694	39-0892487	501(C)(3)	150,323.	0.			GENERAL DONATION
DAYSTAR, INC. PO BOX 2130 MILWAUKEE, WI 53201-2130	39-1546606	501(C)(3)	5,000.	0.			GENERAL DONATION
FEEDING AMERICA EASTERN WISCONSIN INC - 1700 W FOND DU LAC AVENUE - MILWAUKEE, WI 53205-1299	39-1384593	501(C)(3)	52,366.	0.			GENERAL DONATION
CHILDREN'S HOSPITAL OF WISCONSIN FOUNDATION INC. - MAIL STATION 3050 - MILWAUKEE, WI 53201-9770	39-1500075	501(C)(3)	9,400.	0.			GENERAL DONATION
FIRST STAGE CHILDREN'S THEATER 325 W WALNUT STREET MILWAUKEE, WI 53212	39-1634828	501(C)(3)	24,050.	0.			GENERAL DONATION
CHABAD OF DOWNTOWN LTD PO BOX 510525 MILWAUKEE, WI 53203	39-1672482	501(C)(3)	1,800.	0.			PASSOVER DONATION
CATHEDRAL CENTER INC 845 N VAN BUREN ST MILWAUKEE, WI 53202-3918	74-3038890	501(C)(3)	10,000.	0.			GENERAL DONATION
10/36 FRIENDS INC. (MPTV) PO BOX 88401 MILWAUKEE, WI 53288-0401	39-6081120	501(C)(3)	6,560.	0.			GENERAL DONATION

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ACLU OF WISCONSIN FOUNDATION 207 E BUFFALO STREET #325 MILWAUKEE, WI 53202-5712	23-7052345	501(C)(3)	20,000.	0.			GENERAL DONATION
ALVERNO COLLEGE PO BOX 343922 MILWAUKEE, WI 53234-3922	39-0806263	501(C)(3)	6,250.	0.			GENERAL DONATION
ALZHEIMER'S ASSOCIATION-SOUTHEAST WISCONSIN CHAPTER - 620 S 76 STREET STE 160 - MILWAUKEE, WI 53214	39-1350965	501(C)(3)	4,450.	0.			GENERAL DONATION
ANSHE SFARD KEHILLAT TORAH 6717 N GREEN BAY AVENUE GLENDALE, WI 53209	39-1572032	501(C)(3)	42,506.	0.			GENERAL DONATION
ANSHE SFARD KEHILLAT TORAH 6717 N GREEN BAY AVENUE GLENDALE, WI 53209	39-1572032	501(C)(3)	1,000.	0.			GENERAL DONATION
ARTS AT LARGE INC 908 S. 5TH STREET MILWAUKEE, WI 53204	33-1114575	501(C)(3)	10,100.	0.			GENERAL DONATION
AUDIO & BRAILLE LITERACY ENHANCEMENT INC - 803 W WELLS ST - MILWAUKEE, WI 53233-1436	39-1593301	501(C)(3)	5,000.	0.			GENERAL DONATION
AURORA HEALTH CARE FOUNDATION 950 N. 12TH STREET, SUITE A511 MILWAUKEE, WI 53233	93-0828294	501(C)(3)	7,820.	0.			GENERAL DONATION
BETTY BRINN CHILDREN'S MUSEUM 929 E WISCONSIN AVE 2ND FL MILWAUKEE, WI 53202	39-1681155	501(C)(3)	5,700.	0.			GENERAL DONATION

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BIG BROTHERS AND BIG SISTERS OF METROPOLITAN MILWAUKEE INC - 788 N JEFFERSON STREET STE 600 - MILWAUKEE, WI 53202-3739	39-1239687	501(C)(3)	200.	0.			GENERAL DONATION
BIG BROTHERS AND BIG SISTERS OF METROPOLITAN MILWAUKEE INC - 788 N JEFFERSON STREET STE 600 - MILWAUKEE, WI 53202-3739	39-1239687	501(C)(3)	20,000.	0.			MENTORING PROGRAM
B'NAI B'RITH YOUTH ORG WI REGION BBYO - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	31-1794932	501(C)(3)	19,500.	0.			ANNUAL ENDOWMENT WITHDRAWAL
B'NAI B'RITH YOUTH ORG WI REGION BBYO - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	31-1794932	501(C)(3)	54,800.	0.			GENERAL DONATION
BOYS AND GIRLS CLUB OF GREATER MILWAUKEE INC - MARDAK CENTER-ATTN: DEVELOPMENT DEPARTMENT - MILWAUKEE, WI 53212	39-0806292	501(C)(3)	10,000.	0.			DONATION FOR 2016 PING PONG CHARITY CHALLENGE
BOYS AND GIRLS CLUB OF GREATER MILWAUKEE INC - MARDAK CENTER-ATTN: DEVELOPMENT DEPARTMENT - MILWAUKEE, WI 53212	39-0806292	501(C)(3)	6,450.	0.			GENERAL DONATION
CARDINAL STRITCH UNIVERSITY INC. 6801 N YATES ROAD MILWAUKEE, WI 53217-3985	39-0806196	501(C)(3)	5,250.	0.			GENERAL DONATION
CHABAD OF DOWNTOWN LTD PO BOX 510525 MILWAUKEE, WI 53203	39-1672482	501(C)(3)	39,500.	0.			GENERAL DONATION
GOLD IN SEPTEMBER CHARITABLE TRUST 709 MILWAUKEE ST STE A DELAFIELD, WI 53018-1519	46-5000938	501(C)(3)	10,250.	0.			GENERAL DONATION

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GRAND AVENUE CLUB INC. 210 E MICHIGAN STREET MILWAUKEE, WI 53202-4901	39-1708177	501(C)(3)	60,300.	0.			GENERAL DONATION
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	39-0806234	501(C)(3)	100.	0.			FOR PJ LIBRARY PROGRAM
JFS HOUSING INC 1300 N JACKSON STREET MILWAUKEE, WI 53201		501(C)(3)	5,000.	0.			GENERAL DONATION
KIDS TALES INC 4230 NORTH OAKLAND STE 111 MILWAUKEE, WI 53211-2042	47-2913618	501(C)(3)	10,250.	0.			GENERAL DONATION
KNOW THYSELF 11512 N. PORT WASHINGTON ROAD MEQUON, WI 53092	27-1255826	501(C)(3)	30,000.	0.			GENERAL DONATION
LA CAUSA INC 1642 S. 2ND STREET MILWAUKEE, WI 53204-0188	39-1247667	501(C)(3)	150,100.	0.			GENERAL DONATION
LUBAVITCH OF WISCONSIN 3109 N LAKE DRIVE SHOREWOOD, WI 53211-3123	39-1170927	501(C)(3)	153,000.	0.			ENDOWMENT WITHDRAWAL
LUBAVITCH OF WISCONSIN 3109 N LAKE DRIVE SHOREWOOD, WI 53211-3123	39-1170927	501(C)(3)	249,350.	0.			GENERAL DONATION
LUMEN CHRISTI CATHOLIC PARISH 11300 NORTH ST JAMES LANE MEQUON, WI 53092	16-1726107	501(C)(3)	5,400.	0.			CAPITAL CAMPAIGN

Schedule I (Form 990)

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LUMEN CHRISTI CATHOLIC PARISH 11300 NORTH ST JAMES LANE MEQUON, WI 53092	16-1726107	501(C)(3)	500.	0.			GENERAL DONATION
MACC FUND 10000 INNOVATION DR STE 135 MILWAUKEE, WI 53226	39-1270290	501(C)(3)	26,800.	0.			GENERAL DONATION
MAKE A DIFFERENCE WISCONSIN INC. 710 N PLANKINTON AVE STE 310 MILWAUKEE, WI 53203	20-5203533	501(C)(3)	25,200.	0.			GENERAL DONATION
MAKE A WISH FOUNDATION WISCONSIN 11020 WEST PLANK COURT, SUITE 200 WAUWATOSA, WI 53226	39-1543541	501(C)(3)	96,425.	0.			GENERAL DONATION
MARQUETTE UNIVERSITY UNIVERSITY ADVANCEMENT-ZILBER HALL MILWAUKEE, WI 53201	39-0806251	501(C)(3)	10,000.	0.			GENERAL DONATION
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226-0509	39-0806261	501(C)(3)	14,050.	0.			GENERAL DONATION
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226-0509	39-0806261	501(C)(3)	5,000.	0.			SCHOLARSHIPS
MEQUON JEWISH PRESCHOOL INC. 11112 N CROWN COURT MEQUON, WI 53092	39-1966107	501(C)(3)	13,915.	0.			GENERAL DONATION
MILWAUKEE ALLIANCE FOR JEWISH RECONNECTION (MAJOR) - 3322 N 51 BLVD - MILWAUKEE, WI 53216	80-0207872	501(C)(3)	5,960.	0.			GENERAL DONATION

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MILWAUKEE ART MUSEUM INC. 626 E WISCONSIN AVE MILWAUKEE, WI 53202-4616	39-0806316	501(C)(3)	48,715.	0.			GENERAL DONATION
JEWISH HOME & CARE CENTER FOUNDATION - 1414 N PROSPECT AVENUE - MILWAUKEE, WI 53202-3089	39-1555857	501(C)(3)	213,426.	0.			GENERAL DONATION
JEWISH FAMILY SERVICES - JOHN YOPPS - 1300 N JACKSON STREET - MILWAUKEE, WI 53202		501(C)(3)	13,700.	0.			GENERAL DONATION
JEWISH FAMILY SERVICES 1300 N JACKSON STREET MILWAUKEE, WI 53202	39-0806291	501(C)(3)	198,299.	0.			GENERAL DONATION
JEWISH EXPERIENCE OF MADISON MILW INC - 3453 N 54TH STREET - MILWAUKEE, WI 53216	20-2142497	501(C)(3)	26,160.	0.			GENERAL DONATION
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	39-0806234	501(C)(3)	154,674.	0.			GENERAL DONATION
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	39-0806234	501(C)(3)	50,000.	0.			GENERAL DONATION: \$20,000: YJAM PROGRAMMING; \$30,0000: STARS/UPSTREAM PROGRA
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	39-0806234	501(C)(3)	1,100.	0.			GENRAL DONATION; STARS PROGRAM
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	39-0806234	501(C)(3)	7,810.	0.			KIDSHARE 2016

Part II 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 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
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	39-0806234	501(C)(3)	6,860.	0.			MACCABI GAMES
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	39-0806234	501(C)(3)	100.	0.			SCHOLARSHIP
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	39-0806234	501(C)(3)	11,030.	0.			SCHOLARSHIPS
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	39-0806234	501(C)(3)	1,500.	0.			SPECIAL NEEDS SUMMER DAY CAMP AT THE ALBERT & ANN DESHUR JCC RAINBOW DAY CAM
MILWAUKEE CENTER FOR INDEPENDENCE 2020 W WELLS STREET MILWAUKEE, WI 53233	39-0806257	501(C)(3)	17,950.	0.			GENERAL DONATION
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	39-0806234	501(C)(3)	5,000.	0.			TAPESTRY PROGRAM
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	39-0806234	501(C)(3)	1,190.	0.			GENERAL DONATION
HIGH GROUND INSTITUTE INC 544 EAST OGDEN STREET MILWAUKEE, WI 53202	46-4568958	501(C)(3)	5,000.	0.			GENERAL DONATION
HILLEL ACADEMY 6401 N SANTA MONICA BLVD MILWAUKEE, WI 53217	39-1025262	501(C)(3)	20,250.	0.			GENERAL DONATION

Part II 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 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
HILLEL HIGH SCHOOL 3109 N LAKE DR SHOREWOOD, WI 53211		501(C)(3)	3,040.	0.			GENERAL DONATION
HILLEL MILWAUKEE HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE - MILWAUKEE, WI 53211-3352	39-1445185	501(C)(3)	45,800.	0.			GENERAL DONATION
HILLEL MILWAUKEE HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE - MILWAUKEE, WI 53211-3352	39-1445185	501(C)(3)	22,514.	0.			GREENLIGHT PAYMENT
HUNGER TASK FORCE MILWAUKEE 201 S. HAWLEY CT. MILWAUKEE, WI 53214	39-1345847	501(C)(3)	161,690.	0.			GENERAL DONATION
JEWISH COMMUNITY FOOD PANTRY 6255 N SANTA MONICA BLVD MILWAUKEE, WI 53217	39-0806234	501(C)(3)	140,388.	0.			GENERAL DONATION
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	39-0806234	501(C)(3)	369,038.	0.			ENDOWMENT WITHDRAWAL
YOUTHAI TI INC 6973 NORTH RANGE LINE ROAD GLENDALE, WI 53209	26-2061977	501(C)(3)	5,650.	0.			GENERAL DONATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
HELEN BADER SCHOLARSHIPS	110	482,184.	0.		

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

PART I, LINE 2:

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.

**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.**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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.

Schedule J (Form 990) 2015

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

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.

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

OMB No. 1545-0047

2015
Open to Public
Inspection

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number
39-0806312

Part I	SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS											
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
	COLORADO EDUCATIONAL AND A CULTURAL FACILITIES AUTH	84-0896727	NONE	12/03/12	54340000.	PROVIDE FUNDS TO REFUND TWO PRIOR		X		X		X
B												
C												
D												

Part II Proceeds									
		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	54,340,000.							
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								
9	Working capital expenditures from proceeds	2,200,000.							
10	Capital expenditures from proceeds	46,440,000.							
11	Other spent proceeds	5,700,000.							
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use									
		A		B		C		D	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No
			X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	<input checked="" type="checkbox"/>							
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?	<input checked="" type="checkbox"/>							
c Are there any research agreements that may result in private business use of bond-financed property?		<input checked="" type="checkbox"/>						
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	1.20	%		%		%		%
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 government00	%		%		%		%
6 Total of lines 4 and 5	1.20	%		%		%		%
7 Does the bond issue meet the private security or payment test?	<input checked="" type="checkbox"/>							
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?		<input checked="" type="checkbox"/>						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c 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?	<input checked="" type="checkbox"/>							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		<input checked="" type="checkbox"/>						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	<input checked="" type="checkbox"/>							
b Exception to rebate?	<input checked="" type="checkbox"/>							
c No rebate due?	<input checked="" type="checkbox"/>							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	<input checked="" type="checkbox"/>							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	<input checked="" type="checkbox"/>							
b Name of provider	US BANK N.A.							
c Term of hedge	10.0000000							
d Was the hedge superintegrated?		<input checked="" type="checkbox"/>						
e Was the hedge terminated?		<input checked="" type="checkbox"/>						

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
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						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		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 questions on Schedule K (see instructions).**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: COLORADO EDUCATIONAL AND CULTURAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

PROVIDE FUNDS TO REFUND TWO PRIOR ISSUES, ISSUED ON 6/16/05 AND 10/25/07

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	76	3,252,343.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

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

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

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) (2015)

Part II

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

SCHEDULE 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.
▶ 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

OMB No. 1545-0047

2015

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:

SOCIAL, HEALTH AND WELFARE, EDUCATIONAL, RECREATIONAL, CULTURAL, AND
OTHER NEEDS OF GENERAL CONCERN TO THE JEWISH COMMUNITY OF METROPOLITAN
MILWAUKEE.

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

COMMUNITY IN MILWAUKEE, IN ISRAEL, AND THROUGHOUT THE WORLD. IN
FULFILLING ITS MISSION, THE FEDERATION IS COMMITTED TO THE PRINCIPLES
OF KLAL YISRAEL (THE COLLECTIVE UNITY OF THE JEWISH PEOPLE), TZEDAKAH
(THE OBLIGATION TO CARE FOR ONE ANOTHER) AND TIKKUN OLAM (IMPROVING THE
SOCIETY IN WHICH WE LIVE).

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

ARCHIVES DEPARTMENT OF THE JEWISH MUSEUM MILWAUKEE. THE JEWISH MUSEUM
MILWAUKEE IS EDUCATING THE JEWISH AND GENERAL COMMUNITIES ABOUT THE
JEWISH PEOPLE, ABOUT IMMIGRATION AND ABOUT THE IMPORTANCE OF MUTUAL
RESPECT AND TOLERANCE. IN ADDITION, IT IS MEETING THE RESEARCH NEEDS
OF SCHOLARS FROM AROUND THE WORLD AND FINALLY, IT IS RAPIDLY BECOMING
AN IMPORTANT CENTER FOR JEWISH INTELLECTUAL AND CULTURAL ACTIVITY.

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

CYCLE EVENTS THROUGH ARTICLES AND PHOTOGRAPHS, SO AS TO ACT AS A
HISTORY OF THE COMMUNITY, AND MAINTAIN AN ADVERTISING MEDIUM FOR
REACHING THE JEWISH POPULATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

Name of the organization	MILWAUKEE JEWISH FEDERATION, INC.	Employer identification number	39-0806312
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OTHER PROGRAMS INCLUDE PASSPORT 2 GALILEE AND THE SCHLICHUT PROGRAM, WHICH PLAY A KEY ROLE IN ENSURING ONGOING CULTURAL AND PERSONAL CONTACT BETWEEN THE MILWAUKEE JEWISH COMMUNITY AND ISRAEL, WITH A FOCUS ON THE REGION OF THE SOVEV KINNERET. MILWAUKEE JEWISH FEDERATION PROGRAM SERVICES ALSO INCLUDE THE COALITION FOR JEWISH LEARNING (CJL), THE EDUCATION PROGRAM OF THE MILWAUKEE JEWISH FEDERATION. CJL COORDINATES A DAY SCHOOL SCHOLARSHIP COMMITTEE TO REVIEW APPLICATIONS FOR FINANCIAL AID AT DAY SCHOOLS AND DISTRIBUTE \$500,000 IN SCHOLARSHIP GRANT DOLLARS FROM BADER PHILANTHROPIES.

EXPENSES \$ 22,193,535. INCL GRANTS OF \$ 14,078,183. REVENUE \$ 2,051,902.

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

FAMILY RELATIONSHIPS:

JOAN LUBAR - SUSAN SOLVANG

BUSINESS RELATIONSHIP:

DAN BADER - LISA HILLER

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

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

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 VACANCIES ON THE BOARD. THE NUMBER OF DIRECTORS SHALL BE ESTABLISHED FROM 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.

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number
39-0806312

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

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 PROVIDES A SUMMARY
OF INCOME AND COMMUNITY ALLOCATIONS. THE CONFLICT OF INTEREST POLICY AND
GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GAIN (LOSS) ON INTEREST RATE SWAP	-214,284.
CHANGE IN TRUST LIABILITIES	10,062.
PRIOR YEAR HUD EQUITY ADJUSTMENT	103.
TOTAL TO FORM 990, PART XI, LINE 9	-204,119.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number
39-0806312

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MJF HOUSING NO 2, INC. - 39-1853067 1360 N PROSPECT AVE MILWAUKEE, WI 53202	LOW-INCOME HOUSING	WISCONSIN	501(C)(3)	LINE 11A, I	MILWAUKEE JEWISH FEDERATION, INC.	X	
MJF HOUSING NO 3, INC. - 39-1882504 1360 N PROSPECT AVE MILWAUKEE, WI 53202	LOW-INCOME HOUSING	WISCONSIN	501(C)(3)	LINE 11A, I	MILWAUKEE JEWISH FEDERATION, INC.	X	

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

Schedule R (Form 990) 2015

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MJF GOLDA MEIR HOUSING, INC. - 45-4756528 1360 N PROSPECT AVE. MILWAUKEE, WI 53202	HOUSING	WI	MILWAUKEE JEWISH FEDERATION,	C CORP	169,935.	2,815,936.	100%	X	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f	X	
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q		X
1r		X
1s	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MJF GOLDA MEIR HOUSING, INC	F	66,178.	COST
(2)			
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

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

NAME OF RELATED ORGANIZATION:

MJF GOLDA MEIR HOUSING, INC.

DIRECT CONTROLLING ENTITY: MILWAUKEE JEWISH FEDERATION, INC.

EXTENDED TO MAY 15, 2017

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0047

For calendar year 2015 or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016**2015**Department of the Treasury
Internal Revenue Service▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations OnlyA ☐ Check box if
address changedName of organization (☐ Check box if name changed and see instructions.)D Employer identification number
(Employees' trust, see
instructions.)

B Exempt under section

☒ 501(c)(3) ☐
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)Print
or
Type**MILWAUKEE JEWISH FEDERATION, INC.****39-0806312**

Number, street, and room or suite no. If a P.O. box, see instructions.

1360 NORTH PROSPECT AVENUEE Unrelated business activity codes
(See instructions.)

City or town, state or province, country, and ZIP or foreign postal code

MILWAUKEE, WI 53202**511110 722100**C Book value of all assets
at end of year
213252737.

F Group exemption number (See instructions.)

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. ▶

SEE STATEMENT 1I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of **THOMAS LINDOW**Telephone number ▶ **(414) 390-5700**

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5	-4,642.	STMT 2
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11	235,234.	181,981.
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	230,592.	181,981.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	53,253.
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	53,253.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-4,642.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-4,642.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-4,642.

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 **35c** 0.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36****37 Proxy tax.** See instructions **37****38 Alternative minimum tax** **38****39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.**Part IV Tax and Payments****40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a****b** Other credits (see instructions) **40b****c** General business credit. Attach Form 3800 **40c** 1,059.**d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40d****e Total credits.** Add lines 40a through 40d **40e** 1,059.**41** Subtract line 40e from line 39 **41** 0.**42** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) **42****43 Total tax.** Add lines 41 and 42 **43** 0.**44a** Payments: A 2014 overpayment credited to 2015 **44a** 173.**b** 2015 estimated tax payments **44b****c** Tax deposited with Form 8868 **44c****d** Foreign organizations: Tax paid or withheld at source (see instructions) **44d****e** Backup withholding (see instructions) **44e****f** Credit for small employer health insurance premiums (Attach Form 8941) **44f****g** Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total **44g****45 Total payments.** Add lines 44a through 44g **45** 173.**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ **46****47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed **47****48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 173.**49** Enter the amount of line 48 you want: Credited to 2016 estimated tax 173. Refunded **49** 0.**Part V Statements Regarding Certain Activities and Other Information** (see instructions)**1** At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and FinancialAccounts. If YES, enter the name of the foreign country here ☒ Yes ☐ No**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. ☒ Yes ☐ No**3** Enter the amount of tax-exempt interest received or accrued during the tax year ☐ \$**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ☒ N/A**1** Inventory at beginning of year **1****2** Purchases **2****3** Cost of labor **3****4a** Additional section 263A costs (att. schedule) **4a****b** Other costs (attach schedule) **4b****5 Total.** Add lines 1 through 4b **5****6** Inventory at end of year **6****7 Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2 **7****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ Yes ☐ No**Sign Here**

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

Signature of officer _____ Date _____ Title **PRESIDENT & CEO**May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**Print/Type preparer's name Preparer's signature Date Check ☐ if PTIN self-employed

DAVE GLOBIG, CPA DAVE GLOBIG, CPA 02/06/17 P01356041

Firm's name **WIPFLI LLP** Firm's EIN **39-0758449**Firm's address **10000 INNOVATION DRIVE, SUITE 250** Phone no. **414.431.9300**Firm's address **MILWAUKEE, WI 53226-4837**

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)(b) **Total deductions.** Enter here and on page 1, Part I, line 8, column (B) 0.**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
			0.	0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) WISCONSIN JEWISH						
(2) CHRONICLE	235,234.	181,981.		0.	142,691.	
(3)						
(4)						
Totals (carry to Part II, line (5))	235,234.	181,981.	53,253.		142,691.	53,253.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	235,234.	181,981.				53,253.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	235,234.	181,981.				53,253.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT 1
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ADVERTISING INCOME FROM WISCONSIN JEWISH CHRONICLE AND UNRELATED BUSINESS INCOME FROM ALTERNATIVE INVESTMENT.

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS	STATEMENT 2
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DESCRIPTION	AMOUNT
MK-I, LLC	-4,642.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-4,642.

General Business Credit

► Information about Form 3800 and its separate instructions is at www.irs.gov/form3800.
► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Name(s) shown on return

Milwaukee Jewish Federation, Inc.

Identifying number

39-0806312

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
(See instructions and complete Part(s) III before Parts I and II)

1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked	2	1,059.00
3	Enter the applicable passive activity credits allowed for 2015 (see instructions)	3	1,059.00
4	Carryforward of general business credit to 2015. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	
5	Carryback of general business credit from 2016. Enter the amount from line 2 of Part III with box D checked (see instructions)	5	
6	Add lines 1, 3, 4, and 5	6	1,059.00

Part II Allowable Credit

7	Regular tax before credits:		
	<ul style="list-style-type: none"> Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return 	7	1,059.00
8	Alternative minimum tax:		
	<ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 35 Corporations. Enter the amount from Form 4626, line 14 Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 	8	
9	Add lines 7 and 8	9	1,059.00
10a	Foreign tax credit	10a	
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b	10c	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	1,059.00
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	1,059.00
13	Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see instructions)	13	
14	Tentative minimum tax:		
	<ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 33 Corporations. Enter the amount from Form 4626, line 12 Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 	14	
15	Enter the greater of line 13 or line 14	15	
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	1,059.00
17	Enter the smaller of line 6 or line 16	17	1,059.00
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.		

For Paperwork Reduction Act Notice, see separate instructions.

Form **3800** (2015)

Part II Allowable Credit (Continued)**Note.** If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (.75) (see instructions)	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	1,059.00
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked 23		
24	Enter the applicable passive activity credit allowed for 2015 (see instructions)	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	1,059.00
28	Add lines 17 and 26	28	1,059.00
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2015 (see instructions)	33	
34	Carryforward of business credit to 2015. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
35	Carryback of business credit from 2016. Enter the amount from line 5 of Part III with box D checked (see instructions)	35	
36	Add lines 30, 33, 34, and 35	36	
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return: <ul style="list-style-type: none"> • Individuals. Form 1040, line 54, or Form 1040NR, line 51 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b 	38	1,059.00

Form **3800** (2015)

Name(s) shown on return

Identifying number

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

- A** ☐ General Business Credit From a Non-Passive Activity **E** ☐ Reserved
B ☐ General Business Credit From a Passive Activity **F** ☐ Reserved
C ☐ General Business Credit Carryforwards **G** ☐ Eligible Small Business Credit Carryforwards
D ☐ General Business Credit Carrybacks **H** ☐ Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	36-4255157 1,059.00
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Reserved	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	1,059.00
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	1,059.00