

**COPY**

OMB No. 1545-0047

Form **990****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)

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

<b>B</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	<b>C</b> Name of organization <b>MILWAUKEE JEWISH FEDERATION, INC.</b>		<b>D</b> Employer identification number <b>39-0806312</b>
	Doing Business As		<b>E</b> Telephone number <b>(414) 390-5700</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>83,400,805.</b>
	<b>1360 NORTH PROSPECT AVENUE</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City, town, or post office, state, and ZIP code <b>MILWAUKEE, WI 53213</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>HANNAH ROSENTHAL</b> <b>SAME AS C ABOVE</b>			<b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.MILWAUKEEJEWISH.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1902</b> <b>M</b> State of legal domicile: <b>WI</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THROUGH THE DEVELOPMENT OF COMMUNITY-WIDE FINANCIAL SUPPORT, PLANNING AND ALLOCATIONS, THE</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>96</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>96</b>
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>79</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>700</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>300,690.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>10,948.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>14,462,602.</b>	<b>19,003,661.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,146,881.</b>	<b>2,202,669.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>3,612,813.</b>	<b>7,592,324.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>775,950.</b>	<b>376,845.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>20,998,246.</b>	<b>29,175,499.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>12,159,923.</b>	<b>15,064,529.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>3,775,905.</b>	<b>3,499,855.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,235,701.</b>	<b>0.</b>	<b>0.</b>
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>8,526,282.</b>	<b>8,501,644.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>24,462,110.</b>	<b>27,066,028.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-3,463,864.</b>	<b>2,109,471.</b>
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>Net Assets or Fund Balances</b>	<b>21</b> Total liabilities (Part X, line 26)	<b>174,680,026.</b>	<b>184,294,163.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>75,246,458.</b>	<b>72,297,241.</b>
		<b>99,433,568.</b>	<b>111,996,922.</b>

**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.

<b>Sign Here</b>	Signature of officer <i>Hannah Rosenthal</i>	Date <b>2-12-14</b>
	Type or print name and title <b>HANNAH ROSENTHAL, PRESIDENT</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DAVE GLOBIG</b>	Preparer's signature <b>DAVE GLOBIG</b>	Date <b>02/07/14</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01356041</b>
	Firm's name ▶ <b>WIPFLI LLP</b>	Firm's EIN ▶ <b>39-0758449</b>	Phone no. <b>414-431-9300</b>		
	Firm's address ▶ <b>10000 INNOVATION DRIVE, SUITE 250 MILWAUKEE, WI 53226-4837</b>				

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



**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X**1** Briefly describe the organization's mission:

THROUGH THE DEVELOPMENT OF COMMUNITY-WIDE FINANCIAL SUPPORT, PLANNING AND ALLOCATIONS, THE MISSION OF THE MILWAUKEE JEWISH FEDERATION IS TO ENSURE THE CONTINUITY OF THE JEWISH PEOPLE, TO ENHANCE THE QUALITY OF JEWISH LIFE AND TO BUILD A STRONG, UNIFIED AND INCLUSIVE JEWISH

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

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 162,546. including grants of \$ ) (Revenue \$ 2,280.)

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. 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.

**4b** (Code: ) (Expenses \$ 434,132. including grants of \$ ) (Revenue \$ 182,485.)

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

**4c** (Code: ) (Expenses \$ 303,964. including grants of \$ ) (Revenue \$ 300,795.)

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

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

(Expenses \$ 23,612,530. including grants of \$ 15,064,529.) (Revenue \$ 1,416,419.)

**4e** Total program service expenses 24,513,172.



**Part IV Checklist of Required Schedules**

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

**Part IV** Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV	X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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



**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	54	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	79	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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: See instructions for 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?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
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?		
10	<b>Section 501(c)(7) organizations. Enter:</b>		
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	<b>Section 501(c)(12) organizations. Enter:</b>		
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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	



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

Check if Schedule O contains a response to any question in this Part VI

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

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 96 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 96		
<b>2</b> 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? ..... <b>2</b>	X	
<b>3</b> 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? ..... <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... <b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? ..... <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	X	
<b>9</b> 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 ..... <b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? ..... <b>10a</b>		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ..... <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..... <b>11a</b>		X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. .... <b>12a</b>	X	
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... <b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... <b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ..... <b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? ..... <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? ..... <b>14</b>	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official ..... <b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization ..... <b>15b</b>		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... <b>16a</b>		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... <b>16b</b>		

**Section C. Disclosure**

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

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

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►  
**TOM LINDOW - (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**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARLENE LAUWASSER BOARD CHAIR	5.00	X		X				0.	0.	0.
(2) NANCY BARNETT VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(3) FRED CROEN VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(4) DAVID J. LUBAR VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(5) MITCH MOSER VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(6) ANDREA SCHNEIDER VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(7) SUSAN LUBAR SOLVANG VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(8) DANIEL BADER TREASURER	1.00	X		X				0.	0.	0.
(9) DR. SHARYL PALEY SECRETARY	1.00	X		X				0.	0.	0.
(10) JOYCE ALTMAN MEMBER	0.30	X						0.	0.	0.
(11) BRUCE ARBIT MEMBER	0.30	X						0.	0.	0.
(12) DANNY ARNSTEIN MEMBER	0.30	X						0.	0.	0.
(13) DAVID ARNSTEIN MEMBER	0.30	X						0.	0.	0.
(14) STAN AZIMOV MEMBER	0.30	X						0.	0.	0.
(15) ADAM BAZELON MEMBER	0.30	X						0.	0.	0.
(16) JERRY BENJAMIN MEMBER	0.30	X						0.	0.	0.
(17) JOSEPH M BERNSTEIN 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NATHAN BERNSTEIN MEMBER	0.30	X						0.	0.	0.
(19) ALAN BORSUK MEMBER	0.30	X						0.	0.	0.
(20) MARK E. BRICKMAN MEMBER	0.30	X						0.	0.	0.
(21) ELLIS BROMBERG MEMBER	0.30	X						0.	0.	0.
(22) JAYNE BUTLEIN MEMBER	0.30	X						0.	0.	0.
(23) STEPHEN L. CHERNOF MEMBER	0.30	X						0.	0.	0.
(24) BETTY CHRUSTOWSKI MEMBER	0.30	X						0.	0.	0.
(25) ROB COHEN MEMBER	0.30	X						0.	0.	0.
(26) NITA CORRE MEMBER	0.30	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								518,854.	0.	103,855.
<b>d Total (add lines 1b and 1c)</b>								518,854.	0.	103,855.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **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** **X**
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4** **X**
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5** **X**

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NELSON'S LANDSCAPING & SNOW REMOVAL SERVICE 2345 W. MILL RD., GLENDALE, WI 53209	LANDSCAPING & SNOW REMOVAL	188,449.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>1</b>		

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (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			
(27) BRAD DALLET MEMBER	0.30	X						0.	0.	0.
(28) JOE DEVORKIN MEMBER	0.30	X						0.	0.	0.
(29) GREGORY DORF MEMBER	0.30	X						0.	0.	0.
(30) STEPHANIE DYKEMAN MEMBER	0.30	X						0.	0.	0.
(31) SUZY ETTINGER MEMBER	0.30	X						0.	0.	0.
(32) MIRIAM FLEMING MEMBER	0.30	X						0.	0.	0.
(33) ANDREA FLORSHEIM MEMBER	0.30	X						0.	0.	0.
(34) JANE GELLMAN MEMBER	0.30	X						0.	0.	0.
(35) ROSALIE S. GELLMAN MEMBER	0.30	X						0.	0.	0.
(36) MARK GOLDSTEIN MEMBER	0.30	X						0.	0.	0.
(37) IDY GOODMAN MEMBER	0.30	X						0.	0.	0.
(38) DON GRANDE MEMBER	0.30	X						0.	0.	0.
(39) EILEEN GRAVES MEMBER	0.30	X						0.	0.	0.
(40) BETSY L. GREEN MEMBER	0.30	X						0.	0.	0.
(41) MICHAEL GREEN MEMBER	0.30	X						0.	0.	0.
(42) BEVERLY GREENBERG MEMBER	0.30	X						0.	0.	0.
(43) REBECCA GURALNICK MEMBER	0.30	X						0.	0.	0.
(44) JUDY GUTEN MEMBER	0.30	X						0.	0.	0.
(45) SARA HERMANOFF MEMBER	0.30	X						0.	0.	0.
(46) LISA HILLER MEMBER	0.30	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (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			
(47) NATHANIEL HOFFMAN MEMBER	0.30	X						0.	0.	0.
(48) LORRAINE HOFFMANN MEMBER	0.30	X						0.	0.	0.
(49) SARAH HWANG MEMBER	0.30	X						0.	0.	0.
(50) MARC JACOBSON MEMBER	0.30	X						0.	0.	0.
(51) RABBI WES KALMAR MEMBER	0.30	X						0.	0.	0.
(52) MOSHE KATZ MEMBER	0.30	X						0.	0.	0.
(53) JUDI KETTEN MEMBER	0.30	X						0.	0.	0.
(54) LORI KIMMEL MEMBER	0.30	X						0.	0.	0.
(55) MICHAEL LAPPIN MEMBER	0.30	X						0.	0.	0.
(56) BETTY LIEBERMAN MEMBER	0.30	X						0.	0.	0.
(57) KEITH LINDENBAUM MEMBER	0.30	X						0.	0.	0.
(58) JODY KAUFMAN LOEWENSTEIN MEMBER	0.30	X						0.	0.	0.
(59) DAVID P. LOWE MEMBER	0.30	X						0.	0.	0.
(60) JOAN LUBAR MEMBER	0.30	X						0.	0.	0.
(61) LINDA MARCUS MEMBER	0.30	X						0.	0.	0.
(62) RACHAEL MARKS MEMBER	0.30	X						0.	0.	0.
(63) SUSAN ANGEL MILLER MEMBER	0.30	X						0.	0.	0.
(64) SANFORD MITZ MEMBER	0.30	X						0.	0.	0.
(65) CHERYL MOSER MEMBER	0.30	X						0.	0.	0.
(66) ABIGAIL NASH MEMBER	0.30	X						0.	0.	0.
Total to Part VII, Section A, line 1c										



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (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			
(67) MITCH NELLES MEMBER	0.30	X						0.	0.	0.
(68) ARLEEN PELTZ MEMBER	0.30	X						0.	0.	0.
(69) BEVERLY PERLSON MEMBER	0.30	X						0.	0.	0.
(70) JILL PLAVNICK MEMBER	0.30	X						0.	0.	0.
(71) INNA PULLIN MEMBER	0.30	X						0.	0.	0.
(72) FRAN RICHMAN MEMBER	0.30	X						0.	0.	0.
(73) JOSH RICHMAN MEMBER	0.30	X						0.	0.	0.
(74) STEPHEN E. RICHMAN MEMBER	0.30	X						0.	0.	0.
(75) GWEN RIVKIN MEMBER	0.30	X						0.	0.	0.
(76) LAURI ROTH MEMBER	0.30	X						0.	0.	0.
(77) RICHARD RUVIN MEMBER	0.30	X						0.	0.	0.
(78) ALLEN L. SAMSON MEMBER	0.30	X						0.	0.	0.
(79) KAREN SCHAPIRO MEMBER	0.30	X						0.	0.	0.
(80) YONI SCHLUSSEL MEMBER	0.30	X						0.	0.	0.
(81) RABBI YOSEF SCHLUSSEL MEMBER	0.30	X						0.	0.	0.
(82) BRIAN SCHUPPER MEMBER	0.30	X						0.	0.	0.
(83) RABBI SHARI SHAMAH MEMBER	0.30	X						0.	0.	0.
(84) RABBI SHMAYA SHMOTKIN MEMBER	0.30	X						0.	0.	0.
(85) DAN SINYKIN MEMBER	0.30	X						0.	0.	0.
(86) JODI HABUSH SINYKIN MEMBER	0.30	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(87) GERALD STEIN <u>MEMBER</u>	0.30	X						0.	0.	0.
(88) LOUISE STEIN <u>MEMBER</u>	0.30	X						0.	0.	0.
(89) BECCA STEINMAN <u>MEMBER</u>	0.30	X						0.	0.	0.
(90) SUE STRAIT <u>MEMBER</u>	0.30	X						0.	0.	0.
(91) MELINDA SWARTZ <u>MEMBER</u>	0.30	X						0.	0.	0.
(92) MARCI TAXMAN <u>MEMBER</u>	0.30	X						0.	0.	0.
(93) LESLIE USOW <u>MEMBER</u>	0.30	X						0.	0.	0.
(94) STEPHANIE WAGNER <u>MEMBER</u>	0.30	X						0.	0.	0.
(95) PETER WEIL <u>MEMBER</u>	0.30	X						0.	0.	0.
(96) DAVID WERNER <u>MEMBER</u>	0.30	X						0.	0.	0.
(97) HANNAH ROSENTHAL <u>CEO</u>	38.00			X				55,761.	0.	871.
(98) THOMAS LINDOW <u>CFO</u>	38.00			X				83,639.	0.	21,749.
(99) SHERYL PRIMAKOW <u>COO</u>	38.00			X				148,369.	0.	29,919.
(100) CAREN GOLDBERG <u>EXECUTIVE DIRECTOR</u>	38.00			X				109,872.	0.	34,307.
(101) BERT BILSKY <u>SENIOR LEGACY ADVISOR</u>	38.00 1.00					X		121,213.	0.	17,009.
<b>Total to Part VII, Section A, line 1c</b>								<b>518,854.</b>		<b>103,855.</b>



**Part VIII** Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	80,226.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	18,923,435.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			19,003,661.			
<b>Program Service Revenue</b>	Business Code						
	2 a RENT FROM EXEMPT BUILDING	900099	1,874,729.	1,874,729.			
	b NEWSPAPER ADVERTISING	511110	300,690.		300,690.		
	c OTHER INCOME	900099	27,250.	27,250.			
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		2,202,669.				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		5,796,954.			5,796,954.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	(i) Real (ii) Personal						
	6 a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	55,984,888.				
	b Less: cost or other basis and sales expenses		54,189,518.				
	c Gain or (loss)		1,795,370.				
	d Net gain or (loss)		1,795,370.			1,795,370.	
	8 a Gross income from fundraising events (not including \$ 80,226. of contributions reported on line 1c). See Part IV, line 18	a	0.				
	b Less: direct expenses	b	35,788.				
	c Net income or (loss) from fundraising events		-35,788.			-35,788.	
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a CEMETARY INCOME	900099	412,633.			412,633.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		412,633.					
12 Total revenue. See instructions.		29,175,499.	1,901,979.	300,690.	7,969,169.		

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	14,439,478.	14,439,478.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	625,051.	625,051.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	628,845.		628,845.	
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	2,200,392.	1,096,475.	342,495.	761,422.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	78,013.	36,948.	23,767.	17,298.
9 Other employee benefits	375,058.	171,632.	117,913.	85,513.
10 Payroll taxes	217,547.	82,861.	70,534.	64,152.
11 Fees for services (non-employees):				
a Management				
b Legal	19,620.	9,379.	3,573.	6,668.
c Accounting	35,885.	8,121.	6,025.	21,739.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	633,803.	633,803.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	218,517.	191,436.	14,696.	12,385.
12 Advertising and promotion	75,632.	29,772.		45,860.
13 Office expenses	296,612.	190,148.	38,125.	68,339.
14 Information technology	43,947.	12,687.	15,942.	15,318.
15 Royalties				
16 Occupancy	2,028,118.	1,914,783.	37,176.	76,159.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	27,289.	10,713.	7,627.	8,949.
20 Interest	2,203,747.	2,203,747.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,312,582.	2,312,582.		
23 Insurance	108,685.	95,325.	7,296.	6,064.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>RESERVE FOR ANNUAL CAMP</b>	158,828.	158,828.		
b <b>BAD DEBT EXPENSE</b>	53,852.	53,852.		
c <b>UBIT TAXES</b>	6,626.	6,626.		
d				
e All other expenses	277,901.	228,925.	3,141.	45,835.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	27,066,028.	24,513,172.	1,317,155.	1,235,701.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)



**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	3,373,859.	1	2,381,669.
	2 Savings and temporary cash investments	4,317,439.	2	6,703,986.
	3 Pledges and grants receivable, net	5,083,691.	3	5,664,604.
	4 Accounts receivable, net	273,126.	4	601,233.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	220,386.	7	233,836.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	97,348.	9	203,742.
	10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D	10a 66,646,776.		
	b Less: accumulated depreciation	10b 20,482,123.	10c	46,164,653.
	11 Investments - publicly traded securities	111,700,186.	11	119,807,805.
	12 Investments - other securities. See Part IV, line 11	134,576.	12	1,547,785.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	788,541.	15	984,850.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	174,680,026.	16	184,294,163.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	799,313.	17	1,171,622.
	18 Grants payable	4,631,502.	18	4,236,888.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	54,340,000.	20	54,340,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	15,475,643.	25	12,548,731.
	26 <b>Total liabilities.</b> Add lines 17 through 25	75,246,458.	26	72,297,241.
	<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		59,686,239.	27	68,814,987.
28 Temporarily restricted net assets		39,747,329.	28	43,181,935.
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 <b>Total net assets or fund balances</b>	99,433,568.	33	111,996,922.	
34 <b>Total liabilities and net assets/fund balances</b>	174,680,026.	34	184,294,163.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,175,499.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,066,028.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,109,471.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	99,433,568.
5	Net unrealized gains (losses) on investments	5	6,888,595.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	1,639,575.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,925,713.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	111,996,922.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

☐

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

Form 990 (2012)







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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11750398.	15627585.	15932301.	15048384.	19003661.	77362329.
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	11750398.	15627585.	15932301.	15048384.	19003661.	77362329.
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)						3695324.
6 Public support. Subtract line 5 from line 4.						73667005.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	11750398.	15627585.	15932301.	15048384.	19003661.	77362329.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3074090.	3197644.	3473845.	2717393.	6209587.	18672559.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	9,034.	9,682.	20,169.	23,442.	28,605.	90,932.
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						96125820.
12 Gross receipts from related activities, etc. (see instructions)					12	9,492,607.
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 2012 (line 6, column (f) divided by line 11, column (f))	14	76.64	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	79.35	%
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 - 2011. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13</b> 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**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>	%

**19a** 33 1/3% support tests - 2012. 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 - 2011. 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 D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	393	
2 Aggregate contributions to (during year)	15,049,376.	
3 Aggregate grants from (during year)	10,549,706.	
4 Aggregate value at end of year	38,967,642.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$	0.
(ii) Assets included in Form 990, Part X	▶ \$	140,724.

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

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



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

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

(check all that apply):

a ☒ Public exhibitiond ☒ Loan or exchange programsb ☒ Scholarly researche ☐ Otherc ☒ Preservation for future generations

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

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

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐**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	37,875,337.	36,895,067.	30,522,757.	26,798,812.	36,420,233.
b Contributions	2,956,773.	3,823,768.	3,252,377.	2,011,321.	1,197,569.
c Net investment earnings, gains, and losses	4,559,973.	133,124.	5,008,086.	3,923,028.	-6,837,369.
d Grants or scholarships	3,272,088.	2,230,311.	1,621,130.	1,952,548.	3,981,621.
e Other expenditures for facilities and programs	238,815.	290,640.			
f Administrative expenses	392,900.	455,671.	267,023.	257,856.	
g End of year balance	41,488,280.	37,875,337.	36,895,067.	30,522,757.	26,798,812.

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

a Board designated or quasi-endowment ☐ .00 %b Permanent endowment ☐ .00 %c Temporarily restricted endowment ☐ 100.00 %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,707,763.		2,707,763.
b Buildings		54,202,194.	16,406,734.	37,795,460.
c Leasehold improvements		649,545.	486,573.	162,972.
d Equipment		6,560,484.	3,588,816.	2,971,668.
e Other	2,471,365.	55,425.		2,526,790.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ☐ 46,164,653.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
(I) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) POST-RETIREMENT BENEFIT LIABILITY	33,400.
(3) ASSETS HELD ON BEHALF OF CEMETARY	3,001,535.
(4) PASSPORT TO ISRAEL	557,084.
(5) DEFERRED SUPPORT OF CHARITABLE	
(6) GIFT ANNUITIES	3,385,309.
(7) INTEREST RATE SWAP	5,571,403.
(8) .....	
(9) .....	
(10) .....	
(11) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

12,548,731.

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



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

1	Total revenue, gains, and other support per audited financial statements	1	34,004,495.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	6,888,595.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,217,428.
e	Add lines 2a through 2d	2e	8,106,023.
3	Subtract line 2e from line 1	3	25,898,472.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	3,277,027.
c	Add lines 4a and 4b	4c	3,277,027.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	29,175,499.

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

1	Total expenses and losses per audited financial statements	1	27,897,411.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	831,383.
e	Add lines 2a through 2d	2e	831,383.
3	Subtract line 2e from line 1	3	27,066,028.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	27,066,028.

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

**PART III, LINE 4: THE JEWISH MUSEUM MILWAUKEE PRESERVES AND PRESENTS THE**

**JEWISH EXPERIENCE THROUGH THE LENS OF GREATER MILWAUKEE, AND CELEBRATES**

**THE CONTINUUM OF JEWISH HERITAGE AND CULTURE. THE ARCHIVES, EXHIBITIONS,**

**PROGRAMS AND PUBLICATIONS SHALL INSPIRE PUBLIC APPRECIATION FOR THE**

**DIVERSITY OF JEWISH LIFE IN A LOCAL AND GLOBAL HISTORIC CONTEXT.**

**GOALS OF THE JEWISH MUSEUM ARE:**

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

**Part XIII** Supplemental Information (continued)THE JEWISH EXPERIENCE

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

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

-TO PROMOTE INTER-FAITH UNDERSTANDING BY PROVIDING A CENTRAL JEWISH RESOURCE ACCESSIBLE TO THE GREATER METROPOLITAN AREA

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

PART V, LINE 4: THE ENDOWMENTS WILL FORM A PERMANENT BASE OF SUPPORT FOR OUR LOCAL COMMUNITY, OUR AGENCIES, AND OUR PROGRAMS.

PART X, LINE 2: THE FEDERATION RECOGNIZES THE BENEFITS OF A TAX POSITION ONLY AFTER DETERMINING WHETHER IT IS MORE LIKELY THAN NOT THAT THE TAXING AUTHORITY WOULD SUSTAIN THE TAX POSITION UPON EXAMINATION OF THE TECHNICAL MERITS OF THE TAX POSITION ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. THE FEDERATION RECORDED NO ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS. TAX RETURNS FOR THE TAX YEARS 2010 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

<u>HUD INCOME</u>	<u>1,181,640.</u>
<u>FUNDRAISING EXPENSES</u>	<u>35,788.</u>
<u>TOTAL TO SCHEDULE D, PART XI, LINE 2D</u>	<u>1,217,428.</u>

PART XI, LINE 4B - OTHER ADJUSTMENTS:

**Part XIII** Supplemental Information (continued)

DIVIDEND FROM HUD 3,070,793.

CHANGE IN TRUST LIABILITIES 206,234.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 3,277,027.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

HUD EXPENSES 795,595.

FUNDRAISING EXPENSES 35,788.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 831,383.



Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2012

### Open To Public Inspection

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

## Part I

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

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 ECONOMIC FORUM	(b) Event #2 SPIRIT OF COMMUNITY	(c) Other events 6	(d) Total events (add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts .....	27,300.	21,184.	31,742.	80,226.
	2	Less: Contributions .....	27,300.	21,184.	31,742.	80,226.
	3	Gross income (line 1 minus line 2) .....				
Direct Expenses	4	Cash prizes .....				
	5	Noncash prizes .....				
	6	Rent/facility costs .....	8,768.		831.	9,599.
	7	Food and beverages .....	3,185.		3,713.	6,898.
	8	Entertainment .....			349.	349.
	9	Other direct expenses .....	6,973.	1,308.	10,661.	18,942.
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....				( 35,788 )
	11	Net income summary. Combine line 3, column (d), and line 10.....				-35,788.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			( )
	8	Net gaming income summary. Combine line 1, column d, and line 7			

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- |  |     |                              |                             |
|--|-----|------------------------------|-----------------------------|
| 11 Does the organization operate gaming activities with nonmembers? .....  |     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ..... |     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 Indicate the percentage of gaming activity operated in:   |     |                              |                             |
| a The organization's facility .....  | 13a |                              | %                           |
| b An outside facility .....  | 13b |                              | %                           |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:   |     |                              |                             |

Name ►

Address ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name 

Address ►

**16 Gaming manager information:**

Name ►

Gaming manager compensation ▶ \$

Description of services provided ►

☐ Director/officer☐ Employee☐ Independent contractor

**17 Mandatory distributions:**

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

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

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



**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

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

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

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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
10/36 FRIENDS INC. PO BOX 88401 MILWAUKEE, WI 53288-0401	39-6081120	501(C)(3)	9,001.	0.			GENERAL SUPPORT
ADLER PLANETARIUM 1300 LAKE SHORE DRIVE CHICAGO, IL 60605	36-6210902	501(C)(3)	10,000.	0.			LIFE-OFF CAMPAIGN
AIDS RESOURCE CENTER OF WISCONSIN 820 N PLANKINTON AVENUE MILWAUKEE, WI 53202-0467	39-1534049	501(C)(3)	11,400.	0.			GENERAL SUPPORT
ALVERNO COLLEGE 3400 S 43RD STREET MILWAUKEE, WI 53219	39-0805263	501(C)(3)	19,000.	0.			GENERAL SUPPORT
ALZHEIMER'S ASSOCIATION-SOUTHEAST WISCONSIN CHAPTER - 620 S 76 STREET STE 160 - MILWAUKEE, WI 53214	39-1350965	501(C)(3)	15,300.	0.			GENERAL SUPPORT
AM YISRAEL SYNAGOGUE 4 HAPP ROAD NORTHFIELD, IL 60093	13-1659707	501(C)(3)	6,930.	0.			GENERAL SUPPORT

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

162.

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

0.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2012)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	AMERICAN FRIENDS OF MAGEN DAVID ADOM - 352 7TH AVE RM 400 - NEW YORK, NY 10001-5189	13-1790719	501(C)(3)	5,180.	0.			GENERAL SUPPORT
	ANSHE SPARD KEHILLAT TORAH 6717 N GREEN BAY AVENUE GLENDALE, WI 53209	39-1572032	501(C)(3)	22,230.	0.			GENERAL SUPPORT
	ARZA WORLD UNION NO AMER-KEHILLAT YOZMA - 633 THIRD AVENUE - NEW YORK, NY 10017-6778	13-1663143	501(C)(3)	20,200.	0.			GENERAL SUPPORT
	ASPEN INSTITUTE INC 1000 N THIRD STREET ASPEN, CO 81611	84-0399096	501(C)(3)	6,700.	0.			GENERAL SUPPORT
	ASSOCIATION OF CHEVROS KADISHA INC. - 85-18 117TH STREET - RICHMOND HILLS, NY 11418	11-3364887	501(C)(3)	6,200.	0.			\$2600 TAHARA CERTIFICATE DEDICATION; \$3600 GENERAL SUPPORT
	AURORA HEALTH CARE FOUNDATION 950 N. 12TH STREET SUITE A511 MILWAUKEE, WI 53201	93-0828294	501(C)(3)	6,310.	0.			GENERAL SUPPORT
	AURORA SINAI MEDICAL CENTER 945 N 12TH STREET MILWAUKEE, WI 53233	39-0806181	501(C)(3)	10,771.	0.			\$5,000 ROBYN TEMKIN MEMORIAL FUND; \$3871 CTR SENIOR HEALTH; \$1,900 GENERAL SUPPORT
	BETHLEHEM CHABAD 75A ELSMERE DELMAR, NY 12054	45-3828519	501(C)(3)	9,360.	0.			GENERAL SUPPORT
	BIRTHEIGHT ISRAEL FOUNDATION 33 EAST 33RD STREET NEW YORK, NY 10016	13-4092050	501(C)(3)	9,200.	0.			GENERAL SUPPORT

Schedule I (Form 990)

39-0806312

## MILWAUKEE JEWISH FEDERATION, INC.

Schedule I (Form 990) 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
BLOOD CENTER OF WISCONSIN INC 638 N 18TH STREET MILWAUKEE, WI 53233	39-0807235	501(C)(3)	11,300.	0.			GENERAL SUPPORT
B'NAI AVIV 1410 INDIAN TRACE WESTON, FL 33326	65-0096470	501(C)(3)	11,000.	0.			GENERAL SUPPORT
B'NAI B'RITH YOUTH ORG WI REGION BBYO - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	31-1794932	501(C)(3)	126,970.	0.			\$53,140 GENERAL SUPPORT; \$63,830 OPERATIONAL ASSISTANCE
BOYS & GIRLS CLUBS GRTR MILW WI 53212 - PO BOX 12486 1558 N 6TH STREET - MILWAUKEE, WI 53201	39-0806292	501(C)(3)	22,350.	0.			GENERAL SUPPORT \$26,000 ONE HAPPY CAMPER SCHOLARSHIPS; \$20,200 CAMP SCHOLARSHIPS; \$5,300 GENERAL SUPPORT
CAMP INTERLAKEN 6255 N SANTA MONICA BLVD MILWAUKEE, WI 53217	39-0806234	501(C)(3)	5,300.	0.			GENERAL SUPPORT
CAMP RAMAH IN WISCONSIN 65 EAST WACKER PLACE #1200 CHICAGO, IL 60601	36-3866094	501(C)(3)	8,626.	0.			GENERAL SUPPORT
CANCER AWARENESS THROUGH RESEARCH AND EDUCATION ASSOCIATION - PO BOX 3740 - CAREFREE, AZ 85377-3740	20-3771288	501(C)(3)	5,600.	0.			GENERAL SUPPORT
CATHEDRAL CENTER INC 845 N VAN BUREN ST MILWAUKEE, WI 53202-3918	74-3038890	501(C)(3)	5,500.	0.			GENERAL SUPPORT \$5,000 GUSH ETZION VISITOR'S CTR ENTRANCE HALL DEDICATION; \$180 GENERAL SUPPORT
CENTRAL FUND FOR ISRAEL 71-47 171 STREET FLUSHING, NY 11355	13-2992985	501(C)(3)	5,180.	0.			GENERAL SUPPORT

Schedule I (Form 990)



MILWAUKEE JEWISH FEDERATION, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	CHABAD OF DOWNTOWN LTD PO BOX 510525 MILWAUKEE, WI 53203	39-1672482	501(C)(3)	21,300.	0.			GENERAL SUPPORT
	CHABAD OF LEHIGH 727 EVANS STREET BETHLEHEM, PA 18015	11-3587172	501(C)(3)	123,500.	0.			\$100,000 BUILDING CAMPAIGN; \$23,500 GENERAL SUPPORT
	CHABAD OF WESLEYAN 34 HIGH STREET MIDDLETON, CT 06457		501(C)(3)	25,850.	0.			GENERAL SUPPORT
	CHABAD STUDENT CENTER AT U OF M 1121 UNIVERSITY AVE MINNEAPOLIS, MN 55414	27-2057339	501(C)(3)	15,000.	0.			GENERAL SUPPORT
	CHILDREN'S HOSPITAL FOUNDATION MS 3050 - PO BOX 1997 - MILWAUKEE, WI 53201-1997	39-1500075	501(C)(3)	27,950.	0.			\$10,000 CAR SEAT PROJECT; DOWNTOWN HEALTH CENTER; \$17,500 GENERAL SUPPORT
	CLAL- THE NATIONAL JEWISH CENTER FOR LEARNING AND LEADERSHIP INC - 440 PARK AVENUE 4TH FLOOR - NEW YORK, NY 10016	23-7390358	501(C)(3)	13,000.	0.			GENERAL SUPPORT
	CLEVELAND CLINIC CHILDRENS HOSPITAL - 9500 EUCLID AVENUE / DVE CLEVELAND, OH 44195	34-0714570	501(C)(3)	10,000.	0.			GENERAL SUPPORT
	COA YOUTH & FAMILY CENTER 909 E NORTH AVENUE MILWAUKEE, WI 53212-3447	39-0806339	501(C)(3)	359,192.	0.			GENERAL SUPPORT
	COLLEGE OF THE DESERT FOUNDATION 43-500 MONTEREY AVENUE MAPLEWOOD, CA 92260	95-3829219	501(C)(3)	25,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990) Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGREGATION AGUDAS ACHIM CHABAD 2233 W MEQUON ROAD MEQUON, WI 53092	39-1735636	501(C)(3)	46,208.	0.			GENERAL SUPPORT
CONGREGATION BETH EPHRAIM 520 PROSPECT STREET MILWAUKEE, NJ 07040		501(C)(3)	7,080.	0.			GENERAL SUPPORT
CONGREGATION BETH ISRAEL NER TAMID 6860 N GREEN BAY AVENUE MILWAUKEE, WI 53209	39-0878010	501(C)(3)	229,902.	0.			GENERAL SUPPORT
CONGREGATION BETH JEHUDAH 3100 N 52ND STREET MILWAUKEE, WI 53216		501(C)(3)	75,815.	0.			GENERAL SUPPORT
CONGREGATION EMANU-EL B'NE JESHURUN - 2020 W BROWN DEER ROAD - RIVER HILLS, WI 53217-2000	39-0863230	501(C)(3)	526,707.	0.			GENERAL SUPPORT
CONGREGATION SHALOM 7630 N SANTA MONICA BLVD MILWAUKEE, WI 53217	13-1663143	501(C)(3)	143,490.	0.			GENERAL SUPPORT
CONGREGATION SINAI 8223 N PORT WASHINGTON RD MILWAUKEE, WI 53217-2694	39-0892487	501(C)(3)	123,432.	0.			GENERAL SUPPORT
EISENHOWER MEDICAL ASSOCIATES 39000 BOB HOPE DRIVE RANCHO MIRAGE, CA 92270-3770	95-6130458	501(C)(3)	50,100.	0.			GENERAL SUPPORT
FEEDING AMERICA EASTERN WISCONSIN INC - 1700 W FOND DU LAC AVENUE - MILWAUKEE, WI 53205-1299	39-1384593	501(C)(3)	76,725.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIEDLER HILLEL AT NORTHWESTERN UNIVERSITY - 629 FOSTER STREET - EVANSTON, IL 60201	36-2167761	501(C)(3)	10,000.	0.			\$5,000 TO NY ISRAEL LEADERSHIP SEMINAR; \$5,000 GENERAL SUPPORT
FIRST DESCENTS 767 SANTA FE DR DENVER, CO 80204-4428	81-0539964	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FIRST STAGE CHILDREN'S THEATER 325 W WALNUT STREET MILWAUKEE, WI 53212	39-1634828	501(C)(3)	26,000.	0.			GENERAL SUPPORT
FLORENTINE OPERA CO INC 930 E. BURLEIGH STREET MILWAUKEE, WI 53212	39-1098132	501(C)(3)	50,350.	0.			GENERAL SUPPORT
FOUNDATION FOR WOMEN'S CANCER 230 W MONROE STE 2528 CHICAGO, IL 60606	36-3797707	501(C)(3)	52,500.	0.			OVARIAN CANCER RESEARCH GRANT
FRIENDS OF THE ISRAEL DEFENSE FORCES - 1430 BROADWAY RM 1301 - NEW YORK, NY 10018-3383	13-3156445	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FROEDERT HOSPITAL FOUNDATION INC 9200 W WISCONSIN AVENUE MILWAUKEE, WI 53226	39-1431192	501(C)(3)	11,250.	0.			GENERAL SUPPORT
GRAND AVENUE CLUB 210 E MICHIGAN STREET N STREET, WI 53202-4901	39-1708177	501(C)(3)	11,600.	0.			GENERAL SUPPORT
HADASSAH - WOMEN'S ZIONIST ORG OF AMER - 50 W 58TH STREET - NEW YORK, NY 10102-0067		501(C)(3)	38,000.	0.			\$20,000 WESTMAN/DAVISON HOSPITAL TOWER 20 BENCHES; \$18,000 GENERAL SUPPORT

Schedule I (Form 990)



Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990) Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRY AND ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER INC - 6255 NORTH SANTA MONICA BLVD - MILWAUKEE, WI 53217	39-0806234	501(C)(3)	1,595,879.	0.			\$621,479 GENERAL SUPPORT; \$974,400 OPERATIONAL ASSISTANCE
HEERON FUND INC 1760 OCEAN AVENUE BROOKLYN, NY 11230	11-2623719	501(C)(3)	17,500.	0.			GENERAL SUPPORT
HILLEL ACADEMY 3109 N LAKE DR MILWAUKEE, WI 53211	39-1445185	501(C)(3)	200,959.	0.			OPERATIONAL ASSISTANCE
HILLEL FOUNDATION-MILWAUKEE 3053 N STOWELL AVE MILWAUKEE, WI 53211	39-1445185	501(C)(3)	146,322.	0.			\$35,679 GENERAL SUPPORT; \$110,643 OPERATIONAL ASSISTANCE
HILLEL INDIANA UNIVERSITY 730 E 3RD ST BLOOMINGTON, IN 47401-3656	20-2804389	501(C)(3)	10,000.	0.			\$5,000 NATIONAL CONFERENCE & INITIATIVES; \$5,000 OPENING SEMESTER ACTIVITIES
HILLEL TORAH DAY SCHOOL 7120 N LARAMIE AVENUE SKOKIE, IL 60077	36-2436314	501(C)(3)	5,375.	0.			GENERAL SUPPORT
HOMETOWN HEROES INC. 1000 BADGER CIR GRAFTON, WI 53024	90-0421984	501(C)(3)	7,500.	0.			GENERAL SUPPORT
HOPE HOUSE 209 W ORCHARD STREET PO BOX 04095 MILWAUKEE, WI 53204	39-1592900	501(C)(3)	5,100.	0.			GENERAL SUPPORT
HUMAN RIGHTS EDUCATION & RELIEF ORGANIZATION - MOVIE TO MOVEMENT 2950 LOS FELIZ BLVD SUITE 204 - LOS ANGELES, CA 90039		501(C)(3)	12,500.	0.			GENERAL SUPPORT

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990) Part II)	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		HUNGER TASK FORCE MILW 201 S HAWLEY COURT MILWAUKEE, WI 53214	39-1345847	501(C)(3)	86,125.	0.			\$42,600 BREAKFAST CEREAL PROGRAM; \$43,525 GENERAL SUPPORT
		INTERFAITH CONFERENCE-MILW 5409 W. VLIET STREET MILWAUKEE, WI 53208	39-1135244	501(C)(3)	9,000.	0.			OPERATIONAL ASSISTANCE
		J STREET EDUCATION FUND PO BOX 66073 WASHINGTON, DC 20035	20-2777557	501(C)(3)	11,800.	0.			GENERAL SUPPORT
		JCCA 520 EIGHTH AVENUE NEW YORK, NY 10018	13-1624060	501(C)(3)	14,400.	0.			GENERAL SUPPORT
		JEWISH BEGINNINGS 3109 N LAKE DR MILWAUKEE, WI 53211	39-1732588	501(C)(3)	86,670.	0.			OPERATIONAL ASSISTANCE
		JEWISH BEGINNINGS LUBAVITCH PRESCHOOL - 6401 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	39-1732588	501(C)(3)	11,420.	0.			GENERAL SUPPORT
		JEWISH COMMUNITY CENTER OF ROCHESTER - 1200 EDGEWOOD AVENUE - ROCHESTER, NY 14618	16-0743060	501(C)(3)	11,071.	0.			GENERAL SUPPORT
		JEWISH COMMUNITY FOOD PANTRY 5255 N SANTA MONICA BLVD MILWAUKEE, WI 53217	39-0806234	501(C)(3)	49,150.	0.			GENERAL SUPPORT
		JEWISH FAMILY SERVICES 1300 N JACKSON STREET MILWAUKEE, WI 53202	39-0806291	501(C)(3)	1,365,253.	0.			\$902,220 GENERAL SUPPORT; \$463,033 OPERATIONAL ASSISTANCE

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
JEWISH FEDERATION - GREATER MIAMI 4200 BISCAYNE BLVD. MIAMI, FL 33137	59-0624404	501(C)(3)	25,000.	0.			GENERAL SUPPORT	
JEWISH FEDERATION COUNCIL GREATER LA - PO BOX 54269 TERMINAL ANNEX - LOS ANGELES, CA 90048	95-1643388	501(C)(3)	25,000.	0.			GENERAL SUPPORT	
JEWISH FEDERATION GREATER PHILADELPHIA - 2100 ARCH STREET PHILADELPHIA - PHILADELPHIA, PA 19103	23-1500085	501(C)(3)	20,000.	0.			GENERAL SUPPORT	
JEWISH FEDERATION OF THE DESERT 69-710 HIGHWAY 111 RANCHO MIRAGE, CA 92270	23-7211881	501(C)(3)	10,750.	0.			GENERAL SUPPORT	
JEWISH FEDERATION PALM BEACH CO 4601 COMMUNITY DRIVE PALM BEACH, FL 33417	59-0948696	501(C)(3)	10,000.	0.			GENERAL SUPPORT	
JEWISH FEDERATION SO ARIZONA 3822 E RIVER ROAD STE 100 TUCSON TUCSON, AZ 85718	86-0096795	501(C)(3)	23,500.	0.			GENERAL SUPPORT	
JEWISH FEDERATION SO PALM BEACH 9901 DONNA KLEIN BLVD BOCA RATON, FL 33428-1788	59-1945109	501(C)(3)	35,850.	0.			GENERAL SUPPORT	
JEWISH FEDERATIONS OF NORTH AMERICA - 25 BROADWAY, SUITE 1700 - NEW YORK, NY 10004	13-1624240	501(C)(3)	1,982,848.	0.			\$1,971,948 OPERATIONAL ASSISTANCE; \$10,900 GENERAL SUPPORT	
JEWISH HIGH SCHOOL CONNECTICUT 2710 PARK AVENUE BRIDGEPORT, CT 06604	20-5952939	501(C)(3)	10,000.	0.			GENERAL SUPPORT	

Schedule I (Form 990)



Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH HOME & CARE CENTER FOUNDATION - 1414 N PROSPECT AVENUE - MILWAUKEE, WI 53202-3089	39-1555857	501(C)(3)	166,093.	0.			GENERAL SUPPORT
JEWISH NATIONAL FUND MILWAUKEE 60 REVERE DRIVE SUITE 840 NORTHBROOK, IL 60062	13-1659627	501(C)(3)	34,860.	0.			GENERAL SUPPORT
JEWISH UNITED FUND METRO CHICAGO 30 S WELLS STREET ROOM 4057 CHICAGO, IL 60607	36-2167034	501(C)(3)	65,644.	0.			GEN BURION WAY \$28,647; \$36,997 GENERAL SUPPORT
JEWISH VALUES ONLINE 334 W HOPKINS AVENUE ASPEN, CO 81611	27-2436116	501(C)(3)	22,000.	0.			GENERAL SUPPORT
JOURNEY HOUSE INC 2110 W SCOTT STREET MILWAUKEE, WI 53204-0000	39-1203539	501(C)(3)	7,000.	0.			GENERAL SUPPORT
KNOW THYSELF, INC 3340 N HACKETT SHOREWOOD, WI 53211	27-1255826	501(C)(3)	30,000.	0.			GENERAL SUPPORT
LAKE PARK SYNAGOGUE 3207 N HACKETT MILWAUKEE, WI 53211	39-1458726	501(C)(3)	6,890.	0.			GENERAL SUPPORT
LUBAVITCH OF WISCONSIN (RABBI SHMOTKIN) - 3109 N LAKE DRIVE MILWAUKEE - MILWAUKEE, WI 53211	39-1170927	501(C)(3)	1,195,450.	0.			GENERAL SUPPORT
MAKE A DIFFERENCE WISCONSIN 710 N PLANKINTON AVE STE 310 MILWAUKEE, WI 53203	20-5203533	501(C)(3)	13,100.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKE A WISH FOUNDATION WISCONSIN 13195 WEST HAMPTON AVENUE BUTLER, WI 53007	39-1543541	501(C)(3)	54,050.	0.			GENERAL SUPPORT
MARQUETTE UNIV DEV OFFICE PO BOX 1881 MILWAUKEE, WI 53201-1881	39-0806251	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MASORTI FOUND CONSERVATISM JUDAISM IN ISRAEL - 475 RIVERSIDE DR STE 832 - NEW YORK, NY 10115-0122	13-3137586	501(C)(3)	10,205.	0.			GENERAL SUPPORT
MAZON A JEWISH RESPONSE TO HUNGER 10495 SANTA MONICA BLVD. SUITE 100 LOS ANGELES, CA 90025	22-2624532	501(C)(3)	14,741.	0.			GENERAL SUPPORT
MCCALLUM THEATRE INSTITUTE 73000 FRED WARING DRIVE PALM DESER PALM DESERT, CA 92260	33-0334165	501(C)(3)	26,655.	0.			GENERAL SUPPORT
MECHON HADAR 190 AMSTERDAM AVE NEW YORK, NY 10023		501(C)(3)	6,500.	0.			GENERAL SUPPORT
MEDICAL COLLEGE OF WISCONSIN OFFICE OF DEVELOPMENT 8701 WATERTOWN PLANK RD - MILWAUKEE, WI 53226-0509	39-0806261	501(C)(3)	70,375.	0.			GENERAL SUPPORT
MEQUON JEWISH PRESCHOOL 11112 N CROWN COURT MEQUON, WI 53092	39-1966107	501(C)(3)	9,540.	0.			GENERAL SUPPORT
META HOUSE 2625 N. WEIL STREET MILWAUKEE, WI 53212	39-1017822	501(C)(3)	9,250.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							Schedule I (Form 990)
(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 ART MUSEUM 700 N ART MUSEUM DRIVE MILWAUKEE, WI 53202-4098	39-0806316	501(C)(3)	28,500.	0.			GENERAL SUPPORT	
MILWAUKEE BALLET COMPANY 504 W NATIONAL AVENUE MILWAUKEE, WI 53204-1792	39-1134735	501(C)(3)	91,250.	0.			GENERAL SUPPORT	
MILWAUKEE CENTER FOR INDEPENDENCE 2020 W WELLS STREET MILWAUKEE, WI 53233	39-0806257	501(C)(3)	10,100.	0.			GENERAL SUPPORT	
MILWAUKEE COLLEGE PREPARATORY SCHOOL - 2449 N 36TH STREET - MILWAUKEE, WI 53210	39-1881295	501(C)(3)	9,450.	0.			GENERAL SUPPORT	
MILWAUKEE HOMELESS VETERANS INITIATIVE - PO BOX 341236 - MILWAUKEE, WI 53208	45-4573280	501(C)(3)	10,100.	0.			GENERAL SUPPORT	
MILWAUKEE INSTITUTE OF ART & DESIGN INC - 273 E ERIE STREET - MILWAUKEE, WI 53202	39-1201551	501(C)(3)	11,350.	0.			GENERAL SUPPORT	
MILWAUKEE JEWISH DAY SCHOOL 6401 N SANTA MONICA BLVD MILWAUKEE, WI 53217	39-1384843	501(C)(3)	1,774,061.	0.			\$456,464 OPERATIONAL ASSISTANCE; \$50,000 ISRAEL TRIP; \$266,596 RETENTION PROGRAM;	
MILWAUKEE JEWISH FREE LOAN ASSOCIATION - 409 E. SILVER SPRING DRIVE - MILWAUKEE, WI 53217	26-4557997	501(C)(3)	50,100.	0.			GENERAL SUPPORT	
MILWAUKEE JEWISH HOME AND CARE CENTER - 1414 N PROSPECT AVE - MILWAUKEE, WI 53202	39-0813421	501(C)(3)	18,995.	0.			OPERATIONAL ASSISTANCE	



## MILWAUKEE JEWISH FEDERATION, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								Schedule I (Form 990)	
(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 KOLLEL INC. 5007 W KEEFE AVENUE MILWAUKEE, WI 53216	39-1643640	501(C)(3)	29,880.	0.			GENERAL SUPPORT		
MILWAUKEE PUBLIC MUSEUM 800 W WELLS STREET MILWAUKEE, WI 53233-1478	39-1723105	501(C)(3)	5,160.	0.			GENERAL SUPPORT		
MILWAUKEE REPERTORY THEATRE 108 E WELLS STREET MILWAUKEE, WI 53202	39-0946025	501(C)(3)	17,225.	0.			GENERAL SUPPORT		
MILWAUKEE RESCUE MISSION 830 N 19TH STREET MILWAUKEE, WI 53233-1616	39-0816851	501(C)(3)	5,200.	0.			GENERAL SUPPORT		
MILWAUKEE SYMPHONY ORCHESTRA 1101 N. MARKET STREET SUITE 100 MILWAUKEE, WI 53202	39-6023436	501(C)(3)	29,400.	0.			GENERAL SUPPORT		
MILWAUKEE YOUTH SYMPHONY ORCHESTRA INC - 325 W WALNUT STREET - MILWAUKEE, WI 53212	39-0973594	501(C)(3)	6,050.	0.			GENERAL SUPPORT		
MULTIPLE MYELOMA RESEARCH FOUND 383 MAIN AVENUE 5TH FLOOR NORWALK, CT 06851	06-1504413	501(C)(3)	57,000.	0.			GENERAL SUPPORT		
MUSICAL INSTRUMENT MUSEUM 4725 E MAYO BLVD PHOENIX, AZ 85050	16-1743588	501(C)(3)	10,000.	0.			TITLE 1 SCHOOLS' TRANSPORTATION		
NEW CONCEPT SELF DEVELOPMENT CENTER INC - DR MARTIN LUTHER KING JR CENTER 1531 WEST VLIET STREET - MILWAUKEE, WI 53205	39-1220236	501(C)(3)	35,700.	0.			GENERAL SUPPORT		

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
		NEXT ACT THEATER PO BOX 394 MILWAUKEE, WI 53201	39-1553360	501(C)(3)	7,800.	0.			GENERAL SUPPORT
		NICOLET HIGH SCHOOL FOUNDATION 6701 N JEAN NICOLET ROAD MILWAUKEE, WI 53217	39-1528691	501(C)(3)	25,800.	0.			SCIENCE FAIR \$15,000; \$10,800 GENERAL SUPPORT
		OHR HATORAH 7020 N GREEN BAY AVENUE GLENDALE, WI 53209	74-2986109	501(C)(3)	26,600.	0.			GENERAL SUPPORT
		OHR TORAH STONE INSTITUTION ISRAEL 49 W 45TH STREET STE 701 NEW YORK, NY 10022	13-3275531	501(C)(3)	18,000.	0.			WOMEN'S LEADERSHIP PROGRAM AT MIDRESHET LINDENBAUM
		OPERATION DREAM INC 1555 N. RIVERCENTER DR. MILWAUKEE, WI 53212	26-1455938	501(C)(3)	21,500.	0.			GENERAL SUPPORT
		ORT AMERICA 75 MAIDEN LANE 10TH FLOOR NEW YORK, NY 10038	13-5562424	501(C)(3)	5,800.	0.			GENERAL SUPPORT
		ORTHODOX UNION 11 BROADWAY NEW YORK, NY 10004-1302	13-5623717	501(C)(3)	18,600.	0.			GENERAL SUPPORT
		PALM SPRINGS AIR MUSEUM 101 MUSEUM DRIVE PALM SPRINGS, CA 92262	33-0615350	501(C)(3)	18,613.	0.			GENERAL SUPPORT
		PARK SYNAGOGUE 27500 SHAKER BLVD PEPPER PIKE PEPPER PIKE, OH 44124	34-0714533	501(C)(3)	12,960.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>PATHFINDERS</b> 4200 N HOLTON STREET STE 400 MILWAUKEE WI 53212	39-1185304	501(C)(3)	5,500.	0.			GENERAL SUPPORT
<b>PEF ISRAEL ENDOWMENT FUND</b> 317 MADISON AVENUE STE 607 NEW YORK NY 10017	13-6104086	501(C)(3)	20,300.	0.			GENERAL SUPPORT
<b>PELTZ CENTER FOR JEWISH LIFE</b> 2233 W MEQUON ROAD MEQUON WI 53092	39-1837448	501(C)(3)	10,860.	0.			GENERAL SUPPORT
<b>PENFIELD CHILDREN'S CENTER</b> 833 N 26TH STREET MILWAUKEE WI 53233-1599	39-1093701	501(C)(3)	6,460.	0.			GENERAL SUPPORT
<b>PLANNED PARENTHOOD WISC</b> 302 N JACKSON STREET MILWAUKEE WI 53202	39-0863391	501(C)(3)	21,860.	0.			GENERAL SUPPORT
<b>PRAGER UNIVERSITY FOUNDATION</b> 2325 DULLES CORNER BLVD HERNDON VA 20171	27-1763901	501(C)(3)	6,000.	0.			GENERAL SUPPORT
<b>PUBLIC POLICY FORUM</b> 633 W WISCONSIN AVE STE 406 MILWAUKEE WI 53203	39-0210040	501(C)(3)	15,100.	0.			GENERAL SUPPORT
<b>RABBINICAL COLLEGE OF AMERICA</b> 226 SUSSEX AVENUE PO BOX 1996 MORRISTOWN NJ 07962	22-6017975	501(C)(3)	30,000.	0.			GENERAL SUPPORT
<b>RAMAZH OUTDOOR ADVENTURES</b> 300 S. DAHLIA STREET #205 DENVER CO 80246	90-0582182	501(C)(3)	18,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)



Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUACH INC 6310 N PORT WASHINGTON ROAD LOWER L MILWAUKEE, WI 53217	20-3268560	501(C)(3)	22,900.	0.			GENERAL SUPPORT
SHALOM HARTMAN INSTITUTE OF NORTH AMERICA - ONE PENNSYLVANIA PLAZA #1606 - NEW YORK, NY 10119	13-3014387	501(C)(3)	100,000.	0.			ENGAGE FOR JEWISH STUDENTS ON NORTH AMERICAN CAMPUSES
SKYLIGHT MUSIC THEATRE CORP 158 NORTH BROADWAY MILWAUKEE, WI 53202-6037	39-0975374	501(C)(3)	5,750.	0.			GENERAL SUPPORT
SKYLIGHT OPERA THEATRE BROADWAY THEATRE CENTER 158 N BROAD MILWAUKEE, WI 53202	39-0975374	501(C)(3)	5,950.	0.			GENERAL SUPPORT
SOJOURNER FAMILY PEACE CENTER PO BOX 080319 MILWAUKEE, WI 53208	39-1276210	501(C)(3)	14,200.	0.			GENERAL SUPPORT
ST ANN'S CENTER FOR INTERGENERATIONAL CARE - 2801 E MORGAN AVENUE - MILWAUKEE, WI 53207	39-1757756	501(C)(3)	10,100.	0.			GENERAL SUPPORT
SUSAN G KOMEN SE WISCONSIN 2025 W. OKLAHOMA AVE STE 116 MILWAUKEE, WI 53215	75-1835298	501(C)(3)	12,500.	0.			GENERAL SUPPORT
TEMPLE B'NAI TORAH 15727 NE 4TH STREET BELLEVUE, WA 98008	91-0848001	501(C)(3)	6,000.	0.			THREE PILLARS FUND
TEMPLE MENORAH 9363 N 76TH STREET MILWAUKEE, WI 53223		501(C)(3)	31,220.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ACADEMY 6401 N. SANTA MONICA BLVD. MILWAUKEE, WI 53217	39-1732588	501(C)(3)	29,400.	0.			\$209,953 HELEN BADER SCHOLARSHIP; \$5,500 ISRAEL TRIP; \$23,900 GENERAL SUPPORT
THE CONSERVATIVE SYNAGOGUE OF WESTPORT - 30 HILLSPPOINT ROAD - WESTPORT, CT 06880	06-1203591	501(C)(3)	13,600.	0.			GENERAL SUPPORT
THE FRIENDSHIP CIRCLE 8825 N LAKE DRIVE MILWAUKEE, WI 53217	39-1819245	501(C)(3)	57,400.	0.			GENERAL SUPPORT
THE SHUL 9540 COLLINS AVENUE SURFSIDE, FL 33154	27-2528559	501(C)(3)	8,000.	0.			GENERAL SUPPORT
THE SHUL 8825 N LAKE DRIVE MILWAUKEE, WI 53217	11-3587172	501(C)(3)	22,554.	0.			GENERAL SUPPORT
TIKKUN HA-IR OF MILWAUKEE PO BOX 090287 MILWAUKEE, WI 53209	77-0596241	501(C)(3)	18,604.	0.			GENERAL SUPPORT
TORAH ACADEMY OF MILW HIGH SCHOOL 5800 N GREEN BAY AVENUE GLENDALE, WI 53209	93-0869475	501(C)(3)	53,049.	0.			GENERAL SUPPORT
TREESPEOPLE 12601 MULHOLLAND DRIVE BEVERLY HILLS, CA 90210	23-7314838	501(C)(3)	6,000.	0.			GENERAL SUPPORT
UNITED PERFORMING ARTS FUND PO BOX 88892 MILWAUKEE, WI 53288-0069	39-6100399	501(C)(3)	32,415.	0.			GENERAL SUPPORT

39-0806312

## Schedule I (Form 990) MILWAUKEE JEWISH FEDERATION, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY - GREATER MILW PO BOX 88110 MILWAUKEE, WI 53288-0110	39-0806190	501(C)(3)	125,280.	0.			\$5,000 JEWISH FAMILY SERVICES; \$120,280 GENERAL SUPPORT
UNIVERSITY OF CHICAGO MEDICAL CENTER - OSTEOPOROSIS EDU & RESEARCH MEMORIAL FUND 5841 S MARYLAND AVENUE - CHICAGO, IL	36-3488183	501(C)(3)	6,000.	0.			GENERAL SUPPORT
UNIVERSITY OF WISCONSIN FOUNDATION US BANK LOCK BOX BOX 78807 MILWAUKEE, WI 53278	39-0743975	501(C)(3)	17,400.	0.			GENERAL SUPPORT
UNIVERSITY SCHOOL OF MILWAUKEE 2100 W FAIRY CHASM ROAD MILWAUKEE, WI 53217	39-1805963	501(C)(3)	15,600.	0.			GENERAL SUPPORT
UPSTREAM ARTS 3501 CHICAGO AVE 5 MINNEAPOLIS, MN 55407-2109	20-4451219	501(C)(3)	10,000.	0.			GENERAL SUPPORT
US HOLOCAUST MEMORIAL MUSEUM MIDWEST REGIONAL OFFICE PO BOX 1852 - HIGHLAND PARK, IL 60035-7852	36-3156154	501(C)(3)	15,350.	0.			GENERAL SUPPORT
UW HILLEL FOUNDATION UNIVERSITY OF WI - BARBARA HOCHBERG CENTER FOR JEWISH STUDENT LIFE 611 - ANGTON, WI 53703	39-2035142	501(C)(3)	291,164.	0.			\$240,764 GENERAL SUPPORT; \$50,400 OPERATIONAL ASSISTANCE
VISION FORWARD ASSOCIATION FORMERLY BADGER ASSOCIATION 912 N H MILWAUKEE, WI 53213	39-2040359	501(C)(3)	10,200.	0.			GENERAL SUPPORT
WASHINGTON INSTITUTE FOR NEAR EAST POLICY - 1828 L STREET NW #1050 - WASHINGTON, DC 20036	52-1376034	501(C)(3)	11,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		WASHINGTON UNIV CAMPUS BOX 1210 ONE BROOKINGS DRIVE ST LOUIS, MO 63130-9589	43-1862208	501(C)(3)	10,500.	0.			GENERAL SUPPORT
		WISCONSIN CONSERVATORY OF MUSIC 1584 N PROSPECT AVENUE MILWAUKEE, WI 53202	39-0915050	501(C)(3)	15,350.	0.			GENERAL SUPPORT
		WISCONSIN INSTITUTE FOR TORAH STUDY - 3288 N LAKE DRIVE - MILWAUKEE, WI 53211-3124	39-1366081	501(C)(3)	63,209.	0.			\$55,764 HELEN BADER SCHOLARSHIP; \$63,210 GENERAL SUPPORT
		WOMEN FOR MACC INC 10000 INNOVATION DR STE 135 MILWAUKEE, WI 53226	39-1418308	501(C)(3)	22,375.	0.			GENERAL SUPPORT
		WORLD COUNCIL OF SYNAGOGUES INC 3080 BROADWAY NEW YORK, NY 10027	23-7162488	501(C)(3)	25,000.	0.			GENERAL SUPPORT
		WUWAM PO BOX 88890 MILWAUKEE, WI 53288-0890	20-1257939	501(C)(3)	14,715.	0.			GENERAL SUPPORT
		YESHIVA ELEMENTARY SCHOOL 5115 W KEEFE AVENUE MILWAUKEE, WI 53216	39-1631932	501(C)(3)	162,256.	0.			\$108,165 OPERATIONAL ASSISTANCE; \$28,754 HELEN BADER SCHOLARSHIP; \$10,000 KESHEH PROGRAM;
		YOUTHALITI 6973 NORTH RANGE LINE ROAD GLENDALE, WI 53209	26-2061977	501(C)(3)	11,750.	0.			GENERAL SUPPORT

Schedule I (Form 990)



**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.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
HELEN BADER SCHOLARSHIP	172	500,000.	0.		
TUITION FOR CAMPS	107	68,750.	0.		
HECHT FAMILY SCHOLARSHIP AWARD	3	15,000.	0.		
ISRAEL STUDIES SCHOLARSHIPS	4	10,000.	0.		
JEWISH EDUCATION SCHOLARSHIPS	7	31,300.	0.		
<b>Part IV</b> Supplemental information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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.****PART II, LINE 1, COLUMN (H):****NAME OF ORGANIZATION OR GOVERNMENT: MILWAUKEE JEWISH DAY SCHOOL****(H) PURPOSE OF GRANT OR ASSISTANCE: \$456,464 OPERATIONAL ASSISTANCE;****\$50,000 ISRAEL TRIP; \$266,596 RETENTION PROGRAM; \$168,032 HELEN BADER****SCHOLARSHIP; \$75,000 COMPUTER & READING LITERACY; \$832,969 GENERAL**

**Part IV** Supplemental Information

SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: YESHIVA ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: \$108,165 OPERATIONAL ASSISTANCE;  
\$28,754 HELEN BADER SCHOLARSHIP; \$10,000 KESHET PROGRAM; \$5,000 SPECIAL  
EDUCATION PROGRAMMING; \$39,091 GENERAL SUPPORT

**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

**2012**

Open to Public Inspection

Name of the organization

**MILWAUKEE JEWISH FEDERATION, INC.**

Employer identification number

**39-0806312**

**Part I Questions Regarding Compensation**

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

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

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

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

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

- |  |   |
|--|---|
| <input 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 |

**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:

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

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

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2012





### Part III Supplemental Information

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

**SCHEDULE K**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**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 in Part VI.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2012**  
Open to Public Inspection

Name of the organization

**MILWAUKEE JEWISH FEDERATION, INC.**

Employer identification number  
**39-0806312**

**SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS**

Part I Bond issues	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeated		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
	COLORADO EDUCATIONAL AND CULTURAL FACILITIES AUT	84-0896727	NONE	12/03/12	54340000	PROVIDE FUNDS TO REFUND TWO PRIOR		X		X		X
B												
C												
D												

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeated								
3 Total proceeds of issue		54,340,000.						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds		54,340,000.						
12 Other unspent proceeds								
13 Year of substantial completion								
14 Were the bonds issued as part of a current refunding issue?	X							
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

**Part III Private Business Use**

	A		B		C		D	
	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						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

39-0806312

MILWAUKEE JEWISH FEDERATION, INC.

Schedule K (Form 990) 2012

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.00 %				%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.00 %				%		%
6 Total of lines 4 and 5		.00 %				%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%				%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

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

**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider								
<b>c</b> Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148?	X							

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

**SCHEDULE K, PART I, BOND ISSUES:**  
(A) ISSUER NAME: COLORADO EDUCATIONAL AND CULTURAL FACILITIES AUTHORITY  
(F) DESCRIPTION OF PURPOSE:  
PROVIDE FUNDS TO REFUND TWO PRIOR ISSUES, ISSUED ON 6/16/05 AND 10/25/07

**PART IV, LINE 2(C):**  
ALL PROCEEDS WERE SPENT ON THE DATE OF ISSUE AND WERE NEVER INVESTED;  
THEREFORE, NO REBATE WILL BE DUE.



Department of the Treasury  
Internal Revenue Service

► **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.**

2012

### Open To Public Inspection

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number  
39-0806312

<b>Part I</b>	<b>Excess Benefit Transactions</b> (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.

[illegible]

**2** Enter the amount of tax incurred by 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

<b>Part II</b>	<b>Loans to and/or From Interested Persons.</b>
----------------	---

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

[illegible]

**Total** .....

Part III	Grants or Assistance Benefiting Interested Persons.
----------	---

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

[illegible]

**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
BETTY CHRUSTOWSKI	BOARD MEMBER	283,640.	INSURANCE P		X

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

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

(A) NAME OF PERSON: BETTY CHRUSTOWSKI

(D) DESCRIPTION OF TRANSACTION: INSURANCE PAYMENTS TO BRUCE GENDLEMAN

INSURANCE SERVICES WHERE THE INTERESTED PERSON IS THE VICE PRESIDENT AND

PROVIDES SERVICE TO THE ORGANIZATION

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

**MILWAUKEE JEWISH FEDERATION, INC.**

Employer identification number

**39-0806312**

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

**MISSION OF THE MILWAUKEE JEWISH FEDERATION IS TO ENSURE THE CONTINUITY  
OF THE JEWISH PEOPLE, TO ENHANCE THE QUALITY OF JEWISH LIFE AND TO  
BUILD A STRONG, UNIFIED AND INCLUSIVE JEWISH COMMUNITY IN MILWAUKEE.  
IN ISRAEL AND THROUGHOUT THE WORLD THE MILWAUKEE JEWISH FEDERATION  
FUNCTIONS AS THE CONVENER OF THE JEWISH COMMUNITY IN MILWAUKEE, ENGAGED  
IN COMMUNITY PLANNING AND THE RAISING AND ALLOCATION OF FUNDS-INCLUDING  
MONIES THAT SUPPORT ELEVEN CONSTITUENT AGENCIES WHICH ARE INDEPENDENT  
501(C)(3) ORGANIZATIONS IN ORDER TO FULFILL ITS MISSION. THE MILWAUKEE  
JEWISH FEDERATION ALSO ADMINISTERS A SERIES OF DIRECT PROGRAM SERVICES.  
THE LARGEST OF THESE ARE THE COALITION FOR JEWISH LEARNING, THE JEWISH  
MUSEUM MILWAUKEE AND "THE WISCONSIN JEWISH CHRONICLE"**

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

**COMMUNITY IN MILWAUKEE. IN ISRAEL AND THROUGHOUT THE WORLD THE  
MILWAUKEE JEWISH FEDERATION FUNCTIONS AS THE CONVENER OF THE JEWISH  
COMMUNITY IN MILWAUKEE, ENGAGED IN COMMUNITY PLANNING AND THE RAISING  
AND ALLOCATION OF FUNDS-INCLUDING MONIES THAT SUPPORT ELEVEN  
CONSTITUENT AGENCIES WHICH ARE INDEPENDENT 501(C)(3) ORGANIZATIONS IN  
ORDER TO FULFILL ITS MISSION. THE MILWAUKEE JEWISH FEDERATION ALSO  
ADMINISTERS A SERIES OF DIRECT PROGRAM SERVICES. THE LARGEST OF THESE  
ARE THE COALITION FOR JEWISH LEARNING, THE JEWISH MUSEUM MILWAUKEE AND  
"THE WISCONSIN JEWISH CHRONICLE"**

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

**ARCHIVES DEPARTMENT OF THE JEWISH MUSEUM MILWAUKEE. THE JEWISH MUSEUM**



Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

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

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

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

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

OTHER PROGRAMS INCLUDING THE ISRAEL CENTER 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 THE REGION OF THE SOVEV KINNERET. MILWAUKEE JEWISH FEDERATION PROGRAM SERVICES ALSO INCLUDE THE JEWISH COMMUNITY FOUNDATION AND THE ENDOWMENT DEVELOPMENT PROGRAM OF THE MILWAUKEE JEWISH FEDERATION, WHICH FUNCTIONS AS THE CENTRAL ADDRESS FOR THE CHARITABLE AND ESTATEPLANNING ACTIVITIES OF HUNDREDS OF MEMBERS OF OUR COMMUNITY.

EXPENSES \$ 23,612,530. INCL GRANTS OF \$ 15,064,529. REVENUE \$ 1,416,419.

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

MICHAEL GREEN - BETSY GREEN

MITCH MOSER - CHERYL MOSER

RABBI YOSEF SCHLUSSEL - YONI SCHLUSSEL



Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

GERALD STEIN - LOUISE STEIN

DAN SINYKIN - JODI HABUSH SINKYIN

## PARENT-CHILDREN RELATIONSHIPS:

DON GRANDE - JILL PLAVNICK

STEPHEN RICHMAN - JOSH RICHMAN

## SIBLING-SIBLING RELATIONSHIPS:

DAVID ARNSTEIN - DANNY ARNSTEIN

DAVID LUBAR - JOAN LUBAR

DAVID LUBAR - SUSAN LUBAR SOLVANG

JOAN LUBAR - SUSAN LUBAR SOLVANG

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 WILL BE SUBMITTED TO  
FINANCE COMMITTEE FOR APPROVAL PRIOR TO FILING.

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

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

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

FORM 990, PART VI, SECTION C, LINE 19: THE AUDITED FINANCIAL STATEMENTS AND ANNUAL REPORT ARE AVAILABLE ON THE MILWAUKEE JEWISH FEDERATION'S WEBSITE. THE ANNUAL REPORT PROVIDES A SUMMARY OF INCOME AND COMMUNITY ALLOCATIONS. THE CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

GAIN (LOSS) ON INTEREST RATE SWAP	2,131,946.
CHANGE IN TRUST LIABILITIES	-206,233.
TOTAL TO FORM 990, PART XI, LINE 9	1,925,713.

**SCHEDULE R**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**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.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

**MILWAUKEE JEWISH FEDERATION, INC.**

Employer identification number  
**39-0806312**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MJF HOLDINGS OF MILWAUKEE - 20-1088480 1360 N PROSPECT AVE MILWAUKEE, WI 53202	HOUSING	WISCONSIN	386,045.	5,183,872.	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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MJF HOUSING INC. - 39-1300706 1360 N PROSPECT AVE MILWAUKEE, WI 53202	LOW INCOME HOUSING	WISCONSIN	501(C)(4)		MILWAUKEE JEWISH FEDERATION, INC.		X
MJF HOUSING NO 2, INC. - 39-1853067 1360 N PROSPECT AVE MILWAUKEE, WI 53202	LOW INCOME HOUSING	WISCONSIN	501(C)(3)	LINE 11A, I	MILWAUKEE JEWISH FEDERATION, INC.		X
MJF HOUSING NO 3, INC. - 39-1882504 1360 N PROSPECT AVE MILWAUKEE, WI 53202	LOW INCOME HOUSING	WISCONSIN	501(C)(3)	LINE 11A, I	MILWAUKEE JEWISH FEDERATION, INC.		X
THE BLUMENTHAL FAMILY FOUNDATION, INC. - 68-0515556, 1360 N PROSPECT AVE, MILWAUKEE, WI 53202	SUPPORTING	WISCONSIN	501(C)(3)	LINE 11A, I	N/A		X

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

Schedule R (Form 990) 2012





**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s)		<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s)	<input checked="" type="checkbox"/>	
<b>g</b> Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

**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	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



<b>Part VII</b>	<b>Supplemental Information</b>
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Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form **990-W****Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**

OMB No. 1545-0076

(Worksheet)  
Department of the Treasury  
Internal Revenue Service(and on Investment Income for Private Foundations) **FORM 990-T**  
(Keep for your records. Do not send to the Internal Revenue Service.)**2013**

1	Unrelated business taxable income expected in the tax year .....	1	
2	Tax on the amount on line 1. See instructions for tax computation .....	2	
3	Alternative minimum tax (see instructions) .....	3	
4	Total. Add lines 2 and 3 .....	4	
5	Estimated tax credits (see instructions) .....	5	
6	Subtract line 5 from line 4 .....	6	
7	Other taxes (see instructions) .....	7	
8	Total. Add lines 6 and 7 .....	8	
9	Credit for federal tax paid on fuels (see instructions) .....	9	
10a	Subtract line 9 from line 8. <b>Note.</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions .....	10a	
b	Enter the tax shown on the 2012 return (see instructions). <b>Caution.</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b	1,642.
c	<b>2013 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....	10c	1,680.
		<b>ADJUSTED TO</b>	
		(a)	(b)
11	Installment due dates (see instructions) .....	11	10/15/13 12/16/13 03/17/14 06/16/14
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions) .....	12	420. 420. 420. 420.
13	2012 Overpayment (see instructions) .....	13	
14	Payment due. (Subtract line 13 from line 12.) .....	14	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2013)

ESTIMATED TAX	1,680.
OVERPAYMENT APPLIED	2,915.
AMOUNT DUE	0.