

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>MILWAUKEE JEWISH FEDERATION, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1360 NORTH PROSPECT AVENUE</b> City or town, state or province, country, and ZIP or foreign postal code <b>MILWAUKEE, WI 53202</b>	<b>D Employer identification number</b> <b>39-0806312</b>  <b>E Telephone number</b> <b>(414) 390-5700</b>
<b>I Tax-exempt status:</b> <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>G Gross receipts \$</b> <b>146,437,550.</b>
<b>J Website:</b> <b>WWW.MILWAUKEEJEWISH.ORG</b>		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation:</b> <b>1938</b> <b>M State of legal domicile:</b> <b>WI</b>
<b>F Name and address of principal officer:</b> <b>HANNAH ROSENTHAL</b> <b>SAME AS C ABOVE</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MILWAUKEE JEWISH FEDERATION, INC. IS A VOLUNTARY ASSOCIATION OF INDIVIDUALS INTERESTED IN MEETING</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>28</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>28</b> <b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) ..... <b>5</b> <b>69</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>234,299.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>0.</b>																									
<b>Revenue</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Prior Year</th> <th style="text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">20,956,313.</td> <td style="text-align: right;">32,633,699.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">2,210,322.</td> <td style="text-align: right;">2,209,538.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">7,174,309.</td> <td style="text-align: right;">7,759,843.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">174,683.</td> <td style="text-align: right;">160,410.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">30,515,627.</td> <td style="text-align: right;">42,763,490.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	20,956,313.	32,633,699.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	2,210,322.	2,209,538.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	7,174,309.	7,759,843.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	174,683.	160,410.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	30,515,627.	42,763,490.							
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**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 <b>HANNAH ROSENTHAL, PRESIDENT &amp; CEO</b> Type or print name and title	Date _____		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DAVE GLOBIG, CPA</b>	Preparer's signature <b>DAVE GLOBIG, CPA</b>	Date <b>02/01/16</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P01356041</b>
	Firm's name <b>WIPFLI LLP</b> Firm's address <b>10000 INNOVATION DRIVE, SUITE 250 MILWAUKEE, WI 53226-4837</b>	Firm's EIN <b>39-0758449</b> Phone no. <b>414-431-9300</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 or note to any line 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 [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the 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 \$ 601,799. including grants of \$ 0.) (Revenue \$ 378,827.) THE JEWISH MUSEUM MILWAUKEE IS DEDICATED TO PRESERVING AND PRESENTING THE HISTORY OF THE JEWISH PEOPLE IN SOUTHEASTERN WISCONSIN AND CELEBRATING THE CONTINUUM OF JEWISH HERITAGE AND CULTURE. THE HISTORY OF AMERICAN JEWS IS ROOTED IN THOUSANDS OF YEARS OF SEARCHING FOR FREEDOM AND EQUALITY. WE ARE COMMITTED TO SHARING THIS STORY AND THE LIFE LESSONS IT BRINGS WITH IT, SO THAT WE MAY ENHANCE THE PUBLIC'S AWARENESS AND APPRECIATION OF JEWISH LIFE AND CULTURE INDIVIDUALS FROM AROUND THE COUNTRY. VISIT THE JEWISH MUSEUM MILWAUKEE AND LEARN ABOUT THE HISTORY OF THE JEWISH PEOPLE IN SOUTHEASTERN WISCONSIN SCHOOL GROUPS, SYNAGOGUE GROUPS, CHURCH GROUPS, OLDER ADULT GROUPS AND OTHERS. VISIT THE JMM AND ENJOY DOCENT-LED SPECIAL TOURS SCHOLARLY RESEARCHERS ARE ASSISTED WITH THEIR REQUESTS FOR INFORMATION AND MATERIALS BY THE

4b (Code: ) (Expenses \$ 302,347. including grants of \$ 0.) (Revenue \$ 275,276.) 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

4c (Code: ) (Expenses \$ 151,398. including grants of \$ 0.) (Revenue \$ 17,338.) 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 INVOLVE 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.

4d Other program services (Describe in Schedule O.) (Expenses \$ 26,927,540. including grants of \$ 18,418,881.) (Revenue \$ 1,305,878.)

4e Total program service expenses 27,983,084.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	X	
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	X	
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</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 or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes, and No. Includes rows for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 28		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 28		
<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?	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	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?	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?		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?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	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		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?		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?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	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	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<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?		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, address, and telephone number of the person who possesses the organization's books and records: **THOMAS LINDOW - (414) 390-5700**  
**1360 NORTH PROSPECT AVENUE, MILWAUKEE, WI 53202**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID WERNER DIRECTOR	0.30 0.60	X						0.	0.	0.
(19) DANIEL BADER BOARD CHAIR	5.00 10.00	X		X				0.	0.	0.
(20) NANCY BARNETT VICE-CHAIR	1.00 2.00	X		X				0.	0.	0.
(21) ELLIS BROMBERG VICE-CHAIR	1.00 2.00	X		X				0.	0.	0.
(22) STEPHEN CHERNOF VICE-CHAIR	1.00 2.00	X		X				0.	0.	0.
(23) MARK GOLDSTEIN VICE-CHAIR	1.00 2.00	X		X				0.	0.	0.
(24) JOAN LUBAR VICE-CHAIR	1.00 2.00	X		X				0.	0.	0.
(25) ANDREA SCHNEIDER VICE-CHAIR	1.00 2.00	X		X				0.	0.	0.
(26) SUSAN SOLVANG VICE-CHAIR	1.00 2.00	X		X				0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								614,481.	0.	142,800.
<b>d Total (add lines 1b and 1c)</b>								614,481.	0.	142,800.

**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 **4**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Andrew Komisar, Marci Taxman, Hannah Rosenthal, Thomas Lindow, Amy Kahn, and Caren Goldberg.

Total to Part VII, Section A, line 1c ..... 614,481. 142,800.

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	196,605.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	32,437,094.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		10,050,713.				
	<b>h Total.</b> Add lines 1a-1f		32,633,699.				
<b>Program Service Revenue</b>	<b>2 a</b> RENT FROM EXEMPT BUILDING	<b>Business Code</b> 900099	1,977,319.	1,977,319.			
	<b>b</b> NEWSPAPER ADVERTISING	511110	232,219.		232,219.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		2,209,538.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		3,964,347.		2,080.	3,962,267.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		107,218,383.	185,312.				
		<b>b</b> Less: cost or other basis and sales expenses		103,413,779.	194,420.		
		<b>c</b> Gain or (loss)		3,804,604.	-9,108.		
	<b>d</b> Net gain or (loss)		3,795,496.			3,795,496.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 196,605. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	32,500.				
		<b>b</b> Less: direct expenses	<b>b</b>	65,861.			
<b>c</b> Net income or (loss) from fundraising events			-33,361.			-33,361.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> CEMETERY INCOME	900099	148,971.			148,971.		
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue	900099	44,800.			44,800.		
<b>e Total.</b> Add lines 11a-11d		193,771.					
<b>12 Total revenue.</b> See instructions.		42,763,490.	1,977,319.	234,299.	7,918,173.		

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	17,582,451.	17,582,451.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	500,000.	500,000.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	336,430.	336,430.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	788,520.	301,429.	221,723.	265,368.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,401,636.	918,078.	675,314.	808,244.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	102,075.	33,892.	33,438.	34,745.
<b>9</b> Other employee benefits	489,943.	213,579.	118,161.	158,203.
<b>10</b> Payroll taxes	216,494.	84,246.	55,430.	76,818.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	67,011.	52,441.	2,235.	12,335.
<b>c</b> Accounting	41,603.	8,387.	7,302.	25,914.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	698,620.	698,620.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	241,770.	176,202.	2,718.	62,850.
<b>12</b> Advertising and promotion	50,392.	33,478.	1,010.	15,904.
<b>13</b> Office expenses	404,328.	264,497.	42,105.	97,726.
<b>14</b> Information technology	39,366.	13,703.	8,582.	17,081.
<b>15</b> Royalties				
<b>16</b> Occupancy	1,932,098.	1,815,118.	37,274.	79,706.
<b>17</b> Travel	799.	799.		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	50,422.	13,923.	15,278.	21,221.
<b>20</b> Interest	2,075,174.	2,075,174.		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	2,198,458.	2,198,458.		
<b>23</b> Insurance	130,824.	117,375.	7,655.	5,794.
<b>24</b> 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.)				
<b>a</b> ANNUAL CAMPAIGN RESERVE	140,090.	140,090.		
<b>b</b> BAD DEBT EXPENSE	74,371.	74,005.	0.	366.
<b>c</b> UBIT TAXES	4,633.	4,633.		
<b>d</b>				
<b>e</b> All other expenses	365,408.	326,076.	3,504.	35,828.
<b>25</b> Total functional expenses. Add lines 1 through 24e	30,932,916.	27,983,084.	1,231,729.	1,718,103.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,428,951.	<b>1</b>	4,077,320.	
	<b>2</b> Savings and temporary cash investments .....	5,659,034.	<b>2</b>	9,397,011.	
	<b>3</b> Pledges and grants receivable, net .....	3,917,051.	<b>3</b>	2,999,280.	
	<b>4</b> Accounts receivable, net .....	328,252.	<b>4</b>	1,093,329.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> 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 .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....	185,254.	<b>7</b>	3,140,837.	
	<b>8</b> Inventories for sale or use .....	2,338,488.	<b>8</b>	4,564,292.	
	<b>9</b> Prepaid expenses and deferred charges .....	116,887.	<b>9</b>	174,042.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 60,996,816.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 23,781,691.			
	<b>11</b> Investments - publicly traded securities .....	41,662,473.	<b>10c</b>	37,215,125.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	92,823,172.	<b>11</b>	98,557,436.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	45,706,388.	<b>12</b>	51,196,884.	
	<b>14</b> Intangible assets .....		<b>13</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,173,361.	<b>15</b>	2,183,582.		
	198,339,311.	<b>16</b>	214,599,138.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,210,984.	<b>17</b>	1,625,481.	
	<b>18</b> Grants payable .....	0.	<b>18</b>	3,702,681.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....	54,340,000.	<b>20</b>	54,340,000.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	3,909,151.	<b>21</b>	4,053,684.	
	<b>22</b> 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 .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....	8,410,219.	<b>25</b>	33,500,605.	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	67,870,354.	<b>26</b>	97,222,451.	
<b>Net Assets or Fund Balances</b>	<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.</b>				
	<b>27</b> Unrestricted net assets .....	81,828,645.	<b>27</b>	82,792,339.	
	<b>28</b> Temporarily restricted net assets .....	48,640,312.	<b>28</b>	21,201,314.	
	<b>29</b> Permanently restricted net assets .....	0.	<b>29</b>	13,383,034.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	130,468,957.	<b>33</b>	117,376,687.		
<b>34</b> Total liabilities and net assets/fund balances .....	198,339,311.	<b>34</b>	214,599,138.		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	42,763,490.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	30,932,916.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	11,830,574.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	130,468,957.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,943,945.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	-24,061,565.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,082,666.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	117,376,687.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	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>b</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 _____		

**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.

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

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 .....	378	
2 Aggregate value of contributions to (during year) .....	14,406,553.	
3 Aggregate value of grants from (during year) .....	8,104,321.	
4 Aggregate value at end of year .....	37,790,908.	
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).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 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) Revenue included in Form 990, Part VIII, line 1 .....
- (ii) Assets included in Form 990, Part X .....
- |  |   |    |          |
|--|---|----|----------|
|  | ▶ | \$ | 0.       |
|  | ▶ | \$ | 245,684. |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included in Form 990, Part VIII, line 1 .....
- b Assets included in Form 990, Part X .....
- |  |   |    |    |
|--|---|----|----|
|  | ▶ | \$ | 0. |
|  | ▶ | \$ | 0. |

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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:

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	46,240,327.	41,488,280.	37,875,337.	36,895,067.	30,522,757.
b Contributions	6,289,238.	2,123,790.	2,956,773.	3,823,768.	3,252,377.
c Net investment earnings, gains, and losses	2,092,844.	6,958,219.	4,559,973.	133,124.	5,008,086.
d Grants or scholarships	2,530,457.	3,676,106.	3,272,088.	2,230,311.	1,621,130.
e Other expenditures for facilities and programs	273,102.	217,396.	238,815.	290,640.	
f Administrative expenses	463,220.	436,460.	392,900.	455,671.	267,023.
g End of year balance	51,355,630.	46,240,327.	41,488,280.	37,875,337.	36,895,067.

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  4.00 %
- c Temporarily restricted endowment  96.00 %

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)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
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.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,643,763.		2,643,763.
b Buildings		50,371,926.	18,843,258.	31,528,668.
c Leasehold improvements		1,358,742.	529,902.	828,840.
d Equipment		6,622,385.	4,408,531.	2,213,854.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				37,215,125.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) PRIVATE EQUITY FUNDS	607,483.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	276,393.	END-OF-YEAR MARKET VALUE
(C) OTHER ALTERNATIVE		
(D) INVESTMENTS	34,226,253.	END-OF-YEAR MARKET VALUE
(E) OTHER STRUCTURED PRODUCTS	15,689,920.	END-OF-YEAR MARKET VALUE
(F) PARTNERSHIP INTERESTS	396,835.	COST
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>51,196,884.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POST-RETIREMENT BENEFIT LIABILITY	33,400.
(3) DEFERRED SUPPORT OF CHARITABLE	
(4) GIFT ANNUITIES	5,234,186.
(5) INTEREST RATE SWAP	4,273,731.
(6) AGENCY ENDOWMENT FUNDS	23,959,288.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>33,500,605.</b>

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	40,650,328.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-1,943,945.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	65,861.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-1,878,084.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	42,528,412.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	235,078.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	235,078.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	42,763,490.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	30,639,737.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-293,179.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-293,179.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	30,932,916.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	30,932,916.

**Part XIII Supplemental Information.**

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

**PART III, LINE 4:**

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

**GOALS OF THE JEWISH MUSEUM ARE:**

-TO COLLECT, PRESERVE AND PRESENT THE RECORDS AND ARTIFACTS THAT DOCUMENT THE JEWISH EXPERIENCE  
 -TO IMPART A SENSE OF JEWISH HISTORY AND CONTINUITY FOR PRESENT AND FUTURE GENERATIONS

**Part XIII** Supplemental Information (continued)

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

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

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

PART IV, LINE 2B:

ASSETS HELD ON BEHALF OF CEMETERY

CEMETERY PROPERTY AND EQUIPMENT AND AN INVESTMENT PORTFOLIO INTENDED TO  
SATISFY CEMETERY OPERATING EXPENSES WERE TRANSFERRED TO THE FEDERATION IN  
1988. THE ASSETS ARE INCLUDED IN THE FEDERATION'S INVESTMENTS AND  
PROPERTY AND EQUIPMENT; CEMETERY PAYABLES ARE INCLUDED IN THE FEDERATION'S  
ACCOUNTS PAYABLE AND ACCRUED EXPENSES IN THE ACCOMPANYING CONSOLIDATED  
STATEMENTS OF FINANCIAL POSITION. THE EXCESS OF CEMETERY ASSETS OVER  
LIABILITIES IS RECORDED AS A LONG-TERM LIABILITY IN THE ACCOMPANYING  
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION AS THE ENTIRE TRANSFER IS  
REVOCABLE UPON 60 DAYS NOTICE TO OR FROM THE FEDERATION.

PART V, LINE 4:

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

PART X, LINE 2:

THE FEDERATION RECOGNIZES THE BENEFITS OF A TAX POSITION ONLY AFTER  
DETERMINING WHETHER IT IS MORE LIKELY THAN NOT THAT THE TAXING AUTHORITY  
WOULD SUSTAIN THE TAX POSITION UPON EXAMINATION OF THE TECHNICAL MERITS OF

**Part XIII** Supplemental Information (continued)

THE TAX POSITION ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. THE FEDERATION RECORDED NO ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS. TAX RETURNS FOR THE TAX YEARS 2012 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 65,861.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIVIDEND FROM HUD 311,784.

CHANGE IN TRUST LIABILITIES -76,706.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 235,078.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 65,861.

LIABILITY ENDOWMENT CHANGE IN VALUE -359,040.

TOTAL TO SCHEDULE D, PART XII, LINE 2D -293,179.

**SCHEDULE F**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization <b>MILWAUKEE JEWISH FEDERATION, INC.</b>	Employer identification number <b>39-0806312</b>
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**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

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

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION.	GENERAL SUPPORT	336,430.
<b>3 a</b> Sub-total .....	0	0			336,430.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			336,430.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	7,500.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	10,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	5,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	58,100.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	10,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	5,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	6,080.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	6,800.	CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **11**

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

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	76,600.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	7,700.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	127,300.	CHECK	0.		

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* .....  Yes  No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* .....  Yes  No



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

**PART I, LINE 2:**

A VOLUNTEER COMMITTEE DETERMINES GRANTS TO BE MADE. MILWAUKEE JEWISH FEDERATION STAFF MONITORS THE ACTUAL DISTRIBUTION OF GRANTS AND THE USAGE OF THE GRANT FUNDS. THE GRANTS ARE MADE TO U.S ORGANIZATIONS WHOSE PRIMARY OBJECTIVES ARE TO DO WORK OVERSEAS.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
DURKIN ASSOCIATES - 1437 N. PROSPECT AVE. #2, MILWAUKEE,	FUNDRAISING CONSULTANT		X	0.	16,000.	-16,000.
<b>Total</b>					16,000.	-16,000.

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

WI, IL

432081  
08-28-14

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ECONOMIC FORUM (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	229,105.			229,105.
	<b>2</b> Less: Contributions .....	196,605.			196,605.
	<b>3</b> Gross income (line 1 minus line 2) .....	32,500.			32,500.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	19,345.			19,345.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	46,516.			46,516.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				65,861.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-33,361.	

**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	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

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

(I) NAME OF FUNDRAISER: **DURKIN ASSOCIATES**

(I) ADDRESS OF FUNDRAISER: **1437 N. PROSPECT AVE. #2, MILWAUKEE, WI 53202**



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

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

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

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
10/36 FRIENDS INC. PO BOX 88401 MILWAUKEE, WI 53288	39-6081120	501(C)(3)	15,120.	0.			GENERAL DONATION
A.CHUDNOW & SONS HISTORICAL MUSEUM INC - 839 N 11TH ST - MILWAUKEE, WI 53233	39-1725827	501(C)(3)	10,000.	0.			GENERAL DONATION
ACLU OF WISCONSIN FOUNDATION 207 E BUFFALO ST #325 MILWAUKEE, WI 53202-5712	23-7052345	501(C)(3)	21,300.	0.			GENERAL DONATION
ALVERNO COLLEGE PO BOX 343922 3400 S. 43RD ST MILWAUKEE, WI 53234-3922	39-0806263	501(C)(3)	20,950.	0.			GENERAL DONATION
ALZHEIMER'S ASSOCIATION 730 HIGHWAY 111 STE 202 RANCHO MIRAGE, CA 92270	94-2897949	501(C)(3)	5,000.	0.			GENERAL DONATION
AM YISRAEL SYNAGOGUE 4 HAPP RD NORTHFIELD, IL 60093	13-1659707	501(C)(3)	5,190.	0.			GENERAL DONATION

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **194.**

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

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

Schedule I (Form 990) (2014)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**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
ANSHE SFARD KEHILLAT TORAH 6717 N GREEN BAY AVE GLENDALE, WI 53209	39-15-72032	501(C)(3)	35,545.	0.			GENERAL DONATION
ARTS AT LARGE INC 908 S. 5TH STREET MILWAUKEE, WI 55320	33-1114575	501(C)(3)	11,000.	0.			GENERAL DONATION
ARZA WORLD UNION NO AMER-KEHILLAT YOZMA - 633 THIRD AVENUE - NEW YORK, NY 10017-6778	13-1663143	501(C)(3)	32,700.	0.			GENERAL DONATION
ASPEN INSTITUTE INC 1000 N THIRD STREET ASPEN, CO 81611	84-0399006	501(C)(3)	7,500.	0.			GENERAL DONATION
ASPEN JEWISH CONGREGATION 77 MEADOWOOD DR ASPEN, CO 81611	87-0723135	501(C)(3)	6,000.	0.			GENERAL DONATION
ASSOCIATION OF GOVERNING BOARDS OF UNIVERSITIES & COLLEGES - 1133 20TH STREET NW, SUITE 300 - WASHINGTON, DC 20036	84-0502574	501(C)(3)	5,000.	0.			GENERAL DONATION
B'NAI AVIV 1410 INDIAN TRACE WESTON, FL 33326	65-0096470	501(C)(3)	12,000.	0.			GENERAL DONATION
B'NAI B'RITH YOUTH ORG WI REGION BBYO - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	31-1794932	501(C)(3)	27,730.	0.			GENERAL DONATION
B'NAI B'RITH YOUTH ORG WI REGION BBYO - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	31-1794932	501(C)(3)	30,750.	0.			\$17,500 SCHOLARSHIP & GEN; \$2,000 PB & JAM DANCE; \$2,000 "HUNGER IS NOT A GAME" FOOD DRIVE;

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
B'NAI B'RITH YOUTH ORG WI REGION BBYO - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	31-1794932	501(C)(3)	17,500.	0.			ENDOWMENT DRAW
BE THE MATCH FOUNDATION C/O TIM MCDONALD - 3001 BROADWAY ST NE #1100 - MINNEAPOLIS, MN 55413	41-1704734	501(C)(3)	5,100.	0.			GENERAL DONATION
BERNARD ZELL ANSHE EMET DAY SCHOOL 3751 N BRAODWAY ST CHICAGO, IL 60613	36-2166955	501(C)(3)	5,000.	0.			GENERAL DONATION
BETH EL SYNAGOGUE 5225 BARRY ST W ST LOUIS PARK, MN 55416	13-1659707	501(C)(3)	10,000.	0.			USY ISRAEL SUMMER PROGRAM NEED-BASED FINANCIAL ASSISTANCE
BETHLEHEM CHABAD 493 DELAWARE DELMAR, NY 12504	45-3828519	501(C)(3)	10,900.	0.			GENERAL DONATION
BETTY FORD CENTER FOUNDATION 72301 COUNTRY CLUB DR #201 RANCHO MIRAGE, CA 92270	95-3863994	501(C)(3)	5,000.	0.			GENERAL DONATION
BIG BROTHERS & BIG SISTERS OF METROPOLITAN MILWAUKEE INC - 788 N JEFFERSON ST #600 - MILWAUKEE, WI 53202	39-1239687	501(C)(3)	20,200.	0.			GENERAL DONATION; \$20,000 HIGH SCHOOL MENTOR PROGRAM
BOYS AND GIRLS CLUB OF GREATER MILWAUKEE - 1558 N 6TH ST - MILWAUKEE, WI 53212	39-0806292	501(C)(3)	6,200.	0.			GENERAL DONATION
CANCER AWARENESS THROUGH RESEARCH & EDUCATION ASSOCIATION - P.O. BOX 3740 - CAREFREE, AZ 85377	20-3771288	501(C)(3)	5,700.	0.			GENERAL DONATION

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP GAN ISRAEL P.O BOX 470 WALLED LAKE, MI 48390	38-1734762	501(C)(3)	5,550.	0.			EDUCATIONAL ASSISTANCE
CHABAD AT COLUMBIA UNIVERSITY 625 W 113TH ST NEW YORK, NY 10025	11-3587172	501(C)(3)	118,000.	0.			GENERAL DONATION
CHABAD OF DOWNTOWN LTD P.O. BOX 510525 MILWAUKEE, WI 53203	39-1672482	501(C)(3)	52,339.	0.			GRANT MUST BE USED FOR RABBI SAMUEL'S CONSTRUCTION EXPENSES
CHABAD OF DOWNTOWN LTD P.O. BOX 510525 MILWAUKEE, WI 53203	39-1672482	501(C)(3)	14,980.	0.			GENERAL DONATION
CHABAD OF LEHIGH 727 EVANS ST BETHLEHEM, PA 18015	11-3587172	501(C)(3)	255,000.	0.			GENERAL DONATION
CHABAD OF THE ABINGTONS INC 216 MILLER RD CLARKS SUMMIT, PA 18411	23-3098419	501(C)(3)	8,500.	0.			GENERAL DONATION
CHABAD OF THE SOUTH LOOP 1212 S MICHIGAN AVE #202 CHICAGO, IL 60605	11-3587172	501(C)(3)	5,000.	0.			GENERAL DONATION
CHABAD STUDENT CENTRO AT U OF M 1121 UNIVERSITY AVE MINNEAPOLIS, MN 55414	27-2057339	501(C)(3)	16,100.	0.			GENERAL DONATION
CHILDREN'S HOSPITAL OF WISCONSIN FOUNDATION - P.O. BOX 1997 - MILWAUKEE, WI 53201	39-1500075	501(C)(3)	26,580.	0.			GENERAL DONATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL OF WISCONSIN INC - P.O. BOX 1997 - MILWAUKEE, WI 53201	39-0812532	501(C)(3)	11,300.	0.			GENERAL DONATION
CLAL-THE NATIONAL JEWISH CENTER FOR LEARNING & LEADERSHIP INC - 440 PARK AVE SOUTH, 4TH FLOOR - NEW YORK, NY 10016	23-7390358	501(C)(3)	12,000.	0.			GENERAL DONATION
CLEVELAND CLINIC CHILDRENS HOSPITAL - 9500 EUCLID AVE - CLEVELAND, OH 44195	34-0714570	501(C)(3)	10,000.	0.			GENERAL DONATION
COA YOUTH & FAMILY CENTER 909 E NORTH AVE MILWAUKEE, WI 53212	39-0806339	501(C)(3)	85,200.	0.			GENERAL DONATION
COA YOUTH & FAMILY CENTER 909 E NORTH AVE MILWAUKEE, WI 53212	39-0806339	501(C)(3)	2,500.	0.			2ND INSTALLMENT FUTURE CAPITAL CAMPAIGN
COLLEGE OF THE DESERT FOUNDATION 43-500 MONTEREY AVE PALM DESERT, CA 92260	95-3829219	501(C)(3)	27,900.	0.			GENERAL DONATION
COMMUNITY ADVOCATES INC 728 N JAMES LOVELL ST MILWAUKEE, WI 53233	39-1249426	501(C)(3)	15,000.	0.			GENERAL DONATION
CONGREGATION AGUDAS ACHIM CHABAD INC - 2233 W MEQUON RD - MEQUON, WI 53092	39-1735636	501(C)(3)	61,832.	0.			GENERAL DONATION
CONGREGATION BETH EPHRAIM 520 PROSPECT STREET MAPLEWOOD, NY 07040		501(C)(3)	10,985.	0.			GENERAL DONATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGREGATION BETH ISRAEL NER TAMID 6880 N GREEN BAY AVE MILWAUKEE, WI 53209	39-0878010	501(C)(3)	500.	0.			EDUCATIONAL ASSISTANCE
CONGREGATION BETH ISRAEL NER TAMID 6880 N GREEN BAY AVE MILWAUKEE, WI 53209	39-0878010	501(C)(3)	248,353.	0.			GENERAL DONATION
CONGREGATION BETH ISRAEL NER TAMID 6880 N GREEN BAY AVE MILWAUKEE, WI 53209	39-0878010	501(C)(3)	17,950.	0.			ENDOWMENT DRAW
CONGREGATION BETH JEHUDAH 3100 N 52ND STREET MILWAUKEE, WI 53216		501(C)(3)	184,537.	0.			GENERAL DONATION
CONGREGATION BETH YAM 4501 MEETING STREET HILTON HEAD ISLAND, SC 29926	57-0727504	501(C)(3)	14,350.	0.			GENERAL DONATION
CONGREGATION EMANU-EL B'NE JESHURUN - 2020 W BROWN DEER ROAD - RIVER HILLS, WI 53217-2000	39-0863230	501(C)(3)	151,202.	0.			GENERAL DONATION
CONGREGATION EMANU-EL OF WAUKESHA P.O. BOX 730 WAUKESHA, WI 53188	13-1663143	501(C)(3)	8,500.	0.			GENERAL DONATION
CONGREGATION SHA'AR ZAHAV 290 DOLORES STREET SAN FRANCISCO, CA 94103-2262	94-2477006	501(C)(3)	5,800.	0.			GENERAL DONATION
CONGREGATION SHALOM 7630 N SANTA MONICA BLVD MILWAUKEE, WI 53217-3257	13-1663143	501(C)(3)	283,995.	0.			GENERAL DONATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGREGATION SINAI 8223 N PORT WASHINGTON ROAD MILWAUKEE, WI 53217-2694	39-0892487	501(C)(3)	86,074.	0.			GENERAL DONATION
EISENHOWER MEDICAL CENTER 39000 BOB HOPE DRIVE RANCHO MIRAGE, CA 92270-3770	95-6130458	501(C)(3)	5,000.	0.			GENERAL DONATION
EMBER FOUNDATION 3553 W PETERSON AVE #208 CHICAGO, IL 60659	20-8674232	501(C)(3)	5,000.	0.			GENERAL DONATION
FARM FORWARD INC PO BOX 4120 PORTLAND, OR 97208	26-1643614	501(C)(3)	30,000.	0.			GENERAL DONATION
FEEDING AMERICA EASTERN WISCONSIN INC - 1700 W FOND DU LAC AVENUE - MILWAUKEE, WI 53205-1299	39-1384593	501(C)(3)	78,185.	0.			GENERAL DONATION
FIEDLER HILLEL AT NORTHWESTERN UNIVERSITY - 629 FOSTER STREET - EVANSTON, IL 60201	36-2167761	501(C)(3)	50,000.	0.			GENERAL DONATION
FIRST DESCENTS 767 SANTA FE DR DENVER, CO 80204-4428	81-0539964	501(C)(3)	25,000.	0.			GENERAL DONATION
FIRST STAGE CHILDREN'S THEATER 325 W WALNUT STREET MILWAUKEE, WI 53212	39-1634828	501(C)(3)	20,300.	0.			GENERAL DONATION
FJC/LIDDY SHRIVER SARCOMA INITIATIVE - 17 BETHEA DR - OSSINING, NY 10562-1620	13-3848582	501(C)(3)	50,000.	0.			GENERAL DONATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FJC: A FOUNDATION OF PHILANTHROPIC FUNDS - 520 EIGHTH AVENUE 20TH FLOOR - NEW YORK, NY 10018	13-3848582	501(C)(3)	5,100.	0.			GENERAL DONATION
FREEDOM HONOR FLIGHT INC PO BOX 505 LA CROSSE, WI 54602-0505	80-0160577	501(C)(3)	10,000.	0.			GENERAL DONATION
FRIENDS OF GREENWOOD CEMETERY 9410 N LAKE DR BAYSIDE, WI 53217-1449	46-0677693	501(C)(3)	5,000.	0.			GENERAL DONATION
GRAND AVENUE CLUB INC. 210 E MICHIGAN STREET MILWAUKEE, WI 53202-4901	39-1708177	501(C)(3)	54,500.	0.			GENERAL DONATION
HADASSAH - WOMENS ZIONIST ORG OF AMER - 400 WALL STREET PO BOX 1100 - NEW YORK, NY 10268-1100	11-3301957	501(C)(3)	5,490.	0.			GENERAL DONATION
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER - 6255 N SANTA MONICA BLVD - WHITEFISH BAY, WI 53217-4353	39-0806234	501(C)(3)	313,034.	0.			GENERAL DONATION
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER - 6255 N SANTA MONICA BLVD - WHITEFISH BAY, WI 53217-4353	39-0806234	501(C)(3)	11,998.	0.			EDUCATIONAL ASSISTANCE
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER - 6255 N SANTA MONICA BLVD - WHITEFISH BAY, WI 53217-4353	39-0806234	501(C)(3)	345,140.	0.			ENDOWMENT DRAW
HEALTH SCIENCES HIGH SCHOOL AND MIDDLE COLLEGE - 3910 UNIVERSITY AVE - SAN DIEGO, CA 92105	20-5886784	501(C)(3)	10,693.	0.			GENERAL DONATION

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

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HEBRON FUND INC 1760 OCEAN AVENUE BROOKLYN, NY 11230	11-2623719	501(C)(3)	50,000.	0.			GENERAL DONATION
HILLEL ACADEMY 6401 N SANTA MONICA BLVD MILWAUKEE, WI 53217	39-1025262	501(C)(3)	21,500.	0.			GENERAL DONATION
HILLEL INDIANA UNIVERSITY 730 E 3RD ST BLOOMINGTON, IN 47401-3656	20-2804389	501(C)(3)	50,000.	0.			GENERAL DONATION
HILLEL MILWAUKEE, HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE - 3053 N STOWELL AVENUE - MILWAUKEE, WI 53211-3352	39-1445185	501(C)(3)	39,400.	0.			GENERAL DONATION
HILLEL UNIVERSITY OF MINNESOTA 1521 UNIVERSITY AVENUE SE MINNEAPOLIS, MN 55414	41-6038613	501(C)(3)	61,500.	0.			GENERAL DONATION
HUNGER TASK FORCE MILWAUKEE 201 S HAWLEY COURT MILWAUKEE, WI 53214	39-1345847	501(C)(3)	142,185.	0.			GENERAL DONATION
INTERFAITH AIRPORT CHAPEL OF MILWAUKEE INC - PO BOX 402 - MILWAUKEE, WI 53172-0402	80-0538985	501(C)(3)	5,000.	0.			GENERAL DONATION
J STREET EDUCATION FUND INC. PO BOX 66073 WASHINGTON, DC 20035	20-2777557	501(C)(4)	5,000.	0.			GENERAL DONATION
JEWISH AGENCY FOR ISRAEL 633 THIRD AVENUE 21ST FLOOR NEW YORK, NY 10017	23-0053483	501(C)(3)	15,000.	0.			GENERAL DONATION

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JEWISH BEGINNINGS LUBAVITCH PRESCHOOL INC. - 6401 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	39-1732588	501(C)(3)	9,680.	0.			GENERAL DONATION
JEWISH COMMUNITY ASSOCIATION OF GREATER PHOENIX - 12701 N. SCOTTSDALE RD SUITE 201 - SCOTTSDALE, AZ 85254	45-3910992	501(C)(3)	6,000.	0.			GENERAL DONATION
JEWISH COMMUNITY CENTER ASSOCIATION - 520 8TH AVE - NEW YORK, NY 10018	13-5599486	501(C)(3)	5,600.	0.			GENERAL DONATION
JEWISH COMMUNITY CENTER OF ROCHESTER - 1200 EDGEWOOD AVENUE - ROCHESTER, NY 14618	16-0743060	501(C)(3)	8,200.	0.			GENERAL DONATION
JEWISH COMMUNITY FOOD PANTRY 6255 N SANTA MONICA BLVD MILWAUKEE, WI 53217	39-0806234	501(C)(3)	89,680.	0.			GENERAL DONATION
JEWISH COMMUNITY FOUNDATION 1360 N PROSPECT AVENUE MILWAUKEE, WI 53202-3094	39-0806312	501(C)(3)	290,216.	0.			GENERAL DONATION
JEWISH COMMUNITY FOUNDATION 1360 N PROSPECT AVENUE MILWAUKEE, WI 53202-3094	39-0806312	501(C)(3)	141,381.	0.			2014-15 CORE OPS BUDGET
JEWISH EXPERIENCE OF MADISON MILW INC - 3453 N 54TH STREET - MILWAUKEE, WI 53216	20-2142497	501(C)(3)	34,880.	0.			GENERAL DONATION
JEWISH FAMILY SERVICES 1300 N JACKSON STREET MILWAUKEE, WI 53202	39-0806291	501(C)(3)	221,300.	0.			GENERAL DONATION

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JEWISH FAMILY SERVICES 1300 N JACKSON STREET MILWAUKEE, WI 53202	39-0806291	501(C)(3)	50,000.	0.			SYLVAN LEABMAN. \$5,000 FOR JFS HOUSING CAPITAL GRANT (1ST INSTALLMENT ON \$25,000 5 YEAR
JEWISH FAMILY SERVICES 1300 N JACKSON STREET MILWAUKEE, WI 53202	39-0806291	501(C)(3)	411,723.	0.			ENDOWMENT DRAW
JEWISH FEDERATION OF GREATER LOS ANGELES - PO BOX 54269 TERMINAL ANNEX - LOS ANGELES, CA 90054-0269	95-6111928	501(C)(3)	26,000.	0.			GENERAL DONATION
JEWISH FEDERATION OF GREATER SEATTLE - 2031 THIRD AVENUE - SEATTLE, WA 98121-2412	91-0575950	501(C)(3)	580,237.	0.			GENERAL DONATION
JEWISH FEDERATION OF MADISON, INC 6434 ENTERPRISE LANE MADISON, WI 53719-1117	39-0867186	501(C)(3)	32,000.	0.			GENERAL DONATION
JEWISH FEDERATION OF SO PALM BEACH COUNTY INC - 9901 DONNA KLEIN BLVD - BOCA RATON, FL 33428	59-1945109	501(C)(3)	34,700.	0.			GENERAL DONATION
JEWISH FEDERATION OF SOUTHERN ARIZONA - 3822 E RIVER ROAD STE 100 - TUCSON, AZ 85718-6686	86-0096795	501(C)(3)	27,000.	0.			GENERAL DONATION
JEWISH FEDERATION OF THE DESERT 69-710 HIGHWAY 111 RANCHO MIRAGE, CA 92270	23-7211881	501(C)(3)	12,550.	0.			GENERAL DONATION
JEWISH HOME & CARE CENTER FOUNDATION - 1414 N PROSPECT AVENUE - MILWAUKEE, WI 53202-3089	39-1555857	501(C)(3)	99,415.	0.			GENERAL DONATION

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JEWISH HOME & CARE CENTER FOUNDATION - 1414 N PROSPECT AVENUE - MILWAUKEE, WI 53202-3089	39-1555857	501(C)(3)	55,000.	0.			ENDOWMENT DRAW
JEWISH UNITED FUND OF METRO CHICAGO - BEN GURION WAY 30 S WELLS STREET - CHICAGO, IL 60606	36-2167034	501(C)(3)	78,695.	0.			GENERAL DONATION
JEWISH VALUES ONLINE 334 W HOPKINS AVENUE ASPEN, CO 81611	27-2436116	501(C)(3)	22,500.	0.			GENERAL DONATION
JEWISH YOUTH FOUNDATION 8825 N. LAKE DRIVE MILWAUKEE, WI 53217	39-1819245	501(C)(3)	14,662.	0.			GENERAL DONATION
JONSSON CANCER CENTER FOUNDATION- UCLA - 10945 LE CONTE AVE SUITE 3132 BOX 951784 - LOS ANGELES, CA 90095-1784	95-2242757	501(C)(3)	5,400.	0.			GENERAL DONATION
JOURNEY HOUSE INC 2110 W SCOTT STREET MILWAUKEE, WI 53204-0000	39-1203539	501(C)(3)	5,000.	0.			GENERAL DONATION
KNOW THYSELF 11512 N PORT WASHINGTON ROAD, SUITE MEQUON, WI 53092	27-1255826	501(C)(3)	30,000.	0.			GENERAL DONATION
LOCAL INITIATIVES SUPPORT CORPORATION - 660 E MASON STREET 5TH FLOOR - MILWAUKEE, WI 53202	13-3030229	501(C)(3)	7,500.	0.			GENERAL DONATION
LUBAVITCH OF WISCONSIN 3109 N LAKE DRIVE SHOREWOOD, WI 53211-3123	39-1170927	501(C)(3)	149,410.	0.			GENERAL DONATION

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MACC FUND 10000 INNOVATION DR STE 135 MILWAUKEE, WI 53226	39-1270290	501(C)(3)	27,800.	0.			GENERAL DONATION
MAKE A DIFFERENCE WISCONSIN INC. 710 N PLANKINTON AVE STE 310 MILWAUKEE, WI 53203	20-5203533	501(C)(3)	27,400.	0.			GENERAL DONATION
MAKE A WISH FOUNDATION WISCONSIN 13195 WEST HAMPTON AVENUE BUTLER, WI 53007	39-1543541	501(C)(3)	67,950.	0.			GENERAL DONATION
MARQUETTE UNIVERSITY, UNIVERSITY ADVANCEMENT-ZILBER HALL - 1250 W WISCONSIN AVE PO BOX 1881 - MILWAUKEE, WI 53201	39-0806251	501(C)(3)	11,000.	0.			GENERAL DONATION
MAYO CLINIC 200 1ST SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	5,600.	0.			GENERAL DONATION
MCCALLUM THEATRE INSTITUTE 73000 FRED WARING DRIVE DESERT, CA 92260	33-0334165	501(C)(3)	9,530.	0.			GENERAL DONATION
MECHON HADAR 190 AMSTERDAM AVE NEW YORK, NY 10023		501(C)(3)	13,250.	0.			GENERAL DONATION
MEQUON JEWISH PRESCHOOL INC. 11112 N CROWN COURT MEQUON, WI 53092	39-1966107	501(C)(3)	180.	0.			EDUCATIONAL ASSISTANCE
MEQUON JEWISH PRESCHOOL INC. 11112 N CROWN COURT MEQUON, WI 53092	39-1966107	501(C)(3)	11,330.	0.			GENERAL DONATION

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META HOUSE, INC. 2625 N. WEIL STREET MILWAUKEE, WI 53212	39-1017822	501(C)(3)	5,150.	0.			GENERAL DONATION
MILWAUKEE ALLIANCE FOR JEWISH RECONNECTION (MAJOR) - 3322 N 51 BLVD - MILWAUKEE, WI 53216	80-0207872	501(C)(3)	5,300.	0.			GENERAL DONATION
MILWAUKEE ART MUSEUM INC. 700 N ART MUSEUM DRIVE MILWAUKEE, WI 53202-4098	39-0806316	501(C)(3)	79,028.	0.			GENERAL DONATION
MILWAUKEE BALLET COMPANY INC. 504 W NATIONAL AVENUE MILWAUKEE, WI 53204-1792	39-1134735	501(C)(3)	7,900.	0.			GENERAL DONATION
MILWAUKEE CENTER FOR INDEPENDENCE 2020 W WELLS STREET MILWAUKEE, WI 53233	39-0806257	501(C)(3)	30,200.	0.			GENERAL DONATION
MILWAUKEE COLLEGE PREPARATORY SCHOOL - 2449 N 36TH STREET - MILWAUKEE, WI 53210	39-1881295	501(C)(3)	20,950.	0.			GENERAL DONATION
MILWAUKEE HOMELESS VETERANS INITIATIVE, INC. - PO BOX 18441 - MILWAUKEE, WI 53218	45-4573280	501(C)(3)	10,000.	0.			GENERAL DONATION
MILWAUKEE INSTITUTE OF ART & DESIGN INC - 273 E ERIE STREET MILWAUKEE, WI 53202 - MILWAUKEE, WI 53202	39-1201561	501(C)(3)	500.	0.			EDUCATIONAL ASSISTANCE
MILWAUKEE INSTITUTE OF ART & DESIGN INC - 273 E ERIE STREET - MILWAUKEE, WI 53202	39-1201561	501(C)(3)	8,100.	0.			GENERAL DONATION

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MILWAUKEE JEWISH DAY SCHOOL 6401 N SANTA MONICA BLVD MILWAUKEE, WI 53217 - MILWAUKEE, WI 53217	39-1384843	501(C)(3)	148,385.	0.			GENERAL DONATION
MILWAUKEE JEWISH DAY SCHOOL 6401 N SANTA MONICA BLVD MILWAUKEE, WI 53217	39-1384843	501(C)(3)	8,758.	0.			ENDOWMENT DRAW
MILWAUKEE JEWISH DAY SCHOOL 6401 N SANTA MONICA BLVD MILWAUKEE, WI 53217	39-1384843	501(C)(3)	293,000.	0.			\$95K-CONSULTING, ETC, NEW ED MODEL; \$100K-BOF INSTALLMENT; \$5K-RAMBAM FUND; \$50K-MATCHING GRANT
MILWAUKEE JEWISH DAY SCHOOL 6401 N SANTA MONICA BLVD MILWAUKEE, WI 53217	39-1384843	501(C)(3)	263,810.	0.			\$5K HOS DISCRETIONARY ACCT, \$45K FINAL BLUMIN GRANT 4/15; \$203,810 BALANCE OF "BUILD OUR
MILWAUKEE JEWISH FREE LOAN ASSOCIATION - 409 E. SILVER SPRING DRIVE - MILWAUKEE, WI 53217	26-4557997	501(C)(3)	43,652.	0.			GENERAL DONATION
MILWAUKEE KOLLEL INC. 5007 W KEEFE AVENUE MILWAUKEE, WI 53216	39-1643640	501(C)(3)	25,030.	0.			GENERAL DONATION
MILWAUKEE REPERTORY THEATER INC. 108 E WELLS STREET MILWAUKEE, WI 53202	39-0946025	501(C)(3)	24,950.	0.			GENERAL DONATION
MILWAUKEE SYMPHONY ORCHESTRA INC 1101 N. MARKET STREET, SUITE 100 MILWAUKEE, WI 53202	39-6023436	501(C)(3)	39,000.	0.			GENERAL DONATION
MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET SOUTH HADLEY, MA 01075-1485	04-2103578	501(C)(3)	10,000.	0.			GENERAL DONATION

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MULTIPLE MYELOMA RESEARCH FOUNDATION - 383 MAIN AVENUE, 5TH FLOOR - NORWALK, CT 68510	06-1504413	501(C)(3)	50,250.	0.			GENERAL DONATION
MUSICAL INSTRUMENT MUSEUM 4725 E MAYO BLVD PHOENIX, AZ 85050	16-1743588	501(C)(3)	10,000.	0.			GENERAL DONATION
NICOLET HIGH SCHOOL FOUNDATION 6701 N JEAN NICOLET ROAD MILWAUKEE, WI 53217	39-1528691	501(C)(3)	2,680.	0.			EDUCATIONAL ASSISTANCE
NATIONAL MULTIPLE SCLEROSIS SOCIETY - WI CHAPTER - 1120 JAMES DR SUITE A - HARTLAND, WI 53029-9906	25-1066473	501(C)(3)	5,150.	0.			GENERAL DONATION
NATIONAL RAMAH COMMISSION INC. 3080 BROADWAY NEW YORK, NY 10027	13-6161110	501(C)(3)	80,000.	0.			GENERAL DONATION
NEW CONCEPT SELF DEVELOPMENT CENTER INC, DR MARTIN LUTHER KING JR CENTER - DR MARTIN LUTHER KING JR CENTER 1531 WEST VLIET STREET -	39-1220236	501(C)(3)	25,800.	0.			GENERAL DONATION
NEWTHEADS OF HOPE INC 3001 N. 112TH ST. MILWAUKEE, WI 53222	39-1674150	501(C)(3)	10,000.	0.			GENERAL DONATION
NEXT ACT THEATER PO BOX 394 MILWAUKEE, WI 53201	39-1553360	501(C)(3)	7,250.	0.			GENERAL DONATION
NICOLET HIGH SCHOOL FOUNDATION 6701 N JEAN NICOLET ROAD MILWAUKEE, WI 53217	39-1528691	501(C)(3)	22,100.	0.			GENERAL DONATION

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NORTHWESTERN UNIVERSITY-SCH OF COMMUNICATIONS - 1201 DAVIS ST. - EVANSTON, IL 60208	36-2167817	501(C)(3)	20,000.	0.			GENERAL DONATION
OHOLEI YOSEF YITZCHAK LUBAVITCH 14100 W 9 MILE RD OAK PARK, MI 48237-2621	38-3253099	501(C)(3)	10,032.	0.			GENERAL DONATION
OLIN-SANG-RUBY UNION INSTITUTE (URI) - 1121 LAKE COOK ROAD, SUITE D - DEERFIELD, WI 60015	13-1663143	501(C)(3)	5,300.	0.			EDUCATIONAL ASSISTANCE
OPERATION DREAM INC 1521 N RIVERCENTER DR P O BOX 12356 MILWAUKEE, WI 53212	26-1455938	501(C)(3)	46,300.	0.			GENERAL DONATION
ORT AMERICA 75 MAIDEN LANE 10TH FLOOR NEW YORK, NY 10038	13-5562424	501(C)(3)	5,250.	0.			GENERAL DONATION
OZAUKEE WASHINGTON LAND TRUST INC. PO BOX 917 WEST BEND, WI 53095-0917	39-1741288	501(C)(3)	5,000.	0.			GENERAL DONATION
PALM SPRINGS ART MUSEUM 101 MUSEUM DRIVE PALM SPRINGS, CA 92262	95-1809576	501(C)(3)	10,490.	0.			GENERAL DONATION
PARK SYNAGOGUE 27500 SHAKER BLVD PEPPER PIKE, OH 44124	34-0714533	501(C)(3)	14,900.	0.			GENERAL DONATION
PEF ISRAEL ENDOWMENT FUND 317 MADISON AVENUE STE 607 NEW YORK, NY 10017	13-6104086	501(C)(3)	94,000.	0.			GENERAL DONATION

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PENFIELD CHILDREN'S CENTER 833 N 26TH STREET MILWAUKEE, WI 53233-1599	39-1093701	501(C)(3)	13,600.	0.			GENERAL DONATION
PINEY WOODS SCHOOL PO BOX 57 PINEY WOODS, MS 39148-9989	64-0314538	501(C)(3)	5,500.	0.			GENERAL DONATION
PLANNED PARENTHOOD OF WISCONSIN INC - 302 N. JACKSON ST. - MILWAUKEE, WI 53202	39-0863391	501(C)(3)	12,370.	0.			GENERAL DONATION
PROJECT IDENTITY 57 ESSEX ROAD GREAT NECK, NY 11023	11-2614344	501(C)(3)	5,000.	0.			GENERAL DONATION
RAMAH OUTDOOR ADVENTURES 300 S. DAHLIA STREET #205 DENVER, CO 80246	90-0582182	501(C)(3)	100,000.	0.			EDUCATIONAL ASSISTANCE
RANCHO MIRAGE WRITERS FESTIVAL 71-100 HWY 111 RANCHO MIRAGE, CA 92270	95-2846326	501(C)(3)	5,000.	0.			GENERAL DONATION
RAVSAK/JEWISH COMMUNITY DAY SCHOOL NETWORK - 254 W 54TH ST FL 11 - NEW YORK, NY 10019-5516	91-1894659	501(C)(3)	5,000.	0.			GENERAL DONATION
REPERTORY EAST PLAYHOUSE 24266 MAIN STREET NEWHALL, CA 91321	35-2242303	501(C)(3)	5,000.	0.			GENERAL DONATION
RUACH INC 6310 N PORT WASHINGTON ROAD LOWER L MILWAUKEE, WI 53217	20-3268560	501(C)(3)	16,360.	0.			GENERAL DONATION

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SCOTTSDALE CULTURAL COUNCIL CENTER FOR THE ARTS - 7380 E SECOND STREET - SCOTTSDALE, AZ 85251	86-0593786	501(C)(3)	6,348.	0.			GENERAL DONATION
SKYLIGHT MUSIC THEATRE CORP 158 NORTH BROADWAY MILWAUKEE, WI 53202-6037	39-0975374	501(C)(3)	6,150.	0.			GENERAL DONATION
SOJOURNER FAMILY PEACE CENTER PO BOX 080319 MILWAUKEE, WI 53208	39-1276210	501(C)(3)	27,700.	0.			GENERAL DONATION
STEVE & SHARI SADEK FAMILY CAMP INTERLAKEN JCC - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	39-0806234	501(C)(3)	1,500.	0.			CAMP SCHOLARSHIP DRAW
STEVE & SHARI SADEK FAMILY CAMP INTERLAKEN JCC - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	39-0806234	501(C)(3)	30,000.	0.			EDUCATIONAL ASSISTANCE
STEVE & SHARI SADEK FAMILY CAMP INTERLAKEN JCC - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	39-0806234	501(C)(3)	12,400.	0.			GENERAL DONATION
SUSAN G KOMEN SE WISCONSIN 2025 W. OKLAHOMA AVE STE 116 MILWAUKEE, WI 53215	75-1835298	501(C)(3)	12,500.	0.			GENERAL DONATION
TEMPLE BETH AM 1039 S. LACIENGA BLVD LOS ANGELES, CA 90035	95-1656370	501(C)(3)	5,000.	0.			GENERAL DONATION
TEMPLE BETH AM 2632 NE 80TH STREET SEATTLE, WA 98112-4622	91-0741218	501(C)(3)	8,665.	0.			GENERAL DONATION

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TEMPLE MENORAH 9363 N 76TH STREET MILWAUKEE, WI 53223		501(C)(3)	30,890.	0.			GENERAL DONATION
TEN CHIMNEYS FOUNDATION INC BOX 225 GENESEE DEPOT, WI 53127	39-1862290	501(C)(3)	5,250.	0.			GENERAL DONATION
THE CITY COLLEGE FUND 160 CONVENT AVENUE SHEPARD HALL ROO NEW YORK, NY 10031	13-1760098	501(C)(3)	5,000.	0.			GENERAL DONATION
THE CONSERVATIVE SYNAGOGUE OF WESTPORT - 30 HILLSPPOINT ROAD - WESTPORT, CT 68808	06-1203591	501(C)(3)	15,000.	0.			GENERAL DONATION
THE FRIENDSHIP CIRCLE, INC. 8825 N. LAKE DR. MILWAUKEE, WI 53217	39-1819245	501(C)(3)	28,797.	0.			GENERAL DONATION
THE JOSEPH AND REBECCA PELTZ CENTER FOR JEWISH LIFE - 2233 W MEQUON ROAD - MEQUON, WI 53092	11-3587172	501(C)(3)	31,450.	0.			GENERAL DONATION
THE MEDICAL COLLEGE OF WISCONSIN INC. - 8701 WATERTOWN PLANK RD - MILWAUKEE, WI 53226-0509	39-0806261	501(C)(3)	11,350.	0.			GENERAL DONATION
THE SHUL 8825 N LAKE DRIVE BAYSIDE, WI 53217-1939	39-1170927	501(C)(3)	24,230.	0.			GENERAL DONATION
TIKKUN HA-IR OF MILWAUKEE INC. PO BOX 090287 MILWAUKEE, WI 53209	77-0596241	501(C)(3)	12,338.	0.			GENERAL DONATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TORAH ACADEMY OF MILWAUKEE HIGH SCHOOL - 6800 N GREEN BAY AVENUE - GLENDALE, WI 53209	93-0869475	501(C)(3)	6,840.	0.			GENERAL DONATION
TUCSON JEWISH COMMUNITY CENTER 3800 E RIVER ROAD TUCSON, AZ 85718-6600	86-0183578	501(C)(3)	7,500.	0.			GENERAL DONATION
UNITED COMMUNITY CENTER INC 1028 SOUTH 9TH STREET MILWAUKEE, WI 53204	39-1146191	501(C)(3)	10,750.	0.			GENERAL DONATION
UNITED PERFORMING ARTS FUND INC. 301 W. WISCONSIN AVE STE 600 MILWAUKEE, WI 53203-2232	39-6100399	501(C)(3)	70,888.	0.			GENERAL DONATION
UNITED WAY - PALM BEACH CO 44 COCONUT ROW STE M-201 PALM BEACH, FL 33480	59-0637885	501(C)(3)	5,000.	0.			GENERAL DONATION
UNITED WAY OF GREATER MILWAUKEE INC. - 225 W VINE STREET - MILWAUKEE, WI 53212-0971	39-0806190	501(C)(3)	157,470.	0.			GENERAL DONATION
UNIVERSITY OF MICHIGAN ALUMNI ASSOCIATION - 200 FLETCHER ST - ANN ARBOR, MI 48109	23-7206591	501(C)(3)	10,000.	0.			GENERAL DONATION
UNIVERSITY OF MINNESOTA 200 FRASER HALL 106 PLEASANT STREET SOUTHEAST - MINNEAPOLIS, MN 55455	41-6042488	501(C)(3)	5,000.	0.			EDUCATIONAL ASSISTANCE
UNIVERSITY OF PITTSBURGH 4227 5TH AVE, ALUMNI HALL PITTSBURGH, PA 15260-7488	25-0965591	501(C)(3)	50,000.	0.			EDUCATIONAL ASSISTANCE

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
UNIVERSITY OF WISCONSIN FOUNDATION U.S. BANK LOCKBOX BOX 78807 MILWAUKEE, WI 53278-0807	39-0743975	501(C)(3)	53,000.	0.			EDUCATIONAL ASSISTANCE
UNIVERSITY OF WISCONSIN FOUNDATION U.S. BANK LOCKBOX BOX 78807 MILWAUKEE, WI 53278-0807	39-0743975	501(C)(3)	114,455.	0.			GENERAL DONATION
UNIVERSITY OF WISCONSIN-STOUT 802 S BROADWAY 210 BOWMAN HALL MENOMONIE, WI 54751		501(C)(3)	5,000.	0.			EDUCATIONAL ASSISTANCE
UPSTREAM ARTS 3501 CHICAGO AVE 5 MINNEAPOLIS, MN 55407-2109	20-4451219	501(C)(3)	35,000.	0.			GENERAL DONATION
URBAN ECOLOGY CENTER INC. 1500 E PARK PLACE MILWAUKEE, WI 53211	39-1712663	501(C)(3)	6,600.	0.			GENERAL DONATION
US HOLOCAUST MEMORIAL MUSEUM MIDWEST REGION - PO BOX 1852 - HIGHLAND PARK, IL 60035	52-1309391	501(C)(3)	17,400.	0.			GENERAL DONATION
UW HILLEL FOUNDATION FOR JEWISH CAMPUS LIFE - 611 LANGDON STREET - MADISON, WI 53703	39-2035142	501(C)(3)	120,250.	0.			GENERAL DONATION
UWM FOUNDATION 1440 E NORTH AVENUE MILWAUKEE, WI 53202	23-7337744	501(C)(3)	191,000.	0.			GENERAL DONATION
VISION FORWARD ASSOCIATION 912 N HAWLEY ROAD MILWAUKEE, WI 53213	39-2040359	501(C)(3)	10,350.	0.			GENERAL DONATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON INSTITUTE FOR NEAR EAST POLICY - 1828 L STREET NW - WASHINGTON, DC 20036	52-1376034	501(C)(3)	11,000.	0.			GENERAL DONATION
WISCONSIN CONSERVATORY OF MUSIC 1584 N PROSPECT AVENUE MILWAUKEE, WI 53202-6501	39-0915050	501(C)(3)	15,900.	0.			GENERAL DONATION
WISCONSIN DEMOCRACY CAMPAIGN INC 203 S PATERSON ST. STE 100 MADISON, WI 53703-3689	39-1911104	501(C)(3)	5,000.	0.			GENERAL DONATION
WISCONSIN INSTITUTE FOR TORAH STUDY (WITS) - 3288 N LAKE DRIVE - MILWAUKEE, WI 53211-3124	39-1366081	501(C)(3)	2,000.	0.			EDUCATIONAL ASSISTANCE
WISCONSIN INSTITUTE FOR TORAH STUDY (WITS) - 3288 N LAKE DRIVE - MILWAUKEE, WI 53211-3124	39-1366081	501(C)(3)	2,167.	0.			GENERAL DONATION
WOODLAND PATTERN 720 E LOCUST MILWAUKEE, WI 53212	39-1332252	501(C)(3)	15,150.	0.			GENERAL DONATION
WORLD CONFEDERATION OF JEWISH COMMUNITY CENTERS INC - 711 THIRD AVENUE 10TH FLOOR - NEW YORK, NY 10017	20-0812055	501(C)(3)	27,000.	0.			GENERAL DONATION
WOUNDED WARRIOR PROJECT INC 4899 BELFORT RD STE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	5,256.	0.			GENERAL DONATION
WUWM MILWAUKEE PUBLIC RADIO 111 E WISCONSIN AVENUE, SUITE 700 MILWAUKEE, WI 53202	20-1257939	501(C)(3)	64,350.	0.			GENERAL DONATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YESHIVA ELEMENTARY SCHOOL OF MILW INC - 5115 W KEEFE AVENUE - MILWAUKEE, WI 53216	39-1631932	501(C)(3)	73,311.	0.			GENERAL DONATION
YOUNG JUDAEA GLOBAL INC 575 8TH AVE 11TH FLOOR NEW YORK, NY 10018	45-2640858	501(C)(3)	100,000.	0.			EDUCATIONAL ASSISTANCE
YOUTHAITI INC 6973 NORTH RANGE LINE ROAD GLENDALE, WI 53209	26-2061977	501(C)(3)	6,650.	0.			GENERAL DONATION

**Part III** **Grants and Other Assistance to Domestic Individuals.** 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 SCHOLARSHIPS	207	500,000.	0.		

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

**PART I, LINE 2:**

A VOLUNTEER COMMITTEE DETERMINES GRANTS TO BE MADE. MILWAUKEE JEWISH FEDERATION STAFF MONITORS THE ACTUAL DISTRIBUTION OF GRANTS AND THE USAGE OF THE GRANT FUNDS.

**PART II, LINE 1, COLUMN (H):**

NAME OF ORGANIZATION OR GOVERNMENT: B'NAI B'RITH YOUTH ORG WI REGION BBYO

(H) PURPOSE OF GRANT OR ASSISTANCE: \$17,500 SCHOLARSHIP & GEN; \$2,000 PB

& JAM DANCE; \$2,000 "HUNGER IS NOT A GAME" FOOD DRIVE; \$1,000 "THE MASK

**Part IV** Supplemental Information

YOU LIVE IN" PROGRAM; \$3,000 AZAA SPORTS/JERSEYS; \$5,250 CHAPTER PROG  
GRANTS

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: SYLVAN LEABMAN.\$5,000 FOR JFS

HOUSING CAPITAL GRANT (1ST INSTALLMENT ON \$25,000 5 YEAR COMMITMENT.

\$45,000 FOR SCHOOL COUNSELING, DISABILITIES CARE MANAGEMENT AND LATE LIFE  
COUNSELING

NAME OF ORGANIZATION OR GOVERNMENT: MILWAUKEE JEWISH DAY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: \$95K-CONSULTING, ETC, NEW ED MODEL;

\$100K-BOF INSTALLMENT; \$5K-RAMBAM FUND; \$50K-MATCHING GRANT ADVANCE;

43K-TBD

NAME OF ORGANIZATION OR GOVERNMENT: MILWAUKEE JEWISH DAY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5K HOS DISCRETIONARY ACCT, \$45K

FINAL BLUMIN GRANT 4/15; \$203,810 BALANCE OF "BUILD OUR FUTURE" GRANT;

\$10K PAY-IT-FORWARD EVENT

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" 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), 501(c)(4), and 501(c)(29) 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2014



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HANNAH ROSENTHAL PRESIDENT & CEO	(i)	250,804.	0.	540.	10,169.	13,201.	274,714.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) THOMAS LINDOW CFO/COO	(i)	113,664.	0.	540.	5,015.	35,406.	154,625.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) AMY KAHN VP OF DEVELOPMENT	(i)	122,945.	0.	540.	0.	38,311.	161,796.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CAREN GOLDBERG EXECUTIVE DIRECTOR	(i)	124,908.	0.	540.	5,458.	35,240.	166,146.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

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

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

Part I	Bond Issues	SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS												
		(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing		
								Yes	No	Yes	No	Yes	No	
	A	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	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	54,340,000.							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds	2,200,000.							
10	Capital expenditures from proceeds	46,440,000.							
11	Other spent proceeds	5,700,000.							
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III	Private Business Use	A		B		C		D	
		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							

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X						
<b>b</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? .....								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X						
<b>d</b> 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? .....								
<b>4</b> 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 %		%		%		%
<b>5</b> 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 %		%		%		%
<b>6</b> Total of lines 4 and 5 .....		.00 %		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....	X							
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....	X							
<b>b</b> Exception to rebate? .....	X							
<b>c</b> No rebate due? .....	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....	X							
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....	X							
<b>b</b> Name of provider .....	US BANK N.A.							
<b>c</b> Term of hedge .....	10.0000000							
<b>d</b> Was the hedge superintegrated? .....		X						
<b>e</b> Was the hedge terminated? .....		X						

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

**SCHEDULE K, PART I, BOND ISSUES:**

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

(F) DESCRIPTION OF PURPOSE:

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....	X	1,346	3,104,865.	APPRAISED VALUE
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	123	6,945,848.	FAIR MARKET VALUE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29** **2**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2014)

**Part II**

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

Horizontal lines for supplemental information entry.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

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

SOCIAL, HEALTH AND WELFARE, EDUCATIONAL, RECREATIONAL, CULTURAL, AND

OTHER NEEDS OF GENERAL CONCERN TO THE JEWISH COMMUNITY OF METROPOLITAN

MILWAUKEE.

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

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

FULFILLING ITS MISSION, THE FEDERATION IS COMMITTED TO THE PRINCIPLES

OF KLAL YISRAEL (THE COLLECTIVE UNITY OF THE JEWISH PEOPLE), TZEDAKAH

(THE OBLIGATION TO CARE FOR ONE ANOTHER) AND TIKKUN OLAM (IMPROVING THE

SOCIETY IN WHICH WE LIVE).

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

ARCHIVES DEPARTMENT OF THE JEWISH MUSEUM MILWAUKEE. THE JEWISH MUSEUM

MILWAUKEE IS EDUCATING THE JEWISH AND GENERAL COMMUNITIES ABOUT THE

JEWISH PEOPLE, ABOUT IMMIGRATION AND ABOUT THE IMPORTANCE OF MUTUAL

RESPECT AND TOLERANCE. IN ADDITION, IT IS MEETING THE RESEARCH NEEDS

OF SCHOLARS FROM AROUND THE WORLD AND FINALLY, IT IS RAPIDLY BECOMING

AN IMPORTANT CENTER FOR JEWISH INTELLECTUAL AND CULTURAL ACTIVITY.

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

CYCLE EVENTS THROUGH ARTICLES AND PHOTOGRAPHS, SO AS TO ACT AS A

HISTORY OF THE COMMUNITY, AND MAINTAIN AN ADVERTISING MEDIUM FOR

REACHING THE JEWISH POPULATION.

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

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

Schedule O (Form 990 or 990-EZ) (2014)



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

EXPENSES \$ 26,927,540. INCL GRANTS OF \$ 18,418,881. REVENUE \$ 1,305,878.

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

FAMILY RELATIONSHIPS:

MICHAEL GREEN - BETSY GREEN

JOAN LUBAR - SUSAN SOLVANG

BUSINESS RELATIONSHIP:

DAN BADER - LISA HILLER

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

ANNUAL MEMBERSHIP SHALL BE GRANTED TO ALL JEWISH PERSONS WHO ARE (A) AT LEAST 13 YEARS OF AGE, AND (B) PLEDGE AT LEAST \$18.00 TO THE CORPORATION DURING SUCH YEAR.

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

THE GOVERNANCE/NOMINATING COMMITTEE SHALL SUBMIT TO THE ANNUAL MEETING OF THE MEMBERS OF THE CORPORATION A LIST OF NAMES CHOSEN FROM THE MEMBERSHIP FOR ELECTION TO THE BOARD OF DIRECTORS. ADDITIONAL NAMES MAY BE PLACED IN

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

NOMINATION UPON THE PETITION OF AT LEAST TWENTY-FIVE (25) MEMBERS OF THE CORPORATION, PROVIDED THAT SUCH PETITION IS RECEIVED BY THE CHAIR OF THE GOVERNANCE/NOMINATING COMMITTEE NOT LESS THAN TWENTY (20) DAYS PRIOR TO THE CORPORATION'S ANNUAL MEETING. NOTICE OF THE NAMES CHOSEN BY THE GOVERNANCE/NOMINATING COMMITTEE AND ANY NAMES SUBMITTED BY PETITION SHALL BE GIVEN TO THE MEMBERSHIP PURSUANT TO THE NOTICE PROVISION IN ARTICLE II, SECTION 6, NOT LESS THAN TEN (10) DAYS PRIOR TO THE CORPORATION'S ANNUAL MEETING. AT THE ANNUAL MEETING MEMBERS SHALL ELECT DIRECTORS TO FILL VACANCIES ON THE BOARD. THE NUMBER OF DIRECTORS SHALL BE ESTABLISHED FROM TIME TO TIME BY THE BOARD. THE NUMBER OF DIRECTORS SHALL BE NOT LESS THAN THREE (3) AND NOT MORE THAN THIRTY (30). EACH NEWLY ELECTED DIRECTOR SHALL HOLD OFFICE FOR A TWO (2) YEAR TERM OR UNTIL HIS/HER SUCCESSOR SHALL HAVE BEEN ELECTED. NO DIRECTOR SHALL SERVE MORE THAN THREE (3) CONSECUTIVE TERMS, AFTER WHICH HE/SHE SHALL NOT BE ELIGIBLE FOR ELECTION TO THE BOARD UNTIL AT LEAST ONE (1) YEAR HAS ELAPSED. THIS PROVISION DOES NOT APPLY TO SOMEONE SERVING ON THE BOARD BY VIRTUE OF THEIR POSITION AS AN OFFICER.

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

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

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

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

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

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

THE CEO'S COMPENSATION IS REVIEWED AND NEGOTIATED BY A COMPENSATION SUBCOMMITTEE OF THE OFFICERS. THE PROCESS OCCURS EVERY 3 YEARS IN TIME WITH THE COMPENSATION CONTRACT RENEWAL.

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

THE AUDITED FINANCIAL STATEMENTS AND ANNUAL REPORT ARE AVAILABLE ON THE MILWAUKEE JEWISH FEDERATION'S WEBSITE. THE ANNUAL REPORT PROVIDES A SUMMARY OF INCOME AND COMMUNITY ALLOCATIONS. THE CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

GAIN (LOSS) ON INTEREST RATE SWAP	646,919.
CHANGE IN TRUST LIABILITIES	76,706.
LIABILITY ENDOWMENT CHANGE IN VALUE	359,041.
TOTAL TO FORM 990, PART XI, LINE 9	1,082,666.

FORM 990, PART XI, RECONCILIATION OF NET ASSETS, LINE 8 PRIOR PERIOD ADJ:

DURING THE YEAR ENDED JUNE 30, 2015, THE FEDERATION IDENTIFIED CERTAIN ERRORS IN AMOUNTS PREVIOUSLY REPORTED IN THE 2014 CONSOLIDATED FINANCIAL STATEMENTS. AMOUNTS PREVIOUSLY REPORTED FOR UNRESTRICTED, TEMPORARILY RESTRICTED, AND PERMANENTLY RESTRICTED NET ASSETS AS OF JULY 1, 2014, HAVE BEEN RESTATED TO CORRECT THIS ERROR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MJF HOUSING NO 2, INC. - 39-1853067 1360 N PROSPECT AVE MILWAUKEE, WI 53202	LOW-INCOME HOUSING	WISCONSIN	501(C)(3)	LINE 11A, I	MILWAUKEE JEWISH FEDERATION, INC.	X	
MJF HOUSING NO 3, INC. - 39-1882504 1360 N PROSPECT AVE MILWAUKEE, WI 53202	LOW-INCOME HOUSING	WISCONSIN	501(C)(3)	LINE 11A, I	MILWAUKEE JEWISH FEDERATION, INC.	X	
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) 2014

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MJF GOLDA MEIR HOUSING, INC. -- 45-4756528 1360 N PROSPECT AVE. MILWAUKEE, WI 53202	HOUSING	WI	MILWAUKEE JEWISH FEDERATION,	C CORP	179,000.	2,841,959.	100%	X	

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MJF GOLDA MEIR HOUSING, INC	F	311,784.	COST
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information

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

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

NAME OF RELATED ORGANIZATION:

MJF GOLDA MEIR HOUSING, INC.

DIRECT CONTROLLING ENTITY: MILWAUKEE JEWISH FEDERATION, INC.