

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	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) Room/suite 1360 NORTH PROSPECT AVENUE City or town, state or country, and ZIP + 4 MILWAUKEE, WI 53213	D Employer identification number 39-0806312
		E Telephone number 414-390-5700	G Gross receipts \$ 83,534,126.
		F Name and address of principal officer: RICHARD MEYER SAME AS C ABOVE	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
		J Website: ▶ WWW.MILWAUKEEJEWISH.ORG	
		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1902 M State of legal domicile: WI

Part I Summary			
	1 Briefly describe the organization's mission or most significant activities: THROUGH THE DEVELOPMENT OF COMMUNITY-WIDE FINANCIAL SUPPORT, PLANNING AND ALLOCATIONS, THE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	104
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	100
	5 Total number of employees (Part V, line 2a)	5	73
	6 Total number of volunteers (estimate if necessary)	6	700
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	281,636.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	8,682.
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	11,279,626.	15,213,836.
	9 Program service revenue (Part VIII, line 2g)	2,360,223.	2,800,385.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-6,119,394.	490,615.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	368,740.	765,352.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,889,195.	19,270,188.
Expenses		11,896,130.	9,038,554.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,721,837.	2,898,764.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,087,120.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	15,425,750.	15,886,871.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31,043,717.	27,824,189.
	19 Revenue less expenses. Subtract line 18 from line 12	-23,154,522.	-8,554,001.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	172,173,361.	168,802,473.
	21 Total liabilities (Part X, line 26)	68,942,495.	71,437,350.
	22 Net assets or fund balances. Subtract line 21 from line 20	103,230,866.	97,365,123.

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	
	RICHARD MEYER, EXECUTIVE VICE PRESIDENT			
	Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶ TROY E. MARINE, CPA	Date 02/13/11	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 BAKER TILLY VIRCHOW KRAUSE, LLP 115 SOUTH 84TH STREET, SUITE 400 MILWAUKEE, WI 53214		EIN ▶	Phone no. ▶ (414) 777-5500

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION 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 AND UNIFIED JEWISH COMMUNITY IN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] 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 [X] No If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 425,585. including grants of \$) (Revenue \$ 435,600.) COALITION FOR JEWISH LEARNING (CJL)

THE COALITION FOR JEWISH LEARNING, THE EDUCATION PROGRAM OF THE MILWAUKEE JEWISH FEDERATION, CONTINUED TO SUPPORT AND INNOVATE IN THE AREA OF LOCAL JEWISH EDUCATION.

A TEEN ENRICHMENT PROGRAM PROVIDES INNOVATIVE PROGRAMS TO INVOLVED TEENS IN COMPELLING JEWISH LEARNING EXPERIENCES.

THE HOLOCAUST EDUCATION RESOURCE CENTER (HERC), A PROGRAM OF CJL, PROVIDES HOLOCAUST EDUCATION PROGRAMS TO MORE THAN 1700 MIDDLE AND HIGH SCHOOL STUDENTS, AND SENDS HOLOCAUST SURVIVORS INTO THE COMMUNITY TO

4b (Code:) (Expenses \$ 320,519. including grants of \$) (Revenue \$ 339,974.) 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

4c (Code:) (Expenses \$ 336,624. including grants of \$) (Revenue \$ 338,062.) 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

4d Other program services. (Describe in Schedule O.) (Expenses \$ 23,653,820. including grants of \$ 8,498,918.) (Revenue \$)

4e Total program service expenses \$ 24,736,548.

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 Schedule B, Schedule of Contributors?	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? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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; 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 term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	<ul style="list-style-type: none"> 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> 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> 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> 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> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 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? <i>If "Yes," complete Schedule D, Part X.</i> 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII 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
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</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
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 and other assistance to individuals in the United States 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 25</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) and 501(c)(4) 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 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <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 a grant selection committee member, or to a person related to such an individual? <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 of the organization (or a family member) 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, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization 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 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 73		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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: CAYMAN ISLANDS See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
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?		
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		
	7d		
e	Did the organization, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9a		
	9b		
10 Section 501(c)(7) organizations.	Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations.	Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
			104
b	Enter the number of voting members that are independent		
			100
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 organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		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	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does 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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **AUTUMN ANFANG - 414-390-5700**
1360 NORTH PROSPECT AVENUE, MILWAUKEE, WI 53213

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ABIGAIL NASH MEMBER	0.80	X					0.	0.	0.	
ALAN BORSUK MEMBER	0.30	X					0.	0.	0.	
ALBERT B. ADELMAN MEMBER	0.30	X					0.	0.	0.	
ALEXANDER SATANOVSKY MEMBER	0.30	X					0.	0.	0.	
ALI RUVIN MEMBER	0.30	X					0.	0.	0.	
ALLEN L. SAMSON MEMBER	0.30	X					0.	0.	0.	
AMY BERKOVITS STEIN MEMBER	0.30	X					0.	0.	0.	
ANDREA FLORSHEIM MEMBER	0.30	X					0.	0.	0.	
ANDREA SCHNEIDER MEMBER	1.00	X					0.	0.	0.	
ANDY SCHLESINGER MEMBER	0.30	X					0.	0.	0.	
ARLEEN PELTZ MEMBER	0.30	X					0.	0.	0.	
BARBARA GLAZER MEMBER	0.30	X					0.	0.	0.	
BETSY L. GREEN MEMBER	1.00	X		X			0.	0.	0.	
BETTY CHRUSTOWSKI MEMBER	0.50	X					0.	0.	0.	
BEVERLY GREENBERG MEMBER	0.30	X					0.	0.	0.	
BEVERLY PERLSON MEMBER	0.30	X					0.	0.	0.	
BRAD DALLET MEMBER	0.30	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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRUCE ARBIT MEMBER	0.80	X						0.	0.	0.
BRUCE GLASER MEMBER	0.30	X						0.	0.	0.
CANDACE SCHWAM MEMBER	0.30	X						0.	0.	0.
CRAIG ADELMAN MEMBER	0.30	X						0.	0.	0.
DANIEL BADER MEMBER	0.30	X						0.	0.	0.
DAVID ARNSTEIN MEMBER	0.30	X						0.	0.	0.
DAVID BECKER MEMBER	0.30	X						0.	0.	0.
DAVID J. LUBAR MEMBER	0.80	X		X				0.	0.	0.
DAVID MARCUS MEMBER	0.50	X						0.	0.	0.
DAVID P. LOWE MEMBER	0.30	X						0.	0.	0.
1b Total								393,164.	0.	28,236.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **3**

- 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**

	Yes	No
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**

	Yes	No
4	X	
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person **5**

	Yes	No
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.

(A) Name and business address	(B) Description of services	(C) Compensation
WE ENERGIES 231 W MICHIGAN ST, MILWAUKEE, WI 53290	UTILITIES	627,378.
STIER CONSTRUCTION INC., N8 W22195 JOHNSON DR STE 160, WAUKESHA, WI 53186	RENOVATIONS ON HILLEL BUILDING	231,885.
LIED'S NURSERY CO. INC. N63 W22039 HWY 74, SUSSEX, WI 53089	LAWN SERVICES AND SNOW REMOVAL	115,642.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **3**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	15213836.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		15213836.				
	Program Service Revenue	2 a	RENT FROM EXEMPT BUILD	Business Code 900099	2,105,000.			2105000.
b		CAMPAIGN EVENT REVENUE	900099	413,749.	413,749.			
c		NEWSPAPER ADVERTISING	511110	281,636.		281,636.		
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		2,800,385.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,432,292.			2432292.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)			-1941677.			-1941677.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a	CEMETERY INCOME	900099		765,352.			765,352.	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			765,352.				
12	Total revenue. See instructions.			19270188.	413,749.	281,636.	3360967.	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	8,498,918.	8,498,918.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	539,636.	539,636.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	394,066.		197,033.	197,033.
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	2,058,354.	816,392.	431,511.	810,451.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	50,624.	21,503.	8,376.	20,745.
9 Other employee benefits	229,843.	114,678.	49,206.	65,959.
10 Payroll taxes	165,877.	62,705.	43,603.	59,569.
11 Fees for services (non-employees):				
a Management				
b Legal	88,510.	86,309.	2,201.	
c Accounting	74,863.	66,081.	5,460.	3,322.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	145,632.	145,632.		
g Other	616,809.	615,938.	264.	607.
12 Advertising and promotion				
13 Office expenses	150,225.	17,426.	42,213.	90,586.
14 Information technology	16,603.	1,926.	4,665.	10,012.
15 Royalties				
16 Occupancy	262,060.	127,644.	49,734.	84,682.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,817.	7,983.	2,155.	2,679.
20 Interest	2,109,029.	2,109,029.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,258,399.	2,250,889.	2,112.	5,398.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a ALLOCATIONS TO LOCAL AG	2,772,207.	2,772,207.		
b BUILDING AND CEMETERY O	2,234,477.	2,234,477.		
c PROGRAMS AND EVENTS	2,013,718.	1,248,505.	140,960.	624,253.
d ALLOCATIONS TO ISRAEL A	1,963,200.	1,963,200.		
e MISCELLANEOUS	1,114,531.	1,014,223.	12,260.	88,048.
f All other expenses	53,791.	21,247.	8,768.	23,776.
25 Total functional expenses. Add lines 1 through 24f	27,824,189.	24,736,548.	1,000,521.	2,087,120.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	15,561,296.	2	10,762,158.	
	3 Pledges and grants receivable, net	10,399,172.	3	6,761,817.	
	4 Accounts receivable, net	1,409,975.	4	736,014.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	139,234.	5	139,234.	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	114,168.	9	73,641.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 66,709,452.			
	b Less: accumulated depreciation	10b 13,600,959.			
	11 Investments - publicly traded securities	59,634,360.	10c	53,108,493.	
	12 Investments - other securities. See Part IV, line 11	83,961,578.	11	96,279,460.	
	13 Investments - program-related. See Part IV, line 11	475,864.	12	481,873.	
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	477,714.	14	459,783.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	172,173,361.	15	168,802,473.		
17 Accounts payable and accrued expenses	656,073.	16	888,334.		
18 Grants payable	5,284,403.	17	5,143,281.		
19 Deferred revenue		18			
20 Tax-exempt bond liabilities	58,072,134.	19	60,655,536.		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20			
22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21			
23 Secured mortgages and notes payable to unrelated third parties		22			
24 Unsecured notes and loans payable to unrelated third parties		23			
25 Other liabilities. Complete Part X of Schedule D	4,929,885.	24	4,750,199.		
26 Total liabilities. Add lines 17 through 25	68,942,495.	25	71,437,350.		
26 Total liabilities. Add lines 17 through 25		26			
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	70,675,690.	27	63,281,649.	
	28 Temporarily restricted net assets	32,555,176.	28	34,083,474.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, 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	103,230,866.	33	97,365,123.		
34 Total liabilities and net assets/fund balances	172,173,361.	34	168,802,473.		

Part XI Financial Statements and Reporting

		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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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?	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?		X
3b	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 (2009)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	31783024.	26296721.	20428959.	11279626.	15213836.	105002166
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	31783024.	26296721.	20428959.	11279626.	15213836.	105002166
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						105002166

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	31783024.	26296721.	20428959.	11279626.	15213836.	105002166
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11637608.	10542051.	5576953.	4220060.	5302644.	37279316.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	503,765.	514,055.	521,302.	427,917.	281,636.	2248675.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						144530157
12 Gross receipts from related activities, etc. (see instructions)					12	2,169,474.
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 2009 (line 6, column (f) divided by line 11, column (f))	14	72.65	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	77.13	%
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 IV 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 - 2008. 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 IV 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

MILWAUKEE JEWISH FEDERATION, INC.

39-0806312

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MRS. CLARICE TURER 10995 NORTH MARKET STREET #300 MEQUON, WI 53092	\$ 991,840.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MR. & MRS. GERLAD STEIN 2510 W. DEAN ROAD MILWAUKEE, WI 53217	\$ 1,453,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	HELEN BADER FOUNDATION 233 NORTH WATER STREET MILWAUKEE, WI 53202	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	L&R TRUST II, C/O RE LOWENBERG CAPITAL 900 3RD AVE., SUITE 1002 NEW YORK, NY 10022	\$ 435,981.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	LUBAR NOMINEES 700 N. WATER STREET, #1200 MILWAUKEE, WI 532026648	\$ 1,182,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	MARCUS FAMILY CHARITABLE TRUST 100 E. WISCONSIN AVENUE, SUITE 1030 MILWAUKEE, WI 53202	\$ 272,910.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	ESTATE OF ALBERT M. DESHUR 11649 N. PORT WASHINGTON RD. #22 MEQUON, WI 53092	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	ESTATE OF LOUISE SALINKSY 788 JEFFERSON MILWAUKEE, WI 53202	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), 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 payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

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.
 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
1 a 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.			
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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(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)).

	(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)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
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 carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if 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

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

THE FEDERATION PAYS THE WISCONSIN JEWISH CONFERENCE, A REGISTERED LOBBYIST, TO REPRESENT THE FEDERATION ON ISSUES RELATIVE TO THE FEDERATION. THE WISCONSIN JEWISH CONFERENCE ACTS ON BEHALF OF THE STATE-WIDE JEWISH COMMUNITY.

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

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" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions regarding donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for various purposes (land for public use, natural habitat, open space, historically important land, certified historic structure), a table for held at end of tax year (2a-2d), and several yes/no questions regarding monitoring and reporting.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a and 1b regarding reporting requirements, and question 2 regarding amounts required to be reported under SFAS 116.

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 XIV.

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 organization answered "Yes" to 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 XIV and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	26798812.	36420233.			
b Contributions	2,011,321.	1,197,569.			
c Net investment earnings, gains, and losses	3,923,028.	-6837369.			
d Grants or scholarships	1,952,548.	3,981,621.			
e Other expenditures for facilities and programs					
f Administrative expenses	257,856.				
g End of year balance	30522757.	26798812.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment 100.00 %

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	3,178,122.	2,707,763.		5,885,885.
b Buildings		53,244,872.	11,324,591.	41,920,281.
c Leasehold improvements		1,141,444.	538,191.	603,253.
d Equipment		6,437,251.	1,738,177.	4,699,074.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				53,108,493.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	19,270,188.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	27,824,189.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-8,554,001.
4	Net unrealized gains (losses) on investments	4	2,675,721.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	12,537.
9	Total adjustments (net). Add lines 4 through 8	9	2,688,258.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-5,865,743.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	23,188,105.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	2,675,721.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	1,242,196.
e	Add lines 2a through 2d	2e	3,917,917.
3	Subtract line 2e from line 1	3	19,270,188.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	19,270,188.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	28,910,587.
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 XIV.)	2d	1,086,398.
e	Add lines 2a through 2d	2e	1,086,398.
3	Subtract line 2e from line 1	3	27,824,189.
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 XIV.)	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	27,824,189.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE ENDOWMENTS WILL FORM A PERMANENT BASE OF SUPPORT

FOR OUR LOCAL COMMUNITY, OUR AGENCIES, AND OUR PROGRAMS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

TRANSFER OF ASSETS FROM SUPPORTING FOUNDATION: 11973.

PRIOR YEAR ADJUSTMENTS : 564.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

MJF HOUSING: 851534.

MJF HOUSING #2: 72215.

MJF HOUSING #3: 71233.

REVENUES OF UNITRUSTS: 243204.

REVENUES OF SUPPORTING FOUNDATIONS: 4010.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF UNITRUSTS: 140261.

EXPENSES OF SUPPORTING FOUNDATIONS: 23199.

MJF HOUSING: 721695.

MJF HOUSING #2: 101053.

MJF HOUSING #3: 100190.

**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

2009

**Open to Public
Inspection**

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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
ALLIANCE CHILDREN & FAMILIES TOTAL 11700 LAKE PARK DRIVE MILWAUKEE, WI 53224			10,000.	0.			GENERAL FUNDING
AMERICAN CANCER SOCIETY TOTAL PO BOX 902 PEWAUKEE, WI 53072			6,250.	0.			GENERAL FUNDING
AMERICAN FRIENDS ISRAEL FREE LOAN ASSOCIATION TOTAL - 1077 30TH STREET NW APT #402 - WASHINGTON, DC 20007			5,000.	0.			GENERAL FUNDING
AMERICAN FRIENDS OF ATERET COHANIM TOTAL - 248 W 35 STREET ROOM 406 - NEW YORK, NY 10001			10,000.	0.			GENERAL FUNDING
AMERICAN FRIENDS OF MACHON ALTE TOTAL - 1546 46TH STREET - BROOKLYN, NY 11219			5,000.	0.			GENERAL FUNDING
ANSHE SFARD/KEHILLAT TORAH TOTAL 6717 N GREEN BAY AVENUE MILWAUKEE, WI 53209			26,350.	0.			GENERAL FUNDING

2 Enter total number of section 501(c)(3) and government organizations ▶ **110.**

3 Enter total number of other organizations ▶ **0.**

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

Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) 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
TUITION FOR CAMPS	80	23,780.	0.	FMV	
TUITION FOR EDUCATION	4	15,856.	0.	FMV	
HELEN BADER SCHOLARSHIP AWARD	259	500,000.	0.	FMV	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, 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 I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

Part I 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
B'NAI AVIV TOTAL 611 LANGDON STREET MADISON, WI 53703			42,280.	0.			GENERAL FUNDING
B'NAI B'RITH YOUTH ORG WI REGION BBYO TOTAL - 6255 NORTH SANTA MONICA BLVD. - MILWAUKEE, WI 53217			10,200.	0.			GENERAL FUNDING
BARBARA HOCHBERG CENTER FOR JEWISH STUDENT LIFE TOTAL - 611 LANGDON STREET - MADISON, WI 53703			38,175.	0.			GENERAL FUNDING
BENEDICT CENTER GERMANIA BUILDING TOTAL - 135 W WELLS STREET STE 700 - MILWAUKEE, WI 53203			7,300.	0.			GENERAL FUNDING
BETH EL NER TAMID SYNAGOGUE TOTAL 1410 INDIAN TRACE WESTON, FL 33326			10,000.	0.			GENERAL FUNDING
BIRTHRIGHT ISRAEL FOUNDATION TOTAL 6255 N SANTA MONICA BLVD MILWAUKEE, WI 53217			5,500.	0.			GENERAL FUNDING
CHABAD AT COLUMBIA UNIV TOTAL 625 W 113 STREET NEW YORK, NY 10025			5,400.	0.			GENERAL FUNDING
CHABAD OF DOWNTOWN LTD TOTAL 633 WEST WISCONSIN AVENUE SUITE 577 MILWAUKEE, WI 53203			33,400.	0.			GENERAL FUNDING

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

Part I 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
CHABAD OF LEHIGH TOTAL 727 EVANS STREET BETHLEHEM, PA 18015			36,000.	0.			GENERAL FUNDING
CHILDREN'S HOSPITAL & HEALTH SYSTEM FOUNDATION TOTAL - 10361 W INNOVATION DR. #200 - MILWAUKEE, WI 53201			23,600.	0.			GENERAL FUNDING
CHILDREN'S HOSPITAL FOUNDATION TOTAL - PO BOX 1997 - MILWAUKEE, WI 53201			6,000.	0.			GENERAL FUNDING
CLEVELAND CLINIC CHILDRENS HOSPITAL TOTAL - 9500 EUCLID AVENUE / DVB - CLEVELAND, OH 44195			5,000.	0.			GENERAL FUNDING
COA YOUTH & FAMILY CENTER TOTAL 909 E NORTH AVENUE MILWAUKEE, WI 53212			25,575.	0.			GENERAL FUNDING
COMMUNITY ADVOCATES TOTAL 744 N 4 STREET STE 200 MILWAUKEE, WI 53203			5,000.	0.			GENERAL FUNDING
CONGREGATION AGUDAS ACHIM CHABAD TOTAL - 2233 W MEQUON ROAD - MEQUON, WI 53092			32,870.	0.			GENERAL FUNDING
CONGREGATION BETH EPHRAIM TOTAL 520 PROSPECT STREET MAPLEWOOD, NJ 07040			6,000.	0.			GENERAL FUNDING

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

Part I 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
CONGREGATION BETH ISRAEL TOTAL 6880 N GREEN BAY AVENUE MILWAUKEE, WI 53209			254,664.	0.			GENERAL FUNDING
CONGREGATION EMANU-EL B'NE JESHURUN TOTAL - 2020 W BROWN DEER ROAD - RIVER HILLS, WI 53217			584,985.	0.			GENERAL FUNDING
CONGREGATION EMANU-EL OF WAUKESHA TOTAL - 830 W MORELAND BLVD - WAUKESHA, WI 53188			6,000.	0.			GENERAL FUNDING
CONGREGATION SHALOM TOTAL 7630 N SANTA MONICA BLVD MILWAUKEE, WI 53217			69,626.	0.			GENERAL FUNDING
CONGREGATION SINAI TOTAL 8223 N PORT WASHINGTON RD MILWAUKEE, WI 53217			66,628.	0.			GENERAL FUNDING
EISENHOWER MEDICAL ASSOCIATES TOTAL - 39000 BOB HOPE DRIVE - RANCHO MIRAGE, CA 92270			50,000.	0.			GENERAL FUNDING
EMBER FOUNDATION TOTAL 3553 W PETERSON AVE STE 208 CHICAGO, IL 60659			5,000.	0.			GENERAL FUNDING
FOUNDATION FOR INDIVIDUAL RIGHTS EDUCATION TOTAL - 601 WALNUT STREET STE 510 - PHILADELPHIA, PA 19106			5,000.	0.			GENERAL FUNDING

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

Part I 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
FRIENDSHIP CIRCLE TOTAL 6892 WEST MAPLE ROAD WEST BLOOMFIELD, MI 48322			20,000.	0.			GENERAL FUNDING
GRAND AVENUE CLUB TOTAL 210 E MICHIGAN STREET MILWAUKEE, WI 53202			5,400.	0.			GENERAL FUNDING
GYNECOLOGIC CANCER FOUNDATION TOTAL - 230 W MONROE STE 2528 - CHICAGO, IL 60606			50,000.	0.			GENERAL FUNDING
HADASSAH TOTAL 210 W LEXINGTON BLVD MILWAUKEE, WI 53217			16,200.	0.			GENERAL FUNDING
HEBRON FUND INC TOTAL 1760 OCEAN AVENUE BROOKLYN, NY 11230			5,000.	0.			GENERAL FUNDING
HILLEL DAY SCHOOL BOCA RATON TOTAL 21011 95TH AVENUE S BOCA RATON, FL 33428			409,093.	0.			GENERAL FUNDING
HILLEL MILWAUKEE TOTAL 3053 N STOWELL AVENUE MILWAUKEE, WI 53211			7,350.	0.			GENERAL FUNDING
HUNGER TASK FORCE MILW TOTAL 201 S HAWLEY COURT MILWAUKEE, WI 53214			10,205.	0.			GENERAL FUNDING

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

Part I 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
INDEPENDENCE FIRST INC TOTAL 540 SOUTH 1ST STREET MILWAUKEE, WI 53204			11,000.	0.			GENERAL FUNDING
JCCA TOTAL 520 EIGHTH AVENUE NEW YORK, NY 10018			10,000.	0.			GENERAL FUNDING
JEWISH BEGINNINGS TOTAL 6401 N SANTA MONICA BLVD MILWAUKEE, WI 53217			10,450.	0.			GENERAL FUNDING
JEWISH COMMUNITY CENTER MILW TOTAL 6255 N SANTA MONICA BLVD MILWAUKEE, WI 53217			107,489.	0.			GENERAL FUNDING
JEWISH COMMUNITY FOOD PANTRY TOTAL 6255 N SANTA MONICA BLVD MILWAUKEE, WI 53217			27,410.	0.			GENERAL FUNDING
JEWISH FAMILY SERVICE TOTAL 801 E TAHQUITZ CANYON WAY 202 PALM SPRINGS, CA 92262			26,450.	0.			GENERAL FUNDING
JEWISH FAMILY SERVICES TOTAL 1300 N JACKSON STREET MILWAUKEE, WI 53202			68,385.	0.			GENERAL FUNDING
JEWISH FEDERATION COUNCIL GREATER LA TOTAL - PO BOX 54269, TERMINAL ANNEX - LOS ANGELES, CA 90054			22,000.	0.			GENERAL FUNDING

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

Part I 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 GREATER PHILADELPHIA TOTAL - 2100 ARCH STREET - PHILADELPHIA, PA 19103			20,000.	0.			GENERAL FUNDING
JEWISH FEDERATION GREATER PHOENIX TOTAL - 12701 N SCOTTSDALE ROAD STE 201 - SCOTTSDALE, AZ 85254			500.	0.			GENERAL FUNDING
JEWISH FEDERATION PALM SPRINGS TOTAL - 69-930 HIGHWAY 111, STE #204 - RANCHO MIRAGE, CA 92270			7,550.	0.			GENERAL FUNDING
JEWISH FEDERATION SO PALM BEACH COUNTY TOTAL - 21050 95TH AVENUE - BOCA RATON, FL 33428			14,580.	0.			GENERAL FUNDING
JEWISH HOME & CARE CENTER FOUNDATION TOTAL - 1414 N PROSPECT AVENUE - MILWAUKEE, WI 53202			107,125.	0.			GENERAL FUNDING
JEWISH NATIONAL FUND TOTAL 6270 N PORT WASHINGTON RD MILWAUKEE, WI 53217			45,270.	0.			GENERAL FUNDING
JEWISH UNITED FUND BEN GURION WAY TOTAL - 30 S WELLS STREET - CHICAGO, IL 60606			20,360.	0.			GENERAL FUNDING
JEWISH UNITED FUND CHICAGO TOTAL 30 S WELLS STREET CHICAGO, IL 60606			26,000.	0.			GENERAL FUNDING

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

Part I 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 TOTAL 334 W HOPKINS AVENUE ASPEN, CO 81611			27,500.	0.			GENERAL FUNDING
JEWISH YOUTH FOUND TOTAL LUBAVITCH OF WISCONSIN MILWAUKEE, WI 53217			10,000.	0.			GENERAL FUNDING
KNOW THYSELF TOTAL C/O MAURA FITZGERALD SHOREWOOD, WI 53211			10,000.	0.			GENERAL FUNDING
LAKE PARK SYNAGOGUE TOTAL 3207 N HACKETT MILWAUKEE, WI 53211			5,050.	0.			GENERAL FUNDING
LUBAVITCH OF WISCONSIN TOTAL 3109 N LAKE DRIVE MILWAUKEE, WI 53211			17,500.	0.			GENERAL FUNDING
LYNN SAGE CANCER RESEARCH FOUNDATION TOTAL - 251 E HURON STREET - CHICAGO, IL 60611			15,000.	0.			GENERAL FUNDING
MATC FOUNDATION TOTAL 700 W STATE STREET MILWAUKEE, WI 53233			8,500.	0.			GENERAL FUNDING
MAYANOT INSTITUTE OF JEWISH STUDIES TOTAL - 450 W 33RD STREET 11TH FLOOR - NEW YORK, NY 10001			5,000.	0.			GENERAL FUNDING

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

Part I 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
MCCALLUM THEATRE INSTITUTE TOTAL 73000 FRED WARING DRIVE PALM DESERT, CA 92260			5,000.	0.			GENERAL FUNDING
MEDICAL COLLEGE OF WI FOUND TOTAL PO BOX 1997 MILWAUKEE, WI 53226			20,000.	0.			GENERAL FUNDING
MEDICAL COLLEGE WISCONSIN TOTAL 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226			7,200.	0.			GENERAL FUNDING
META HOUSE TOTAL PO BOX 11564 MILWAUKEE, WI 53211			7,600.	0.			GENERAL FUNDING
MILWAUKEE ALLIANCE FOR JEWISH RECONNECTION (MAJOR) TOTAL - 3322 N 51 BLVD - MILWAUKEE, WI 53216			5,750.	0.			GENERAL FUNDING
MILWAUKEE ART MUSEUM TOTAL 700 N ART MUSEUM DRIVE MILWAUKEE, WI 53202			29,610.	0.			GENERAL FUNDING
MILWAUKEE CENTER FOR INDEPENDENCE TOTAL - 2020 W WELLS STREET - MILWAUKEE, WI 53233			5,200.	0.			GENERAL FUNDING
MILWAUKEE COLLEGE PREPARATORY SCHOOL TOTAL - 2449 N 36TH STREET - MILWAUKEE, WI 53210			6,425.	0.			GENERAL FUNDING

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

Part I 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
MILWAUKEE COMMUNITY SERVICE CORPS TOTAL - 1441 N 7TH STREET - MILWAUKEE, WI 53205			6,000.	0.			GENERAL FUNDING
MILWAUKEE INSTITUTE OF ART & DESIGN INC TOTAL - 273 E ERIE STREET - MILWAUKEE, WI 53202			7,850.	0.			GENERAL FUNDING
MILWAUKEE JEWISH DAY SCHOOL TOTAL 6401 N SANTA MONICA BLVD MILWAUKEE, WI 53217			49,386.	0.			GENERAL FUNDING
MILWAUKEE JEWISH FEDERATION TOTAL 1360 NORTH PROSPECT AVE MILWAUKEE, WI 53202			2,914,338.	0.			GENERAL FUNDING
MILWAUKEE KOLLEL TOTAL 5007 W KEEFE AVENUE MILWAUKEE, WI 53216			15,180.	0.			GENERAL FUNDING
MILWAUKEE PUBLIC MUSEUM TOTAL 800 W WELLS STREET MILWAUKEE, WI 53233			8,325.	0.			GENERAL FUNDING
MILWAUKEE SYMPHONY ORCHESTRA TOTAL 700 N WATER STREET STE 700 MILWAUKEE, WI 53202			42,400.	0.			GENERAL FUNDING
MPTV FRIENDS INC TOTAL PO BOX 88202 MILWAUKEE, WI 53288			8,740.	0.			GENERAL FUNDING

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

Part I 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
MULTIPLE MYELOMA RESEARCH FOUND TOTAL - 383 MAIN AVENUE STE 5 - NORWALK, CT 06851			100,000.	0.			GENERAL FUNDING
NEXT ACT THEATER TOTAL PO BOX 394 MILWAUKEE, WI 53201			37,700.	0.			GENERAL FUNDING
ORTHODOX UNION TOTAL 11 BROADWAY NEW YORK, NY 10004			6,000.	0.			GENERAL FUNDING
PARENTING NETWORK TOTAL 7516 W BURLEIGH STREET MILWAUKEE, WI 53210			6,300.	0.			GENERAL FUNDING
PHOENIX ART MUSEUM TOTAL 1625 N CENTRAL AVENUE PHOENIX, AZ 85004			16,407.	0.			GENERAL FUNDING
PLANNED PARENTHOOD WISC TOTAL PO BOX 510795 MILWAUKEE, WI 53203			13,300.	0.			GENERAL FUNDING
PUBLIC POLICY FORUM TOTAL 633 W WISCONSIN AVE STE 406 MILWAUKEE, WI 53203			55,000.	0.			GENERAL FUNDING
RABBINICAL COLLEGE OF AMERICA TOTAL - 226 SUSSEX AVENUE - MORRISTOWN, NJ 07962			15,518.	0.			GENERAL FUNDING

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

Part I 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
RABBINICAL SEMINARY OF AMERICA TOTAL - 7601 147TH STREET - FLUSHING, NY 11367			5,250.	0.			GENERAL FUNDING
ROCK AND ROLL HALL OF FAME FOUND TOTAL - 1100 ROCK & ROLL BLVD - CLEVELAND, OH 49114			10,000.	0.			GENERAL FUNDING
RUACH INC TOTAL 4900 W BURLEIGH MILWAUKEE, WI 53210			8,660.	0.			GENERAL FUNDING
SKYLIGHT OPERA THEATRE TOTAL 158 N BROADWAY MILWAUKEE, WI 53202			14,350.	0.			GENERAL FUNDING
TEN CHIMNEYS FOUNDATION INC TOTAL BOX 225 GENESEE DEPOT, WI 53127			5,300.	0.			GENERAL FUNDING
THE ACADEMY TOTAL 6401 N SANTA MONICA BLVD MILWAUKEE, WI 53217			25,280.	0.			GENERAL FUNDING
THE CITY COLLEGE FUND TOTAL 160 CONVENT AVENUE NEW YORK, NY 10031			5,000.	0.			GENERAL FUNDING
THE CONSERVATIVE SYNAGOGUE OF WESTPORT TOTAL - 30 HILLSPOINT ROAD - WESTPORT, CT 06880			10,000.	0.			GENERAL FUNDING

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

Part I 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
THE SHUL TOTAL 614 W BROWN DEER ROAD #110 MILWAUKEE, WI 53217			56,430.	0.			GENERAL FUNDING
UNITED PERFORMING ARTS FUND TOTAL PO BOX 88892 MILWAUKEE, WI 53288			39,050.	0.			GENERAL FUNDING
UNITED WAY - GREATER MILW TOTAL PO BOX 88110 MILWAUKEE, WI 53288			175,310.	0.			GENERAL FUNDING
UNITED WAY - PALM BEACH CO TOTAL 2600 QUANTUM BOULEVARD BOYNTON BEACH, FL 33426			5,000.	0.			GENERAL FUNDING
UNIV OF WI FOUNDATION TOTAL 1848 UNIVERSITY AVENUE MADISON, WI 53726			32,000.	0.			GENERAL FUNDING
UNIVERSITY SCHOOL OF MILWAUKEE TOTAL - 2100 W FAIRY CHASM ROAD - MILWAUKEE, WI 53217			5,650.	0.			GENERAL FUNDING
US HOLOCAUST MEMORIAL MUSEUM TOTAL MIDWEST REGIONAL OFFICE HIGHLAND PARK, IL 60035			15,000.	0.			GENERAL FUNDING
VAAD HAAROBONIM OF QUEENS INC TOTAL - 85-18 117TH STREET - RICHMOND HILL, NY 11418			7,500.	0.			GENERAL FUNDING

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

Part I 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
WISCONSIN COMMUNITY FUND TOTAL 1202 WILLIAMSON ST STE D MADISON, WI 53703			7,500.	0.			GENERAL FUNDING
WISCONSIN INSTITUTE FOR TORAH STUDY TOTAL - 3288 N LAKE DRIVE - MILWAUKEE, WI 53211			19,325.	0.			GENERAL FUNDING
WOMEN'S FUND OF GREATER MILW TOTAL 316 N MILWAUKEE STREET #215 MILWAUKEE, WI 53202			7,600.	0.			GENERAL FUNDING
WOODLAND PATTERN TOTAL 720 E LOCUST MILWAUKEE, WI 53212			5,000.	0.			GENERAL FUNDING
WORLD CONFEDERATION JEWISH COMM CENTERS TOTAL - 711 THIRD AVENUE 10TH FLOOR - NEW YORK, NY 10017			5,000.	0.			GENERAL FUNDING
WUWM MILWAUKEE PUBLIC RADIO TOTAL 111 E WISCONSIN AVENUE MILWAUKEE, WI 53202			10,750.	0.			GENERAL FUNDING
YESHIVA ELEMENTARY SCHOOL OF MILW INC TOTAL - 5115 W KEEFE AVENUE - MILWAUKEE, WI 53216			15,705.	0.			GENERAL FUNDING

**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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p>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</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RICHARD MEYER	(i)	211,056.	0.	42,295.	6,332.	2,583.	262,266.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MELVIN ZARET	(i)	36,355.	0.	3,450.	92.	12,763.	52,660.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the Organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer Identification number

39-0806312

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID WERNER MEMBER	0.50	X						0.	0.	0.
DEBRA SLATER MEMBER	0.50	X						0.	0.	0.
DIANE SEDER MEMBER	0.30	X						0.	0.	0.
DR. ERIC ZALL MEMBER	0.30	X						0.	0.	0.
DR. SHARYL PALEY MEMBER	0.50	X						0.	0.	0.
EILEEN GRAVES MEMBER	0.30	X						0.	0.	0.
FELICIA MILLER MEMBER	0.30	X						0.	0.	0.
FRED CROEN MEMBER	0.50	X		X				0.	0.	0.
GERALD J. KAHN MEMBER	0.30	X						0.	0.	0.
GERALD STEIN MEMBER	0.50	X						0.	0.	0.
GREGORY DORF MEMBER	0.30	X						0.	0.	0.
IDY GOODMAN MEMBER	1.00	X		X				0.	0.	0.
JAMES DESHUR MEMBER	0.30	X						0.	0.	0.
JAMES HILLER MEMBER	0.30	X						0.	0.	0.
JAMIE MILLER MEMBER	0.30	X						0.	0.	0.
JANE GELLMAN MEMBER	1.00	X						0.	0.	0.
JAYNE BUTLEIN MEMBER	0.30	X						0.	0.	0.
JEFFREY SCHUSTER MEMBER	0.80	X						0.	0.	0.
JENNIFER FRIEDMAN MEMBER	0.30	X						0.	0.	0.
JERRY BENJAMIN MEMBER	0.80	X		X				0.	0.	0.

SCHEDULE J-2

(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the Organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer Identification number

39-0806312

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JILL PLAVNICK MEMBER	0.50	X						0.	0.	0.
JODI HABUSH SINYKIN MEMBER	0.30	X						0.	0.	0.
JODY KAUFMAN LOEWENSTEIN MEMBER	1.00	X						0.	0.	0.
JOAN LUBAR MEMBER	0.30	X						0.	0.	0.
JOE DEVORKIN MEMBER	0.30	X						0.	0.	0.
JOSEPH BERNSTEIN MEMBER	0.30	X						0.	0.	0.
JOYCE ALTMAN MEMBER	0.30	X						0.	0.	0.
JUDI KETTEN MEMBER	0.30	X						0.	0.	0.
JUDITH EIGEN MEMBER	0.30	X						0.	0.	0.
JUDY GUTEN MEMBER	0.80	X						0.	0.	0.
KAREN SCHAPIRO MEMBER	0.30	X						0.	0.	0.
KEITH LINDENBAUM MEMBER	0.50	X		X				0.	0.	0.
LAURANCE NEWMAN MEMBER	0.30	X						0.	0.	0.
LAURI ROTH MEMBER	0.30	X						0.	0.	0.
LESLIE USOW MEMBER	0.50	X						0.	0.	0.
LINDA MARCUS MEMBER	0.30	X						0.	0.	0.
LOISE STEIN MEMBER	0.30	X						0.	0.	0.
LORRAINE HOFFMANN MEMBER	0.30	X						0.	0.	0.
MARC JACOBSEN MEMBER	0.30	X						0.	0.	0.
MARCI TAXMAN MEMBER	1.00	X		X				0.	0.	0.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the Organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer Identification number

39-0806312

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARK E. BRICKMAN MEMBER	0.80	X						0.	0.	0.
MARK GOLDSTEIN MEMBER	0.30	X						0.	0.	0.
MARLENE LAUWASSER MEMBER	1.00	X						0.	0.	0.
MELINDA SWARTZ MEMBER	0.50	X						0.	0.	0.
MICHAEL GREEN MEMBER	0.30	X						0.	0.	0.
MICHAEL MAISTELMAN MEMBER	0.30	X						0.	0.	0.
MICHAEL SADOFF MEMBER	0.30	X						0.	0.	0.
MITCH MOSER MEMBER	0.80	X		X				0.	0.	0.
MITCH NELLES MEMBER	0.50	X						0.	0.	0.
MOSHE KATZ MEMBER	1.00	X		X				0.	0.	0.
NANCY BARNETT MEMBER	0.50	X						0.	0.	0.
NATHAN BERNSTEIN MEMBER	0.30	X						0.	0.	0.
NATHAN FISHBACH MEMBER	0.30	X						0.	0.	0.
NATHANIEL HOFFMAN MEMBER	0.30	X						0.	0.	0.
PENNY DESHUR MEMBER	0.50	X						0.	0.	0.
RABBI JACOB HERBER MEMBER	0.30	X						0.	0.	0.
REBECCA GURALNICK MEMBER	0.30	X						0.	0.	0.
RICHARD RUVIN MEMBER	0.30	X						0.	0.	0.
ROBERTA LONDON MEMBER	0.10	X						0.	0.	0.
ROBERT L. HABUSH MEMBER	0.30	X						0.	0.	0.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the Organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer Identification number

39-0806312

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROSALIE S. GELLMAN MEMBER	0.30	X						0.	0.	0.
SANFORD MITZ MEMBER	0.50	X						0.	0.	0.
SARA HERMANOFF MEMBER	0.30	X						0.	0.	0.
SCOTT SAMPSON MEMBER	0.50	X		X				0.	0.	0.
STAN AZIMOV MEMBER	0.30	X						0.	0.	0.
STEPHANIE DYKEMAN MEMBER	0.30	X						0.	0.	0.
STEPHANIE WAGNER MEMBER	0.80	X						0.	0.	0.
STEPHEN E. RICHMAN MEMBER	0.30	X						0.	0.	0.
STEPHEN L. CHERNOF MEMBER	0.30	X						0.	0.	0.
SUE STRAIT MEMBER	0.80	X						0.	0.	0.
SUSAN ANGEL MILLER MEMBER	0.30	X						0.	0.	0.
SUZY ETTINGER MEMBER	0.30	X						0.	0.	0.
TODD GRUEN MEMBER	0.30	X						0.	0.	0.
YONATAN ZVI MEMBER	0.50	X						0.	0.	0.
RICHARD MEYER EXECUTIVE VICE PRESIDENT	38.00			X				253,351.	0.	8,915.
AUTUMN ANFANG CFO	40.00				X			100,008.	0.	6,466.
MELVIN ZARET FORMER PRESIDENT	0.30					X		39,805.	0.	12,855.

Supplemental Information on Tax-Exempt Bonds
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).
▶ Attach to Form 990. See separate instructions.

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

Part I Bond Issues SEE SCHEDULE O FOR COLUMN (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	
							Yes	No	Yes	No
A	COLORADO EDUCATIONAL AND CULTURAL FACILITIES AUT	84-0896727	196458F57	06/01/05	48715000.	FINANCE NEW CONSTRUCTION AND IM		X		X
B	COLORADO EDUCATIONAL AND CULTURAL FACILITIES AUT	84-0896727	19645RCJ8	10/25/07	7,000,000.	FINANCE NEW CONSTRUCTION AND IM		X		X
C										
D										
E										

Part II Proceeds

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue	48,715,000.		7,000,000.							
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
9 Were the bonds issued as part of a current refunding issue? ...		X		X						
10 Were the bonds issued as part of an advance refunding issue?		X		X						
11 Has the final allocation of proceeds been made?		X		X						
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III Private Business Use

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X						
2 Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X						

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
b Are there any research agreements with respect to the financed property which may result in private business use? ...		X		X						
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X						
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		%		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X						
2 Is the bond issue a variable rate issue?		X		X						
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X						
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		X		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?										
5 Were any gross proceeds invested beyond an available temporary period?		X		X						
6 Did the bond issue qualify for an exception to rebate?		X		X						

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

Open To Public Inspection

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

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	RICHARD H. MEYER				X	0.	139,234.		X	X
Total				▶ \$	139,234.					

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
KATHIE BERNSTEIN	FAMILY MEMBER OF A	69,970.	EMPLOYEE		X
ARI FRIEDMAN	FAMILY MEMBER OF A	65,176.	EMPLOYEE		X
ELLIE GETTINGER	FAMILY MEMBER OF A	37,998.	EMPLOYEE		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

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

MISSION OF THE MILWAUKEE JEWISH FEDERATION IS TO ENSURE THE CONTINUITY
OF THE JEWISH PEOPLE, TO ENHANCE THE QUALITY OF JEWISH LIFE AND TO
BUILD A STRONG, UNIFIED AND INCLUSIVE JEWISH COMMUNITY IN MILWAUKEE, IN
ISRAEL AND THROUGHOUT THE WORLD.

THE MILWAUKEE JEWISH FEDERATION FUNCTIONS AS THE CONVENER OF THE JEWISH
COMMUNITY IN MILWAUKEE, ENGAGED IN COMMUNITY PLANNING AND THE RAISING
AND ALLOCATION OF FUNDS-INCLUDING MONIES THAT SUPPORT ELEVEN
CONSTITUENT AGENCIES WHICH ARE INDEPENDENT 501(C)(3) ORGANIZATIONS.

IN ORDER TO FULFILL ITS MISSION, THE MILWAUKEE JEWISH FEDERATION ALSO
ADMINISTERS A SERIES OF DIRECT PROGRAM SERVICES. THE LARGEST OF THESE
ARE THE COALITION FOR JEWISH LEARNING, THE JEWISH MUSEUM MILWAUKEE AND
"THE WISCONSIN JEWISH CHRONICLE".

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

MILWAUKEE, IN ISRAEL AND THROUGHOUT THE WORLD.

THE MILWAUKEE JEWISH FEDERATION FUNCTIONS AS THE CONVENER OF THE JEWISH
COMMUNITY IN MILWAUKEE, ENGAGED IN COMMUNITY PLANNING AND THE RAISING
AND ALLOCATION OF FUNDS - INCLUDING MONIES THAT SUPPORT ELEVEN
CONSTITUENT AGENCIES WHICH ARE INDEPENDENT 501(C)(3) ORGANIZATIONS.

IN ORDER TO FULFILL ITS MISSION, THE MILWAUKEE JEWISH FEDERATION ALSO
ADMINISTERS A SERIES OF DIRECT PROGRAM SERVICES. THE LARGEST OF THESE

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

ARE THE COALITION FOR JEWISH LEARNING, THE JEWISH MUSEUM MILWAUKEE AND
"THE WISCONSIN JEWISH CHRONICLE".

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

SPEAK WITH MORE THAN 6000 ADULTS.

CJL'S CREATIVITY CENTER PROVIDES RESOURCES FOR TEACHERS AND PARENTS,
DEVELOPS AND DISTRIBUTES CURRICULUM MATERIALS, AND EXPANDS OUTREACH
THROUGH AN IMPROVED WEBSITE.

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 THE HELEN BADER FOUNDATION.

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

OTHERS VISIT THE JMM AND ENJOY DOCENT-LED SPECIAL TOURS.

SCHOLARLY RESEARCHERS ARE ASSISTED WITH THEIR REQUESTS FOR INFORMATION
AND MATERIALS BY THE 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.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

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

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 CYCLE EVENTS THROUGH ARTICLES AND
PHOTOGRAPHS, SO AS TO ACT AS A HISTORY OF THE COMMUNITY.

MAINTAIN AN ADVERTISING MEDIUM FOR REACHING THE JEWISH POPULATION.

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

THE ISRAEL CENTER/PARTNERSHIP 2000 (IC/P2K) PROGRAM OF THE MILWAUKEE
JEWISH FEDERATION PLAYS A KEY ROLE IN ENSURING ONGOING CULTURAL AND
PERSONAL CONTACT BETWEEN THE MILWAUKEE JEWISH COMMUNITY AND ISRAEL,
WITH A FOCUS ON OUR PARTNERSHIP 2000 REGION OF THE SOVEV KINNERET.

MILWAUKEE JEWISH FEDERATION PROGRAM SERVICES ALSO INCLUDE THE WOMEN'S
DIVISION, WHICH RAISES MORE THAN A QUARTER OF ALL FUNDS IN THE ANNUAL
CAMPAIGN AND IS RESPONSIBLE FOR IMPORTANT POLITICAL AND CULTURAL
PROGRAMMING; AND THE JEWISH COMMUNITY FOUNDATION, THE ENDOWMENT

DEVELOPMENT PROGRAM OF THE MILWAUKEE JEWISH FEDERATION, WHICH FUNCTIONS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

AS THE CENTRAL ADDRESS FOR THE CHARITABLE AND ESTATE-PLANNING

ACTIVITIES OF HUNDREDS OF MEMBERS OF OUR COMMUNITY.

EXPENSES \$ 23653820. INCLUDING GRANTS OF \$ 8498918. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: HUSBAND-WIFE RELATIONSHIPS:

JAMES DESHUR - PENNY DESHUR

MICHAEL GREEN - BETSY GREEN

JAMIE MILLER - FELICIA MILLER

GERALD STEIN - LOUISE STEIN

PARENT-CHILDREN RELATIONSHIPS:

ALBERT ADELMAN - CRAIG ADELMAN

JOSEPH BERNSTEIN - STEPHANIE WAGNER

BOB HABUSH - JODI HABUSH SINYKIN

SIBLING-SIBLING RELATIONSHIPS:

DAVID LUBAR - JOAN LUBAR

DAVID MARCUS - LINDA MARCUS (IN-LAW)

ALI RUVIN - RICK RUVIN (IN-LAW)

UNCLE-NEPHEW/NIECE:

NONE

AUNT-NEPHEW/NIECE:

NONE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

EMPLOYEE W/COMP OVER \$10K

NATHAN BERTNSTEIN - KATHIE BERNSTEIN (EE)

JENNIFER FRIEDMAN - ARI FRIEDMAN (EE)

MITCH NELLES - ELLIE GETTINGER (EE)

FORM 990, PART VI, SECTION B, LINE 11: THE CURRENT PROCESS TO REVIEW THE FORM 990 PRIOR TO FILING CONSISTS OF AN INTERNAL REVIEW BY THE EXECUTIVE VICE-PRESIDENT. THE BOARD HAS ACCESS TO THE FORM 990 UPON REQUEST. MOVING FORWARD, THE EXECUTIVE VICE-PRESIDENT AS WELL AS A SUBCOMMITTEE OF THE BOARD WILL REVIEW THE FORM 990 PRIOR TO FILING. THE FORM 990 IN SUMMARY WILL BE SHARED WITH THE BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE MILWAUKEE JEWISH FEDERATION DOES REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. SPECIFICALLY, EACH YEAR ALL BOARD MEMBERS ARE PROVIDED A COPY OF THE POLICY AND A STATEMENT TO COMPLETE, SIGN AND RETURN TO THE FEDERATION OFFICE. A COMMITTEE REVIEWS THE STATEMENTS FOR ANY CONFLICTS AND ADDRESSES ANY CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE VICE-PRESIDENT'S COMPENSATION IS REVIEWED AND NEGOTIATED BY A COMPENSATION SUBCOMMITTEE OF THE OFFICERS. THIS PROCESS OCCURS EVERY 3 YEARS IN TIME WITH THE COMPENSATION CONTRACT RENEWAL.

FORM 990, PART VI, SECTION C, LINE 19: THE ANNUAL REPORT IS AVAILABLE ON THE MILWAUKEE JEWISH FEDERATION'S WEBSITE. IT PROVIDES A SUMMARY OF INCOME

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

AND COMMUNITY ALLOCATIONS. THE CONFLICT OF INTEREST POLICY AND GOVERNING
DOCUMENTS ARE AVAILABLE UPON REQUEST.

SCHEDULE K, PART I, BOND ISSUES:

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

(B) DESCRIPTION OF PURPOSE: FINANCE NEW CONSTRUCTION AND IMPROVEMENTS

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

(B) DESCRIPTION OF PURPOSE: FINANCE NEW CONSTRUCTION AND IMPROVEMENTS

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: RICHARD H. MEYER

(A) PURPOSE OF LOAN: CASH VALUE OF SPLIT DOLLAR LIFE INSURANCE

(B) LOAN TO OR FROM ORGANIZATION? = FROM

(C) ORIGINAL PRINCIPAL AMOUNT \$ 0. (D) BALANCE DUE \$ 139234.

(E) LOAN IN DEFAULT? = NO

(F) APPROVED BY BOARD OR COMMITTEE? = YES

(G) WRITTEN AGREEMENT? = YES

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: KATHIE BERNSTEIN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF A DIRECTOR

(A) NAME OF PERSON: ARI FRIEDMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

FAMILY MEMBER OF A DIRECTOR

(A) NAME OF PERSON: ELLIE GETTINGER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF A DIRECTOR

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MJF HOLDINGS OF MILWAUKEE, LLC - 20-1088480 1360 N. PROSPECT AVENUE MILWAUKEE, WI 53202-3094	HOUSING	WISCONSIN	-42,872.	5,777.	MILWAUKEE JEWISH FEDERATION, INC.

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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
MJF HOUSING, INC. - 39-1300706 1360 N. PROSPECT AVENUE MILWAUKEE, WI 53202-3094	LOW-INCOME HOUSING	WISCONSIN	501(C)(4)		MILWAUKEE JEWISH FEDERATION, INC.
MJF HOUSING NO. 2, INC. - 39-1853067 1360 N. PROSPECT AVENUE MILWAUKEE, WI 53202-3094	LOW-INCOME HOUSING	WISCONSIN	501(C)(3)	LINE 11A, I	MILWAUKEE JEWISH FEDERATION, INC.
MJF HOUSING NO. 3, INC. - 39-1882504 1360 N. PROSPECT AVENUE MILWAUKEE, WI 53202-3094	LOW-INCOME HOUSING	WISCONSIN	501(C)(3)	LINE 11A, I	MILWAUKEE JEWISH FEDERATION, INC.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		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 other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

..... June 30, 2010

Prepared for	Milwaukee Jewish Federation, Inc. 1360 North Prospect Avenue Milwaukee, WI 53213
Prepared by	BAKER TILLY VIRCHOW KRAUSE, LLP 115 South 84th Street, Suite 400 Milwaukee, WI 53214
Amount due or refund	Overpayment of \$7,247. The entire overpayment has been applied to the estimated tax payments.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	May 16, 2011
Special Instructions	The return should be signed and dated.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2009

Department of the Treasury Internal Revenue Service (77)

For calendar year 2009 or other tax year beginning JUL 1, 2009 and ending JUN 30, 2010

Open to Public Inspection for 501(c)(3) Organizations Only

Header section containing organization name (MILWAUKEE JEWISH FEDERATION, INC.), address (1360 NORTH PROSPECT AVENUE, MILWAUKEE, WI 53213), and identification number (39-0806312).

H Describe the organization's primary unrelated business activity. SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of AUTUMN ANFANG Telephone number 414-390-5700

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include gross receipts, cost of goods sold, and total income of 292,002.

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

Table with 4 columns: Line number, Description, Sub-column, Total. Rows include compensation of officers, salaries, repairs, interest, taxes, and total deductions of 93,957.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44f), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Amount of line 48 you want (49).

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 17)

Table with 3 columns: Question, Yes, No. Includes questions about foreign financial accounts, distributions from foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

N/A

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year (1, 6), Purchases (2), Cost of labor (3), Additional section 263A costs (4a, 4b), Total (5), Cost of goods sold (7), and Section 263A rules (8).

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. EXECUTIVE VICE PRESIDENT

Paid Preparer's Use Only: Preparer's signature TROY E. MARINE, CPA; Date 02/13/11; Firm's name BAKER TILLY VIRCHOW KRAUSE, LLP; EIN 39-0859910; Phone no. (414) 777-5500

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 18)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, 3(a) Deductions directly connected with the income. Rows (1) through (4) and Total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

Table with 4 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3(a) Straight line depreciation, 3(b) Other deductions. Rows (1) through (4).

Table with 5 columns: 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Rows (1) through (4).

Totals Enter here and on page 1, Part I, line 7, column (A) 0. Enter here and on page 1, Part I, line 7, column (B) 0.

Total dividends-received deductions included in column 8 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 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. Rows (1) through (4).

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 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. Rows (1) through (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 on page 20)

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)				
Totals	0.			0.

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

(see instructions on page 21)

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)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions on page 21)

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	281,636.	188,363.		0.	148,261.	
(3)						
(4)						
Totals (carry to Part II, line (5))	281,636.	188,363.	93,273.		148,261.	93,273.

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)						
(5) Totals from Part I	281,636.	188,363.				93,273.
Totals, Part II (lines 1-5)	281,636.	188,363.				93,273.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
			%
			%
			%
			%
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
------------	---	-----------	---

ADVERTISING INCOME FROM WISCONSIN JEWISH CHRONICLE.

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	2
------------	---------------------------------	-----------	---

DESCRIPTION	AMOUNT
MK1 LLC	10,366.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	10,366.

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Type or print	Name of exempt organization MILWAUKEE JEWISH FEDERATION, INC.	Employer identification number 39-0806312
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1360 NORTH PROSPECT AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MILWAUKEE, WI 53213	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

AUTUMN ANFANG

- The books are in the care of ▶ 1360 NORTH PROSPECT AVENUE - MILWAUKEE, WI 53213
 Telephone No. ▶ 414-390-5700 FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Paperwork Reduction Act Notice, see Instructions.**

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Type or print	Name of exempt organization MILWAUKEE JEWISH FEDERATION, INC.	Employer identification number 39-0806312
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1360 NORTH PROSPECT AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MILWAUKEE, WI 53213	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

AUTUMN ANFANG

- The books are in the care of ▶ 1360 NORTH PROSPECT AVENUE - MILWAUKEE, WI 53213
 Telephone No. ▶ 414-390-5700 FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until MAY 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning JUL 1, 2009, and ending JUN 30, 2010.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 8,549.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Paperwork Reduction Act Notice, see Instructions.**

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning JUL 1, 2009, and ending JUN 30, 2010

2009

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

MILWAUKEE JEWISH FEDERATION, INC.

39-0806312

Name and title of officer

**RICHARD MEYER
EXECUTIVE VICE PRESIDENT**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>19270188</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **BAKER TILLY VIRCHOW KRAUSE, LLP** to enter my PIN **57010**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **39341753214**
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ **02/13/11**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

998031
08-20-09

Illinois Department of Revenue

IL-990-T-V

IL-990-T-V (R-09/09) ID: 2BX

Payment Voucher for Exempt Organization
Income and Replacement Tax

2009

Mail to Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009

FEIN 39-0806312 000 0

IBT 3418-3681

Make sure the Business Name, FEIN,
and Payment amount are correct.

MILWAUKEE JEWISH FEDERATION, INC.
1360 NORTH PROSPECT AVENUE
MILWAUKEE, WI 53213

Tax year ending

06	10
Month	Year

WRITE YOUR FEIN ON YOUR CHECK

\$ 684.00

Preparer's Phone Number (414) 777-5500

Print your payment amount on this line.



2009 FORM IL-990-T

Exempt Organization Income and Replacement Tax Return

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

If this return is not for calendar year 2009, write your fiscal tax year here.
 Tax year beginning JUL 1, 2009, ending JUN 30, 2010

Write the amount you are paying.
 \$ 684.

Step 1: Identify your exempt organization

A Write your exempt organization name and mailing address.
 If you have an address change, or this is your first return, check this box.

MILWAUKEE JEWISH FEDERATION, INC.
 Name

C/O or name of trust's fiduciary
1360 NORTH PROSPECT AVENUE
 Mailing address

MILWAUKEE, WI 53213
 City State ZIP

C Write your federal employer identification no. (FEIN).
39-0806312

D Check if you are taxed as a corporation.

E Check if you are taxed as a trust.

F Provide the nature of your unrelated trade or business PARTNERSHIP

G Check the box if you attached Illinois Schedule 1299-D, Income Tax Credits.

B Check the box if one of the following apply.
 first return final return Write the final date. _____

Step 2: Figure your base income or loss

1	Unrelated business taxable income or loss from U.S. Form 990-T, Line 34. Attach a copy of Page 1 of your U.S. Form 990-T.	1	<u>8,682</u> .00
2	Illinois income and replacement tax deducted in arriving at Line 1.	2	<u>684</u> .00
3	Base income or loss. Add Lines 1 and 2.	3	<u>9,366</u> .00

STOP If the amount on Line 3 is derived only from inside Illinois or if you are an Illinois resident trust, skip Step 3 and go to Step 4; otherwise complete Step 3.

Step 3: Figure your income allocable to Illinois

4	Trust, estate, or non-unitary partnership business income or loss included in Line 3.	4	<u> </u> .00
5	Business income or loss. Subtract Line 4 from Line 3.	5	<u> </u> .00
6	Total sales everywhere. This amount cannot be negative.	6	<u> </u> N/A
7	Total sales inside Illinois. This amount cannot be negative.	7	<u> </u>
8	Apportionment factor. Divide Line 7 by Line 6 (carry to six decimal places).	8	<u> </u>
9	Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.	9	<u> </u> .00
10	Trust, estate, or non-unitary partnership business income or loss apportionable to Illinois.	10	<u> </u> .00
11	Net income or loss allocable to Illinois. Add Lines 9 and 10.	11	<u> </u> .00

Step 4: Figure your net replacement tax

12	Base income or net loss from Line 3 or Line 11.	12	<u>9,366</u> .00
13	Replacement tax. Corporations multiply Line 12 by 2.5% (.025); trusts multiply by 1.5% (.015).	13	<u>234</u> .00
14	Recapture of investment credits. Attach Schedule 4255.	14	<u> </u> .00
15	Replacement tax before investment credits. Add Lines 13 and 14.	15	<u>234</u> .00
16	Investment credits. Attach Form IL-477.	16	<u> </u> .00
17	Net replacement tax. Subtract Line 16 from Line 15. Write "0" if this is a negative amount.	17	<u>234</u> .00

NS DR _____

Step 5: Figure your net income tax (see instructions)

18	Net income or loss from Line 12.	18	<u>9,366 .00</u>
19	Income tax.		
	Corporations: multiply Line 18 by 4.8% (.048);		
	Trusts: multiply Line 18 by 3% (.03).	19	<u>450 .00</u>
20	Recapture of investment credits. Attach Schedule 4255.	20	<u>.00</u>
21	Income tax before credits. Add Lines 19 and 20.	21	<u>450 .00</u>
22	Income tax credits. Attach Schedule 1299-D.	22	<u>.00</u>
23	Net income tax. Subtract Line 22 from Line 21. If the amount is negative, write "0."	23	<u>450 .00</u>

Step 6: Figure your refund or balance due

24	Net replacement tax from Line 17.	24	<u>234 .00</u>
25	Net income tax from Line 23.	25	<u>450 .00</u>
26	Total net income and replacement taxes. Add Lines 24 and 25.	26	<u>684 .00</u>
27	Payments		
	a Credit from 2008 overpayment.	27a	<u>.00</u>
	b Total estimated payments.	27b	<u>.00</u>
	c Form IL-505-B (extension) payment.	27c	<u>.00</u>
	d Gambling withholding. Attach Form W2-G.	27d	<u>.00</u>
28	Total payments. Add Lines 27a through 27d.	28	<u>.00</u>
29	Overpayment. If Line 28 is greater than Line 26, subtract Line 26 from Line 28.	29	<u>.00</u>
30	Amount to be credited to 2010.	30	<u>.00</u>
31	Refund. Subtract Line 30 from Line 29. This is the amount to be refunded.	31	<u>.00</u>
32	Tax Due. If Line 26 is greater than Line 28, subtract Line 28 from Line 26. This is the amount you owe.	32	<u>684 .</u>

▶ **Make your check payable to "Illinois Department of Revenue."** ◀
Special Note → Write the amount of your payment on the top of Page 1 in the space provided.

Step 7: Sign here

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Signature of authorized officer	Date	EXECUTIVE VICE	Title	Phone
	<u>02/13/11</u>	PRESIDENT		
Signature of preparer	Date	<u>39-0859910</u>	Preparer's Social Security number or firm's FEIN	
BAKER TILLY VIRCHOW KRAUSE, LLP	MILWAUKEE, WI 53214	<u>(414) 777-5500</u>	Phone	
Preparer firm's name (or yours, if self-employed)	Address			

▶ **Mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009** ◀

