

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

**2016**  
Open to Public Inspection

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 **2016** calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

|                                                                                                                                                                                                                                                                                                                |                                                                                                        |                                                                                                     |                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>MILWAUKEE JEWISH FEDERATION, INC.</b>                              |                                                                                                     | <b>D</b> Employer identification number<br><b>39-0806312</b>                                                                   |
|                                                                                                                                                                                                                                                                                                                | Doing business as                                                                                      |                                                                                                     | <b>E</b> Telephone number<br><b>(414) 390-5700</b>                                                                             |
|                                                                                                                                                                                                                                                                                                                | Number and street (or P.O. box if mail is not delivered to street address)                             | Room/suite                                                                                          |                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                | <b>1360 NORTH PROSPECT AVENUE</b>                                                                      |                                                                                                     | <b>G</b> Gross receipts \$ <b>144,569,939.</b>                                                                                 |
|                                                                                                                                                                                                                                                                                                                | City or town, state or province, country, and ZIP or foreign postal code<br><b>MILWAUKEE, WI 53202</b> |                                                                                                     | <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>F</b> Name and address of principal officer: <b>HANNAH ROSENTHAL</b><br><b>SAME AS C ABOVE</b>                                                                                                                                                                                                              |                                                                                                        | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                                 |                                                                                                        | If "No," attach a list. (see instructions)                                                          |                                                                                                                                |
| <b>J</b> Website: <b>WWW.MILWAUKEEJEWISH.ORG</b>                                                                                                                                                                                                                                                               |                                                                                                        | <b>H(c)</b> Group exemption number <b>▶</b>                                                         |                                                                                                                                |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>▶</b>                                                                                                                     |                                                                                                        | <b>L</b> Year of formation: <b>1938</b>                                                             | <b>M</b> State of legal domicile: <b>WI</b>                                                                                    |

**Part I Summary**

|                                                                         |                                                                                                                                                                                                   |                                  |                     |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b>                                      | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>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 2016 (Part V, line 2a)                                                                                                             | <b>5</b>                         | <b>63</b>           |
|                                                                         | <b>6</b> Total number of volunteers (estimate if necessary)                                                                                                                                       | <b>6</b>                         | <b>700</b>          |
|                                                                         | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                                   | <b>7a</b>                        | <b>247,155.</b>     |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>                                                                                                                                                                                         | <b>0.</b>                        |                     |
| <b>Revenue</b>                                                          | <b>8</b> Contributions and grants (Part VIII, line 1h)                                                                                                                                            | <b>Prior Year</b>                | <b>Current Year</b> |
|                                                                         | <b>9</b> Program service revenue (Part VIII, line 2g)                                                                                                                                             | <b>24,433,748.</b>               | <b>22,679,318.</b>  |
|                                                                         | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                           | <b>2,287,476.</b>                | <b>2,328,844.</b>   |
|                                                                         | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                | <b>3,101,901.</b>                | <b>5,691,809.</b>   |
|                                                                         | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                      | <b>140,425.</b>                  | <b>42,055.</b>      |
| <b>Expenses</b>                                                         | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                                                        | <b>29,963,550.</b>               | <b>30,742,026.</b>  |
|                                                                         | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                           | <b>14,078,183.</b>               | <b>12,818,852.</b>  |
|                                                                         | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                                       | <b>0.</b>                        | <b>0.</b>           |
|                                                                         | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                          | <b>3,900,267.</b>                | <b>3,967,266.</b>   |
|                                                                         | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>▶ 1,834,036.</b>                                                                                                            | <b>0.</b>                        | <b>0.</b>           |
|                                                                         | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                                                            | <b>8,674,301.</b>                | <b>8,746,957.</b>   |
|                                                                         | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                               | <b>26,652,751.</b>               | <b>25,533,075.</b>  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12          | <b>3,310,799.</b>                                                                                                                                                                                 | <b>5,208,951.</b>                |                     |
| <b>Net Assets or Fund Balances</b>                                      | <b>20</b> Total assets (Part X, line 16)                                                                                                                                                          | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|                                                                         | <b>21</b> Total liabilities (Part X, line 26)                                                                                                                                                     | <b>213,252,737.</b>              | <b>228,522,556.</b> |
|                                                                         | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20                                                                                                                              | <b>95,318,392.</b>               | <b>94,696,885.</b>  |
|                                                                         |                                                                                                                                                                                                   | <b>117,934,345.</b>              | <b>133,825,671.</b> |

**Part II Signature Block**

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

|                                     |                                                                              |                                                |                               |                                                 |                          |
|-------------------------------------|------------------------------------------------------------------------------|------------------------------------------------|-------------------------------|-------------------------------------------------|--------------------------|
| <b>Sign Here</b>                    | Signature of officer                                                         |                                                | Date                          |                                                 |                          |
|                                     | <b>HANNAH ROSENTHAL, PRESIDENT &amp; CEO</b><br>Type or print name and title |                                                |                               |                                                 |                          |
| <b>Paid Preparer Use Only</b>       | Print/Type preparer's name<br><b>AMANDA VANNATTA</b>                         | Preparer's signature<br><b>AMANDA VANNATTA</b> | Date<br><b>01/15/18</b>       | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P00948755</b> |
|                                     | Firm's name <b>▶ WIPFLI LLP</b>                                              | Firm's EIN <b>▶ 39-0758449</b>                 | Phone no. <b>608.274.1980</b> |                                                 |                          |
| Firm's address <b>▶ PO BOX 8700</b> |                                                                              | <b>MADISON, WI 53708-8700</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 JEWISH COMMUNITY IN

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

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

4 Describe the 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 \$ 583,461. including grants of \$ 146,725. ) (Revenue \$ 372,626. ) THE JEWISH MUSEUM MILWAUKEE (JMM) 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 WITH 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 \$ 313,649. including grants of \$ 9,399. ) (Revenue \$ 291,261. ) THE NATHAN AND ESTHER PELZ HOLOCAUST EDUCATION RESOURCE CENTER (HERC) IN MILWAUKEE, WISCONSIN IS DEDICATED TO HOLOCAUST REMEMBRANCE, EDUCATION, AND THE PRESERVATION OF THE MEMORY OF ITS VICTIMS. BY TEACHING ABOUT THE HOLOCAUST, THE HOLOCAUST EDUCATION RESOURCE CENTER AIMS TO PROMOTE AWARENESS OF THE EVILS OF HATRED AND PREJUDICE AND TO INSPIRE ETHICAL BEHAVIOR. HERC TAUGHT THE LESSONS OF THE HOLOCAUST TO 21,000 STUDENTS, TEACHERS AND COMMUNITY MEMBERS THROUGHOUT WISCONSIN LAST YEAR.

4c (Code: ) (Expenses \$ 306,620. including grants of \$ 39,375. ) (Revenue \$ 274,393. ) 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, AND TO SUPPORT THE PUBLISHER. THE MILWAUKEE JEWISH FEDERATION IN ITS COMMUNITY-BUILDING GOAL OF PROMOTING AWARENESS OF AND SUPPORT FOR THE VALUE OF JEWISH COMMUNITY, SERVES AS A COMMUNICATIONS VEHICLE THROUGH WHICH LOCAL ORGANIZATIONS, AGENCIES AND SYNAGOGUES CAN REPORT TO THEIR CONSTITUENCIES AND TO THE JEWISH COMMUNITY IN GENERAL AND THROUGH WHICH THEY CAN PUBLICIZE THEIR ACTIVITIES, RECORD COMMUNITY EVENTS AND LIFE

4d Other program services (Describe in Schedule O.) (Expenses \$ 21,339,402. including grants of \$ 12,623,353. ) (Revenue \$ 1,142,298. )

4e Total program service expenses 22,543,132.

**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)?<br><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?<br><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?<br><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  |

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

|                                                                                                                                                                                                                                                                                                                                  | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <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? .....                                                                                                                                                                                                      |     |    |
| <b>21</b> 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   |    |
| <b>22</b> 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   |    |
| <b>23</b> 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   |    |
| <b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....                                                                                                                                                                                                                 |     | X  |
| <b>c</b> 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  |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....                                                                                                                                                                                                           |     | X  |
| <b>25a 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>b</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  |
| <b>26</b> 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  |
| <b>27</b> 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  |
| <b>28</b> 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):                                                                                                                          |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                                                    |     | X  |
| <b>b</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  |
| <b>c</b> 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  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....                                                                                                                                                                                                  | X   |    |
| <b>30</b> 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  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i> .....                                                                                                                                                                                     |     | X  |
| <b>32</b> 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  |
| <b>33</b> 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  |
| <b>34</b> 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   |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....                                                                                                                                                                                                                         | X   |    |
| <b>b</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   |    |
| <b>36 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  |
| <b>37</b> 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  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O .....                                                                                                                           | X   |    |

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/No checkboxes, and numerical responses (84, 0, 63, 4).

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (28), 1b (28), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WI
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.
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)<br>Name and Title                               | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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<br>DIRECTOR                        | 0.30<br>0.60                                                                        | X                                                                                                            |                       |         |              |                              | 0.     | 0.                                                                   | 0.                                                                        |                                                                                               |
| (2) DANIEL BADER<br>DIRECTOR                        | 0.30<br>0.60                                                                        | X                                                                                                            |                       |         |              |                              | 0.     | 0.                                                                   | 0.                                                                        |                                                                                               |
| (3) NANCY BARNETT<br>DIRECTOR                       | 0.30<br>0.60                                                                        | X                                                                                                            |                       |         |              |                              | 0.     | 0.                                                                   | 0.                                                                        |                                                                                               |
| (4) JEROME BENJAMIN<br>DIRECTOR (THRU 8/10/16)      | 0.30<br>0.60                                                                        | X                                                                                                            |                       |         |              |                              | 0.     | 0.                                                                   | 0.                                                                        |                                                                                               |
| (5) MARK BRICKMAN<br>DIRECTOR                       | 0.30<br>0.60                                                                        | X                                                                                                            |                       |         |              |                              | 0.     | 0.                                                                   | 0.                                                                        |                                                                                               |
| (6) ALLAN CARNEOL<br>DIRECTOR                       | 0.30<br>0.60                                                                        | X                                                                                                            |                       |         |              |                              | 0.     | 0.                                                                   | 0.                                                                        |                                                                                               |
| (7) DAVID M. COHN<br>DIRECTOR                       | 0.30<br>0.60                                                                        | X                                                                                                            |                       |         |              |                              | 0.     | 0.                                                                   | 0.                                                                        |                                                                                               |
| (8) JUDY CORAN<br>DIRECTOR (BEG. 8/10/16)           | 0.30<br>0.60                                                                        | X                                                                                                            |                       |         |              |                              | 0.     | 0.                                                                   | 0.                                                                        |                                                                                               |
| (9) REBECCA DALLET<br>DIRECTOR (THRU 8/10/16)       | 0.30<br>0.60                                                                        | X                                                                                                            |                       |         |              |                              | 0.     | 0.                                                                   | 0.                                                                        |                                                                                               |
| (10) BARBARA GLAZER<br>DIRECTOR                     | 0.30<br>0.60                                                                        | X                                                                                                            |                       |         |              |                              | 0.     | 0.                                                                   | 0.                                                                        |                                                                                               |
| (11) MARK GOLDSTEIN<br>DIRECTOR                     | 0.30<br>0.60                                                                        | X                                                                                                            |                       |         |              |                              | 0.     | 0.                                                                   | 0.                                                                        |                                                                                               |
| (12) IDY GOODMAN<br>DIRECTOR (THRU 8/10/16)         | 0.30<br>0.60                                                                        | X                                                                                                            |                       |         |              |                              | 0.     | 0.                                                                   | 0.                                                                        |                                                                                               |
| (13) BETSY GREEN<br>DIRECTOR                        | 0.30<br>0.60                                                                        | X                                                                                                            |                       |         |              |                              | 0.     | 0.                                                                   | 0.                                                                        |                                                                                               |
| (14) SARA HERMANOFF<br>DIRECTOR                     | 0.30<br>0.60                                                                        | X                                                                                                            |                       |         |              |                              | 0.     | 0.                                                                   | 0.                                                                        |                                                                                               |
| (15) RABBI WESLEY KALMAR<br>DIRECTOR (THRU 8/10/16) | 0.30<br>0.60                                                                        | X                                                                                                            |                       |         |              |                              | 0.     | 0.                                                                   | 0.                                                                        |                                                                                               |
| (16) MARLENE LAUWASSER<br>DIRECTOR                  | 0.30<br>0.60                                                                        | X                                                                                                            |                       |         |              |                              | 0.     | 0.                                                                   | 0.                                                                        |                                                                                               |
| (17) GREG MARCUS<br>DIRECTOR (BEG. 8/10/16)         | 0.30<br>0.60                                                                        | X                                                                                                            |                       |         |              |                              | 0.     | 0.                                                                   | 0.                                                                        |                                                                                               |

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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) SUSAN ANGEL MILLER<br>DIRECTOR                            | 0.30<br>0.60                                                                        | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (19) MITCH MOSER<br>DIRECTOR (BEG. 8/10/16)                    | 0.30<br>0.60                                                                        | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (20) LAURI ROTH<br>DIRECTOR                                    | 0.30<br>0.60                                                                        | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (21) YONI SCHLUSSEL<br>DIRECTOR (BEG. 8/10/16)                 | 0.30<br>0.60                                                                        | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (22) SUE STRAIT<br>DIRECTOR (THRU 8/10/16)                     | 0.30<br>0.60                                                                        | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (23) ANDREA SCHNEIDER<br>CHAIR                                 | 1.00<br>2.00                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (24) STEPHEN CHERNOF<br>VICE-CHAIR                             | 1.00<br>2.00                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (25) EILEEN GRAVES<br>VICE-CHAIR                               | 1.00<br>2.00                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (26) LISA HILLER<br>VICE-CHAIR                                 | 1.00<br>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> |                                                                                     |                                                                                                           |                       |         |              |                              |        | 547,926.                                                             | 0.                                                                        | 66,055.                                                                                       |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                     |                                                                                                           |                       |         |              |                              |        | 547,926.                                                             | 0.                                                                        | 66,055.                                                                                       |

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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 3 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  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

|                                                                            |                                                                                                                                              | (A)<br>Total revenue                                        | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |  |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>              | <b>1 a</b> Federated campaigns .....                                                                                                         | <b>1a</b> 170,000.                                          |                                                 |                                         |                                                                    |  |
|                                                                            | <b>b</b> Membership dues .....                                                                                                               | <b>1b</b>                                                   |                                                 |                                         |                                                                    |  |
|                                                                            | <b>c</b> Fundraising events .....                                                                                                            | <b>1c</b> 198,980.                                          |                                                 |                                         |                                                                    |  |
|                                                                            | <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> 22,310,338.                                       |                                                 |                                         |                                                                    |  |
|                                                                            | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....                                                                             | 4,674,430.                                                  |                                                 |                                         |                                                                    |  |
|                                                                            | <b>h Total.</b> Add lines 1a-1f .....                                                                                                        | ▶ 22,679,318.                                               |                                                 |                                         |                                                                    |  |
| <b>Program Service Revenue</b>                                             | <b>2 a</b> RENT FROM EXEMPT BUILDING .....                                                                                                   | <b>Business Code</b> 900099                                 | 2,081,689.                                      | 2,081,689.                              |                                                                    |  |
|                                                                            | <b>b</b> NEWSPAPER ADVERTISING .....                                                                                                         | 511110                                                      | 247,155.                                        | 247,155.                                |                                                                    |  |
|                                                                            | <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 .....                                                                                                        | ▶ 2,328,844.                                                |                                                 |                                         |                                                                    |  |
| <b>Other Revenue</b>                                                       | <b>3</b> Investment income (including dividends, interest, and other similar amounts) .....                                                  | ▶ 3,255,424.                                                |                                                 |                                         | 3,255,424.                                                         |  |
|                                                                            | <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                                              | 116,139,019.                                    | 8,217.                                  |                                                                    |  |
|                                                                            |                                                                                                                                              | (ii) Other                                                  |                                                 |                                         |                                                                    |  |
|                                                                            |                                                                                                                                              | <b>b</b> Less: cost or other basis and sales expenses ..... | 113,702,634.                                    | 8,217.                                  |                                                                    |  |
|                                                                            |                                                                                                                                              | <b>c</b> Gain or (loss) .....                               | 2,436,385.                                      | 0.                                      |                                                                    |  |
|                                                                            | <b>d</b> Net gain or (loss) .....                                                                                                            | ▶ 2,436,385.                                                |                                                 |                                         | 2,436,385.                                                         |  |
|                                                                            | <b>8 a</b> Gross income from fundraising events (not including \$ 198,980. of contributions reported on line 1c). See Part IV, line 18 ..... | <b>a</b> 48,920.                                            |                                                 |                                         |                                                                    |  |
|                                                                            |                                                                                                                                              | <b>b</b> Less: direct expenses .....                        | <b>b</b> 117,062.                               |                                         |                                                                    |  |
| <b>c</b> Net income or (loss) from fundraising events .....                |                                                                                                                                              | ▶ -68,142.                                                  |                                                 |                                         | -68,142.                                                           |  |
| <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                                                                                                                                       | 74,418.                                                     |                                                 |                                         | 74,418.                                                            |  |
|                                                                            | <b>b</b> .....                                                                                                                               |                                                             |                                                 |                                         |                                                                    |  |
|                                                                            | <b>c</b> .....                                                                                                                               |                                                             |                                                 |                                         |                                                                    |  |
|                                                                            | <b>d</b> All other revenue .....                                                                                                             | 900099                                                      | 35,779.                                         |                                         | 35,779.                                                            |  |
| <b>e Total.</b> Add lines 11a-11d .....                                    | ▶ 110,197.                                                                                                                                   |                                                             |                                                 |                                         |                                                                    |  |
| <b>12 Total revenue.</b> See instructions. .....                           | ▶ 30,742,026.                                                                                                                                | 2,081,689.                                                  | 247,155.                                        | 5,733,864.                              |                                                                    |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                        | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21                                                                                                | 12,150,450.           | 12,150,450.                     |                                        |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22                                                                                                                           | 500,000.              | 500,000.                        |                                        |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16                                                                    | 168,402.              | 168,402.                        |                                        |                             |
| 4 Benefits paid to or for members                                                                                                                                                                     |                       |                                 |                                        |                             |
| 5 Compensation of current officers, directors, trustees, and key employees                                                                                                                            | 624,913.              | 257,828.                        | 161,892.                               | 205,193.                    |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                       |                       |                                 |                                        |                             |
| 7 Other salaries and wages                                                                                                                                                                            | 2,506,754.            | 1,034,241.                      | 649,407.                               | 823,106.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                  | 120,896.              | 34,006.                         | 51,570.                                | 35,320.                     |
| 9 Other employee benefits                                                                                                                                                                             | 509,854.              | 280,490.                        | 92,973.                                | 136,391.                    |
| 10 Payroll taxes                                                                                                                                                                                      | 204,849.              | 85,392.                         | 49,513.                                | 69,944.                     |
| 11 Fees for services (non-employees):                                                                                                                                                                 |                       |                                 |                                        |                             |
| a Management                                                                                                                                                                                          |                       |                                 |                                        |                             |
| b Legal                                                                                                                                                                                               | 7,950.                | 2,484.                          | 3,341.                                 | 2,125.                      |
| c Accounting                                                                                                                                                                                          | 38,876.               | 5,164.                          | 6,742.                                 | 26,970.                     |
| d Lobbying                                                                                                                                                                                            |                       |                                 |                                        |                             |
| e Professional fundraising services. See Part IV, line 17                                                                                                                                             |                       |                                 |                                        |                             |
| f Investment management fees                                                                                                                                                                          | 601,119.              | 601,119.                        |                                        |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)                                                                                            | 419,616.              | 162,481.                        | 2,571.                                 | 254,564.                    |
| 12 Advertising and promotion                                                                                                                                                                          | 63,899.               | 47,561.                         | 1,261.                                 | 15,077.                     |
| 13 Office expenses                                                                                                                                                                                    | 434,904.              | 287,593.                        | 31,191.                                | 116,120.                    |
| 14 Information technology                                                                                                                                                                             | 66,021.               | 21,956.                         | 25,859.                                | 18,206.                     |
| 15 Royalties                                                                                                                                                                                          |                       |                                 |                                        |                             |
| 16 Occupancy                                                                                                                                                                                          | 2,004,343.            | 1,893,930.                      | 47,007.                                | 63,406.                     |
| 17 Travel                                                                                                                                                                                             |                       |                                 |                                        |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                     |                       |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings                                                                                                                                                             | 46,265.               | 23,463.                         | 6,753.                                 | 16,049.                     |
| 20 Interest                                                                                                                                                                                           | 2,194,628.            | 2,194,628.                      |                                        |                             |
| 21 Payments to affiliates                                                                                                                                                                             |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization                                                                                                                                                          | 2,260,835.            | 2,260,835.                      |                                        |                             |
| 23 Insurance                                                                                                                                                                                          | 141,675.              | 129,393.                        | 6,637.                                 | 5,645.                      |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |                                        |                             |
| a <b>ANNUAL CAMPAIGN RESERVE</b>                                                                                                                                                                      | 173,857.              | 173,857.                        |                                        |                             |
| b <b>BAD DEBT EXPENSE</b>                                                                                                                                                                             | 38,147.               | 28,184.                         | 9,938.                                 | 25.                         |
| c <b>UBIT TAXES</b>                                                                                                                                                                                   | 4,590.                | 4,590.                          |                                        |                             |
| d _____                                                                                                                                                                                               |                       |                                 |                                        |                             |
| e All other expenses _____                                                                                                                                                                            | 250,232.              | 195,085.                        | 9,252.                                 | 45,895.                     |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e                                                                                                                                          | <b>25,533,075.</b>    | <b>22,543,132.</b>              | <b>1,155,907.</b>                      | <b>1,834,036.</b>           |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                              |                       |                                 |                                        |                             |

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

**Part X Balance Sheet**

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

|                                                                           |                                                                                                                                                                                                                                                                                                                                  | (A)<br>Beginning of year |              | (B)<br>End of year |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|--------------------|
| <b>Assets</b>                                                             | <b>1</b> Cash - non-interest-bearing .....                                                                                                                                                                                                                                                                                       | 4,383,980.               | <b>1</b>     | 5,119,619.         |
|                                                                           | <b>2</b> Savings and temporary cash investments .....                                                                                                                                                                                                                                                                            | 5,226,012.               | <b>2</b>     | 6,495,159.         |
|                                                                           | <b>3</b> Pledges and grants receivable, net .....                                                                                                                                                                                                                                                                                | 2,801,464.               | <b>3</b>     | 3,269,040.         |
|                                                                           | <b>4</b> Accounts receivable, net .....                                                                                                                                                                                                                                                                                          | 405,989.                 | <b>4</b>     | 4,574,911.         |
|                                                                           | <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 .....                                                                                                                                                                                                                                                                                   | 3,692,512.               | <b>7</b>     | 3,697,429.         |
|                                                                           | <b>8</b> Inventories for sale or use .....                                                                                                                                                                                                                                                                                       | 4,423,072.               | <b>8</b>     | 4,417,392.         |
|                                                                           | <b>9</b> Prepaid expenses and deferred charges .....                                                                                                                                                                                                                                                                             | 149,991.                 | <b>9</b>     | 152,795.           |
|                                                                           | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....                                                                                                                                                                                                                             | <b>10a</b> 61,318,834.   |              |                    |
|                                                                           | <b>b</b> Less: accumulated depreciation .....                                                                                                                                                                                                                                                                                    | <b>10b</b> 28,417,172.   |              |                    |
|                                                                           | <b>11</b> Investments - publicly traded securities .....                                                                                                                                                                                                                                                                         | 101,174,589.             | <b>11</b>    | 108,124,037.       |
|                                                                           | <b>12</b> Investments - other securities. See Part IV, line 11 .....                                                                                                                                                                                                                                                             | 53,761,279.              | <b>12</b>    | 57,547,776.        |
|                                                                           | <b>13</b> Investments - program-related. See Part IV, line 11 .....                                                                                                                                                                                                                                                              |                          | <b>13</b>    |                    |
|                                                                           | <b>14</b> Intangible assets .....                                                                                                                                                                                                                                                                                                |                          | <b>14</b>    |                    |
|                                                                           | <b>15</b> Other assets. See Part IV, line 11 .....                                                                                                                                                                                                                                                                               | 2,202,277.               | <b>15</b>    | 2,222,736.         |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 213,252,737.                                                                                                                                                                                                                                                                                                                     | <b>16</b>                | 228,522,556. |                    |
| <b>Liabilities</b>                                                        | <b>17</b> Accounts payable and accrued expenses .....                                                                                                                                                                                                                                                                            | 1,564,677.               | <b>17</b>    | 1,753,950.         |
|                                                                           | <b>18</b> Grants payable .....                                                                                                                                                                                                                                                                                                   | 3,702,680.               | <b>18</b>    | 3,888,115.         |
|                                                                           | <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 .....                                                                                                                                                                                                                                            | 3,977,476.               | <b>21</b>    | 444,417.           |
|                                                                           | <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 .....                                                                                                                                            | 31,733,559.              | <b>25</b>    | 34,270,403.        |
|                                                                           | <b>26 Total liabilities.</b> Add lines 17 through 25 .....                                                                                                                                                                                                                                                                       | 95,318,392.              | <b>26</b>    | 94,696,885.        |
| <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 .....                                                                                                                                                                                                                                                                                          | 84,053,982.              | <b>27</b>    | 94,940,602.        |
|                                                                           | <b>28</b> Temporarily restricted net assets .....                                                                                                                                                                                                                                                                                | 19,396,531.              | <b>28</b>    | 23,274,108.        |
|                                                                           | <b>29</b> Permanently restricted net assets .....                                                                                                                                                                                                                                                                                | 14,483,832.              | <b>29</b>    | 15,610,961.        |
|                                                                           | <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 .....                         | 117,934,345.                                                                                                                                                                                                                                                                                                                     | <b>33</b>                | 133,825,671. |                    |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 213,252,737.                                                                                                                                                                                                                                                                                                                     | <b>34</b>                | 228,522,556. |                    |

**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>  | 30,742,026.  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 25,533,075.  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | 5,208,951.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 117,934,345. |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  | 8,798,956.   |
| <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>  |              |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)                                           | <b>9</b>  | 1,883,419.   |
| <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> | 133,825,671. |

**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 _____<br>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? _____<br>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:<br><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? _____<br>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:<br><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? _____<br>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 C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

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

Name of organization

**MILWAUKEE JEWISH FEDERATION, INC.**

Employer identification number

**39-0806312**

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                         | (a) Filing organization's totals                | (b) Affiliated group totals        |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------|--------------------|-------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------|----------------------------------------------------|--------------------------------------------|---------------------------------------------------|-------------------|--------------|--|--|
| <b>1a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total lobbying expenditures to influence public opinion (grass roots lobbying) .....                                                                    |                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Total lobbying expenditures to influence a legislative body (direct lobbying) .....                                                                     |                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Total lobbying expenditures (add lines 1a and 1b) .....                                                                                                 |                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Other exempt purpose expenditures .....                                                                                                                 |                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Total exempt purpose expenditures (add lines 1c and 1d) .....                                                                                           |                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Lobbying nontaxable amount. Enter the amount from the following table in both columns.                                                                  |                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |                                                                                                                                                         | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | The lobbying nontaxable amount is:                                                                                                                      |                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 20% of the amount on line 1e.                                                                                                                           |                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$100,000 plus 15% of the excess over \$500,000.                                                                                                        |                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$175,000 plus 10% of the excess over \$1,000,000.                                                                                                      |                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$225,000 plus 5% of the excess over \$1,500,000.                                                                                                       |                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$1,000,000.                                                                                                                                            |                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Grassroots nontaxable amount (enter 25% of line 1f) .....                                                                                               |                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Subtract line 1g from line 1a. If zero or less, enter -0- .....                                                                                         |                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>i</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Subtract line 1f from line 1c. If zero or less, enter -0- .....                                                                                         |                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>j</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ..... |                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |

Yes  No

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |          |          |          |          |           |
|---------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

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

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.                                                                                                             | (a) |    | (b)     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
|                                                                                                                                                                                                                                        | Yes | No | Amount  |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |         |
| <b>a</b> Volunteers? .....                                                                                                                                                                                                             | X   |    |         |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..                                                                                                                               | X   |    |         |
| <b>c</b> Media advertisements? .....                                                                                                                                                                                                   |     | X  |         |
| <b>d</b> Mailings to members, legislators, or the public? .....                                                                                                                                                                        |     | X  |         |
| <b>e</b> Publications, or published or broadcast statements? .....                                                                                                                                                                     |     | X  |         |
| <b>f</b> Grants to other organizations for lobbying purposes? .....                                                                                                                                                                    |     | X  |         |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....                                                                                                                             |     | X  |         |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....                                                                                                                               |     | X  |         |
| <b>i</b> Other activities? .....                                                                                                                                                                                                       | X   |    | 25,700. |
| <b>j</b> Total. Add lines 1c through 1i .....                                                                                                                                                                                          |     |    | 25,700. |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....                                                                                                                          |     | X  |         |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....                                                                                                                                                       |     |    |         |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....                                                                                                                              |     |    |         |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....                                                                                                                            |     |    |         |

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

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

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

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

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

PAY A MONTHLY FEE TO MICHAEL BLUMENFELD WHO RUNS THE WISCONSIN JEWISH CONFERENCE PROGRAM. HIS SERVICES ARE TO MONITOR POLITICAL ACTIVITIES AND PROVIDE LOBBYING SERVICES AS NEEDED. THE WISCONSIN JEWISH CONFERENCE HELPS TO KEEP THE MILWAUKEE JEWISH FEDERATION INFORMED OF ISSUES THAT COULD BE IMPORTANT TO THE JEWISH COMMUNITY.



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2016**  
**Open to Public Inspection**

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

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|                                                                                                                                                                                                                                                                             | (a) Donor advised funds | (b) Funds and other accounts                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------|
| 1 Total number at end of year .....                                                                                                                                                                                                                                         | 396                     |                                                                     |
| 2 Aggregate value of contributions to (during year) .....                                                                                                                                                                                                                   | 9,996,641.              |                                                                     |
| 3 Aggregate value of grants from (during year) .....                                                                                                                                                                                                                        | 6,111,828.              |                                                                     |
| 4 Aggregate value at end of year .....                                                                                                                                                                                                                                      | 36,815,439.             |                                                                     |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....                                                            |                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... |                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

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, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ 0.

(ii) Assets included in Form 990, Part X .....

▶ \$ 245,684.

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

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | 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 on Part XIII

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

|                                                  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 50,074,114.      | 51,355,630.    | 46,240,327.        | 41,488,280.          | 37,875,337.         |
| b Contributions                                  | 4,413,270.       | 2,156,923.     | 6,289,238.         | 2,123,790.           | 2,956,773.          |
| c Net investment earnings, gains, and losses     | 5,867,943.       | -6,196.        | 2,092,844.         | 6,958,219.           | 4,559,973.          |
| d Grants or scholarships                         | 3,184,388.       | 2,709,050.     | 2,530,457.         | 3,676,106.           | 3,272,088.          |
| e Other expenditures for facilities and programs | 660,114.         | 260,218.       | 273,102.           | 217,396.             | 238,815.            |
| f Administrative expenses                        | 495,775.         | 462,975.       | 463,220.           | 436,460.             | 392,900.            |
| g End of year balance                            | 56,015,050.      | 50,074,114.    | 51,355,630.        | 46,240,327.          | 41,488,280.         |

- 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  28.00 %
  - c Temporarily restricted endowment  72.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                                                     | Yes                      | No                                  |
|---------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations                                                                                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations                                                                                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

| Description of property                                                                                | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                                                                                                |                                      | 2,643,763.                      |                              | 2,643,763.     |
| b Buildings                                                                                            |                                      | 50,371,926.                     | 21,957,921.                  | 28,414,005.    |
| c Leasehold improvements                                                                               |                                      | 1,438,770.                      | 627,409.                     | 811,361.       |
| d Equipment                                                                                            |                                      | 6,862,975.                      | 5,831,842.                   | 1,031,133.     |
| e Other                                                                                                |                                      | 1,400.                          |                              | 1,400.         |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 32,901,662.    |

**Part VII Investments - Other Securities.**

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

| (a) Description of security or category (including name of security)    | (b) Book value     | (c) Method of valuation: Cost or end-of-year market value |
|-------------------------------------------------------------------------|--------------------|-----------------------------------------------------------|
| (1) Financial derivatives                                               |                    |                                                           |
| (2) Closely-held equity interests                                       |                    |                                                           |
| (3) Other                                                               |                    |                                                           |
| (A) PRIVATE EQUITY FUNDS                                                | 318,268.           | END-OF-YEAR MARKET VALUE                                  |
| (B) HEDGE FUNDS                                                         | 119,264.           | END-OF-YEAR MARKET VALUE                                  |
| (C) OTHER ALTERNATIVE                                                   |                    |                                                           |
| (D) INVESTMENTS                                                         | 35,259,384.        | END-OF-YEAR MARKET VALUE                                  |
| (E) OTHER STRUCTURED PRODUCTS                                           | 21,674,225.        | END-OF-YEAR MARKET VALUE                                  |
| (F) PARTNERSHIP INTERESTS                                               | 176,635.           | COST                                                      |
| (G)                                                                     |                    |                                                           |
| (H)                                                                     |                    |                                                           |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | <b>57,547,776.</b> |                                                           |

**Part VIII Investments - Program Related.**

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

| (a) Description of investment                                           | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1)                                                                     |                |                                                           |
| (2)                                                                     |                |                                                           |
| (3)                                                                     |                |                                                           |
| (4)                                                                     |                |                                                           |
| (5)                                                                     |                |                                                           |
| (6)                                                                     |                |                                                           |
| (7)                                                                     |                |                                                           |
| (8)                                                                     |                |                                                           |
| (9)                                                                     |                |                                                           |
| <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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description                                                           | (b) Book value |
|---------------------------------------------------------------------------|----------------|
| (1)                                                                       |                |
| (2)                                                                       |                |
| (3)                                                                       |                |
| (4)                                                                       |                |
| (5)                                                                       |                |
| (6)                                                                       |                |
| (7)                                                                       |                |
| (8)                                                                       |                |
| (9)                                                                       |                |
| <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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability                                           | (b) Book value     |
|---------------------------------------------------------------------------|--------------------|
| (1) Federal income taxes                                                  |                    |
| (2) POST-RETIREMENT BENEFIT LIABILITY                                     | 31,000.            |
| (3) DEFERRED SUPPORT OF CHARITABLE                                        |                    |
| (4) GIFT ANNUITIES                                                        | 3,655,835.         |
| (5) INTEREST RATE SWAP                                                    | 2,220,103.         |
| (6) AGENCY ENDOWMENT FUNDS                                                | 28,363,465.        |
| (7)                                                                       |                    |
| (8)                                                                       |                    |
| (9)                                                                       |                    |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | <b>34,270,403.</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" on Form 990, Part IV, line 12a.

|          |                                                                                                      |           |           |
|----------|------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements .....                       |           | <b>1</b>  |
| <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> |           |
| <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> |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> .....                                                          |           | <b>2e</b> |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> .....                                                     |           | <b>3</b>  |
| <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> |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> .....                                                              |           | <b>4c</b> |
| <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>  |

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

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

|          |                                                                                                       |           |           |
|----------|-------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements .....                                      |           | <b>1</b>  |
| <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> |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> .....                                                           |           | <b>2e</b> |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> .....                                                      |           | <b>3</b>  |
| <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> |
| <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>  |

**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



**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

**2016**

Open to Public  
Inspection

|                                                                      |                                                     |
|----------------------------------------------------------------------|-----------------------------------------------------|
| Name of the organization<br><b>MILWAUKEE JEWISH FEDERATION, INC.</b> | Employer identification number<br><b>39-0806312</b> |
|----------------------------------------------------------------------|-----------------------------------------------------|

**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 the region | (d) Activities conducted in the region (by type) (such as, 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 the region | (f) Total expenditures for and investments in the region |
|-------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | 0                                   | 0                                                                          | GRANTS TO RECIPIENTS LOCATED IN REGION.                                                                                                            | GENERAL SUPPORT                                                                                        | 192,923.                                                 |
|                                                                   |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
|                                                                   |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
|                                                                   |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
|                                                                   |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
|                                                                   |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
|                                                                   |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
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|                                                                   |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
|                                                                   |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
|                                                                   |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
|                                                                   |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
|                                                                   |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
|                                                                   |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
|                                                                   |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
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|                                                                   |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
|                                                                   |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
|                                                                   |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
|                                                                   |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
|                                                                   |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| <b>3 a</b> Sub-total .....                                        | 0                                   | 0                                                                          |                                                                                                                                                    |                                                                                                        | 192,923.                                                 |
| <b>b</b> Total from continuation sheets to Part I .....           | 0                                   | 0                                                                          |                                                                                                                                                    |                                                                                                        | 0.                                                       |
| <b>c Totals</b> (add lines 3a and 3b) .....                       | 0                                   | 0                                                                          |                                                                                                                                                    |                                                                                                        | 192,923.                                                 |

**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<br>(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 noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|----------------------------------------------|-------------------------------------------------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|-------------------------------------------------------|
|                               |                                              | MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | GENERAL SUPPORT      | 10,000.                  | CHECK                           | 0.                               |                                       |                                                       |
|                               |                                              | MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | GENERAL SUPPORT      | 11,600.                  | CHECK                           | 0.                               |                                       |                                                       |
|                               |                                              | MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | GENERAL SUPPORT      | 15,000.                  | CHECK                           | 0.                               |                                       |                                                       |
|                               |                                              | MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | GENERAL SUPPORT      | 9,000.                   | CHECK                           | 0.                               |                                       |                                                       |
|                               |                                              | MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | GENERAL SUPPORT      | 5,000.                   | CHECK                           | 0.                               |                                       |                                                       |
|                               |                                              | MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | GENERAL SUPPORT      | 6,500.                   | CHECK                           | 0.                               |                                       |                                                       |
|                               |                                              | MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | GENERAL SUPPORT      | 5,000.                   | CHECK                           | 0.                               |                                       |                                                       |
|                               |                                              | MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | GENERAL SUPPORT      | 26,145.                  | 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 ..... **10**

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



| <b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |                                                     |                                                                   |                             |                                 |                                        |                                          |                                               |                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------|-----------------------------|---------------------------------|----------------------------------------|------------------------------------------|-----------------------------------------------|--------------------------------------------------------------|
| <b>1</b><br><b>(a)</b> Name of organization                                                                                                                 | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region                                                 | <b>(d)</b> Purpose of grant | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | <b>(h)</b> Description of non-cash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|                                                                                                                                                             |                                                     | MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | GENERAL SUPPORT             | 60,000.                         | CHECK                                  | 0.                                       |                                               |                                                              |
|                                                                                                                                                             |                                                     | MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | GENERAL SUPPORT             | 16,478.                         | CHECK                                  | 0.                                       |                                               |                                                              |
|                                                                                                                                                             |                                                     |                                                                   |                             |                                 |                                        |                                          |                                               |                                                              |
|                                                                                                                                                             |                                                     |                                                                   |                             |                                 |                                        |                                          |                                               |                                                              |
|                                                                                                                                                             |                                                     |                                                                   |                             |                                 |                                        |                                          |                                               |                                                              |
|                                                                                                                                                             |                                                     |                                                                   |                             |                                 |                                        |                                          |                                               |                                                              |
|                                                                                                                                                             |                                                     |                                                                   |                             |                                 |                                        |                                          |                                               |                                                              |
|                                                                                                                                                             |                                                     |                                                                   |                             |                                 |                                        |                                          |                                               |                                                              |
|                                                                                                                                                             |                                                     |                                                                   |                             |                                 |                                        |                                          |                                               |                                                              |
|                                                                                                                                                             |                                                     |                                                                   |                             |                                 |                                        |                                          |                                               |                                                              |
|                                                                                                                                                             |                                                     |                                                                   |                             |                                 |                                        |                                          |                                               |                                                              |
|                                                                                                                                                             |                                                     |                                                                   |                             |                                 |                                        |                                          |                                               |                                                              |
|                                                                                                                                                             |                                                     |                                                                   |                             |                                 |                                        |                                          |                                               |                                                              |
|                                                                                                                                                             |                                                     |                                                                   |                             |                                 |                                        |                                          |                                               |                                                              |



**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**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" on Form 990, Part IV, line 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

**2016**

Open to Public Inspection

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

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

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

- a  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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser)   | (ii) Activity          | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|-------------------------------------------------------------|------------------------|----------------------------------------------------------------|----|-----------------------------------|-------------------------------------------------------------------|---------------------------------------------------|
|                                                             |                        | Yes                                                            | No |                                   |                                                                   |                                                   |
| G. STRATEGIES - P.O. BOX 247,<br>MILWAUKEE, WI 53201        | FUNDRAISING CONSULTANT |                                                                | X  | 229,500.                          | 34,750.                                                           | 194,750.                                          |
| AMALIA SCHOONE - 4907 W.<br>WOODLAWN CT., MILWAUKEE, WI     | FUNDRAISING CONSULTANT |                                                                | X  | 135,200.                          | 6,715.                                                            | 128,485.                                          |
| ESTABROOK CONSULTING - 4720<br>N. BERKELEY BLVD., WHITEFISH | FUNDRAISING CONSULTANT |                                                                | X  | 41,000.                           | 7,675.                                                            | 33,325.                                           |
|                                                             |                        |                                                                |    |                                   |                                                                   |                                                   |
|                                                             |                        |                                                                |    |                                   |                                                                   |                                                   |
|                                                             |                        |                                                                |    |                                   |                                                                   |                                                   |
|                                                             |                        |                                                                |    |                                   |                                                                   |                                                   |
|                                                             |                        |                                                                |    |                                   |                                                                   |                                                   |
|                                                             |                        |                                                                |    |                                   |                                                                   |                                                   |
|                                                             |                        |                                                                |    |                                   |                                                                   |                                                   |
| <b>Total</b>                                                |                        |                                                                |    | <b>405,700.</b>                   | <b>49,140.</b>                                                    | <b>356,560.</b>                                   |

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

WI, IL

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

|                 |                                                              | (a) Event #1                                                | (b) Event #2 | (c) Other events       | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|--------------------------------------------------------------|-------------------------------------------------------------|--------------|------------------------|--------------------------------------------------------|
|                 |                                                              | ECONOMIC<br>FORUM<br>(event type)                           | (event type) | NONE<br>(total number) |                                                        |
| Revenue         | 1                                                            | Gross receipts                                              | 247,900.     |                        | 247,900.                                               |
|                 | 2                                                            | Less: Contributions                                         | 198,980.     |                        | 198,980.                                               |
|                 | 3                                                            | Gross income (line 1 minus line 2)                          | 48,920.      |                        | 48,920.                                                |
| Direct Expenses | 4                                                            | Cash prizes                                                 |              |                        |                                                        |
|                 | 5                                                            | Noncash prizes                                              |              |                        |                                                        |
|                 | 6                                                            | Rent/facility costs                                         | 21,223.      |                        | 21,223.                                                |
|                 | 7                                                            | Food and beverages                                          |              |                        |                                                        |
|                 | 8                                                            | Entertainment                                               | 38,839.      |                        | 38,839.                                                |
|                 | 9                                                            | Other direct expenses                                       | 57,000.      |                        | 57,000.                                                |
|                 | 10                                                           | Direct expense summary. Add lines 4 through 9 in column (d) |              |                        |                                                        |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |                                                             |              |                        | -68,142.                                               |

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

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

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

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: **AMALIA SCHOONE**

(I) ADDRESS OF FUNDRAISER: **4907 W. WOODLAWN CT., MILWAUKEE, WI 53208**

(I) NAME OF FUNDRAISER: **ESTABROOK CONSULTING**

(I) ADDRESS OF FUNDRAISER: **4720 N. BERKELEY BLVD., WHITEFISH BAY, WI 53211**





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2016**

**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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| <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 noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|-----------------------------------------------------------------------------------------|----------------|----------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|----------------------------------------------|-------------------------------------------|
| 10/36 FRIENDS INC. (MPTV)<br>PO BOX 88401<br>MILWAUKEE, WI 53288-0401                   | 39-6081120     | 501(C)(3)                              | 9,280.                          | 0.                                       |                                                              |                                              | GENERAL DONATION                          |
| A. CHUDNOW & SONS HISTORICAL<br>MUSEUM - 839 NORTH 11TH STREET -<br>MILWAUKEE, WI 53233 | 39-1725827     | 501(C)(3)                              | 7,600.                          | 0.                                       |                                                              |                                              | GENERAL DONATION                          |
| ACLU FOUNDATION<br>125 BROAD STREET; 18TH FLOOR<br>NEW YORK, NY 10004-2400              | 13-6213516     | 501(C)(3)                              | 6,950.                          | 0.                                       |                                                              |                                              | GENERAL DONATION                          |
| ACLU OF WISCONSIN FOUNDATION<br>207 E BUFFALO STREET #325<br>MILWAUKEE, WI 53202-5712   | 23-7052345     | 501(C)(3)                              | 42,500.                         | 0.                                       |                                                              |                                              | GENERAL DONATION                          |
| ADAS ISRAEL HEBREW CONGREGATION<br>2850 QUEBEC ST NW<br>WASHINGTON, DC 20008-5200       | 53-0196563     | 501(C)(3)                              | 10,000.                         | 0.                                       |                                                              |                                              | GENERAL DONATION                          |
| ADLER PLANETARIUM<br>1300 LAKE SHORE DRIVE<br>CHICAGO, IL 60605                         | 36-6210902     | 501(C)(3)                              | 10,000.                         | 0.                                       |                                                              |                                              | GENERAL DONATION                          |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **199.**
- 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) (2016)

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

| (a) Name and address of organization or government                                                           | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| ALVERNO COLLEGE<br>PO BOX 343922; 3400 S. 43RD ST.<br>MILWAUKEE, WI 53234-3922                               | 39-0806263 | 501(C)(3)                     | 11,750.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| ALZHEIMER'S ASSOCIATION<br>69730 HIGHWAY 111 STE 100<br>RANCHO MIRAGE, CA 92270-2873                         | 94-2897949 | 501(C)(3)                     | 5,000.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| ALZHEIMER'S ASSOCIATION-SOUTHEAST<br>WISCONSIN CHAPTER - 620 S 76<br>STREET STE 160 - MILWAUKEE, WI<br>53214 | 39-1350965 | 501(C)(3)                     | 7,800.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| ANSHE SFARD KEHILLAT TORAH<br>6717 N GREEN BAY AVENUE<br>GLENDALE, WI 53209                                  | 39-1572032 | 501(C)(3)                     | 46,530.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| ARTS AT LARGE INC<br>908 S. 5TH STREET<br>MILWAUKEE, WI 53204                                                | 33-1114575 | 501(C)(3)                     | 10,100.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| ARTS CENTER OF COASTAL CAROLINA<br>14 SHELTER COVE LANE<br>HILTON HEAD ISLAND, SC 29928                      | 57-1035817 | 501(C)(3)                     | 7,500.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| ARZA WORLD UNION NO AMER-KEHILLAT<br>YOZMA - 633 THIRD AVENUE - NEW<br>YORK, NY 10017-6778                   | 13-1663143 | 501(C)(3)                     | 42,500.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| ASPEN INSTITUTE INC<br>1000 N THIRD STREET<br>ASPEN, CO 81611                                                | 84-0399006 | 501(C)(3)                     | 7,500.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| ASPEN JEWISH CONGREGATION<br>77 MEADOWOOD DRIVE<br>ASPEN, CO 81611                                           | 84-0723135 | 501(C)(3)                     | 7,200.                   | 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 |
|----------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| ASSOCIATION OF GOVERNING BOARDS OF UNIVERSITIES AND COLLEGES - 1133 20TH STREET NW, SUITE 300 - WASHINGTON, DC 20036 | 84-0502574 | 501(C)(3)                     | 5,000.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| AURORA HEALTH CARE FOUNDATION 950 N. 12TH STREET, SUITE A511; PO MILWAUKEE, WI 53201-9409                            | 39-6044569 | 501(C)(3)                     | 11,750.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| BALANCE INC 1350 14TH AVE STE 4 GRAFTON, WI 53024-1990                                                               | 39-1771303 | 501(C)(3)                     | 12,500.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| BERNARD ZELL ANSHE EMET DAY SCHOOL DEVELOPMENT OFFICE; 3751 N BROADWAY STREET - CHICAGO, IL 60613                    | 36-2166955 | 501(C)(3)                     | 5,100.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| BETHLEHEM CHABAD 493 DELAWARE AVE DELMAR, NY 12054                                                                   | 45-3828519 | 501(C)(3)                     | 14,300.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| B'NAI AVIV 1410 INDIAN TRACE WESTON, FL 33326                                                                        | 65-0096470 | 501(C)(3)                     | 5,000.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| B'NAI B'RITH BEBER CAMP 8833 GROSS POINT RD; SUITE 312 SKOKIE, IL 60077                                              | 27-2025066 | 501(C)(3)                     | 6,300.                   | 0.                                |                                                       |                                        | SCHOLARSHIP                        |
| B'NAI B'RITH YOUTH ORG WI REGION BBYO - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217                               | 31-1794932 | 501(C)(3)                     | 33,110.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| BOYS AND GIRLS CLUB OF GREATER MILWAUKEE INC - MARDAK CENTER-ATTN: DEVELOPMENT DEPARTMENT; 1558 N 6TH STREET -       | 39-0806292 | 501(C)(3)                     | 7,375.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |

Schedule I (Form 990)

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

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|-----------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| CAMP RAMAH IN WISCONSIN<br>65 EAST WACKER PLACE #1200<br>CHICAGO, IL 60601                                      | 36-6009250 | 501(C)(3)                     | 10,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| CARDINAL STRITCH UNIVERSITY INC.<br>6801 N YATES ROAD<br>MILWAUKEE, WI 53217-3985                               | 39-0806196 | 501(C)(3)                     | 5,000.                   | 0.                                |                                                       |                                        | SCHOLARSHIP                        |
| CARE: CANCER AWARENESS THROUGH RESEARCH AND EDUCATION ASSOCIATION<br>- PO BOX 3740 - CAREFREE, AZ<br>85377-3740 | 20-3771288 | 501(C)(3)                     | 5,700.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| CEDARS-SINAI MEDICAL CENTER<br>8730 ALDEN DRIVE, RM E123<br>LOS ANGELES, CA 90048                               | 95-1644600 | 501(C)(3)                     | 12,500.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| CENTER FOR DEAF-BLIND PERSONS<br>3195 S SUPERIOR STREET<br>MILWAUKEE, WI 53207                                  | 39-1491836 | 501(C)(3)                     | 5,000.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| CHABAD AT COLUMBIA UNIVERSITY<br>625 W 113TH STREET<br>NEW YORK, NY 10025                                       | 11-3587172 | 501(C)(3)                     | 7,800.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| CHABAD OF DOWNTOWN LTD<br>PO BOX 510525<br>MILWAUKEE, WI 53203                                                  | 39-1672482 | 501(C)(3)                     | 29,749.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| CHABAD OF LEHIGH<br>727 EVANS STREET<br>BETHLEHEM, PA 18015                                                     | 11-3587172 | 501(C)(3)                     | 30,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| CHABAD OF WESLEYAN<br>RABBI LEVI SCHECTMAN; 34 HIGH STREE<br>MIDDLETOWN, CT 06457                               | 11-3587172 | 501(C)(3)                     | 39,800.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |

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| CHARLIE FOUNDATION TO HELP CURE PEDIATRIC EPILEPSY - 515 OCEAN AVE. #602N - SANTA MONICA, CA 90402                      | 27-3778357 | 501(C)(3)                     | 10,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| CHEVRAT NASHIM INC<br>PO BOX 434<br>SHARON, MA 02067-0434                                                               | 04-2742351 | 501(C)(3)                     | 5,000.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| CHILDREN'S DYSLEXIA CENTER-MILWAUKEE - 790 N. VAN BUREN STREET - MILWAUKEE, WI 53202                                    | 04-3169620 | 501(C)(3)                     | 10,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| CHILDREN'S HOSPITAL OF WISCONSIN FOUNDATION INC. - MAIL STATION 3050; P.O. BOX 1997 - MILWAUKEE, WI 53201-1977          | 39-1500075 | 501(C)(3)                     | 82,450.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| CHILDREN'S HOSPITAL OF WISCONSIN INC - PO BOX 1997; MS 3050 - MILWAUKEE, WI 53201-9770                                  | 39-0812532 | 501(C)(3)                     | 14,600.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| CLAL-THE NATIONAL JEWISH CENTER FOR LEARNING AND LEADERSHIP - 40 PARK AVENUE SOUTH, 4TH FLOOR - NEW YORK, NY 10016-8012 | 23-7390358 | 501(C)(3)                     | 11,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| CLEVELAND CLINIC FOUNDATION<br>9500 EUCLID AVENUE NO JJ19<br>CLEVELAND, OH 44195-0001                                   | 91-2153073 | 501(C)(3)                     | 12,500.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| COA YOUTH & FAMILY CENTER<br>909 E NORTH AVENUE<br>MILWAUKEE, WI 53212-3447                                             | 39-0806339 | 501(C)(3)                     | 131,815.                 | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| COLLEGE OF THE DESERT FOUNDATION<br>43-500 MONTEREY AVENUE<br>PALM DESERT, CA 92260                                     | 95-3829219 | 501(C)(3)                     | 28,290.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |

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| CONGREGATION AGUDAS ACHIM CHABAD<br>2233 W MEQUON ROAD<br>MEQUON, WI 53092                      | 39-1735636 | 501(C)(3)                     | 52,711.                  | 0.                                |                                                       |                                        | GENERAL DONATION                                 |
| CONGREGATION BETH EPHRAIM<br>113 PARKER AVENUE<br>MAPLEWOOD, NJ 07040                           |            | 501(C)(3)                     | 16,800.                  | 0.                                |                                                       |                                        | GENERAL DONATION                                 |
| CONGREGATION BETH ISRAEL NER TAMID<br>6880 N GREEN BAY AVENUE<br>MILWAUKEE, WI 53209            | 39-0878010 | 501(C)(3)                     | 139,274.                 | 0.                                |                                                       |                                        | GENERAL DONATION,<br>SCHOLARSHIP                 |
| CONGREGATION BETH JEHUDAH<br>3100 N 52ND STREET<br>MILWAUKEE, WI 53216                          |            | 501(C)(3)                     | 97,558.                  | 0.                                |                                                       |                                        | GENERAL DONATION                                 |
| CONGREGATION EMANU-EL B'NE<br>JESHURUN - 2020 W BROWN DEER ROAD<br>- RIVER HILLS, WI 53217-2000 | 39-0863230 | 501(C)(3)                     | 181,281.                 | 0.                                |                                                       |                                        | GENERAL DONATION, ANNUAL<br>ENDOWMENT DRAW OF 5% |
| CONGREGATION SHAARE EMETH<br>11645 LADUE ROAD<br>ST LOUIS, MO 63141                             | 13-1663143 | 501(C)(3)                     | 22,520.                  | 0.                                |                                                       |                                        | GENERAL DONATION                                 |
| CONGREGATION SHALOM<br>7630 N SANTA MONICA BLVD<br>MILWAUKEE, WI 53217-3257                     | 13-1663143 | 501(C)(3)                     | 342,075.                 | 0.                                |                                                       |                                        | GENERAL DONATION,<br>ENDOWMENT DRAW              |
| CONGREGATION SINAI<br>8223 N PORT WASHINGTON ROAD<br>MILWAUKEE, WI 53217-2694                   | 39-0892487 | 501(C)(3)                     | 112,975.                 | 0.                                |                                                       |                                        | GENERAL DONATION                                 |
| DICKINSON COLLEGE<br>PO BOX 1773<br>CARLISLE, PA 17013-2896                                     | 23-1365954 | 501(C)(3)                     | 45,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                                 |

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| DISABLED AMERICAN VETERANS<br>CHARITABLE SERVICE TRUST - 3725<br>ALEXANDRIA PIKE - COLD SPRING, KY<br>41076-1712     | 52-1521276 | 501(C)(3)                     | 5,000.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| DOMINICAN CENTER FOR WOMEN INC<br>2470 W LOCUST ST<br>MILWAUKEE, WI 53206-1134                                       | 41-1685734 | 501(C)(3)                     | 5,000.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| DROR FOR THE WOUNDED FOUNDATION<br>253 W 35TH ST 15TH FLOOR<br>NEW YORK, NY 10001-1907                               | 26-4528405 | 501(C)(3)                     | 5,000.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| EISENHOWER MEDICAL CENTER<br>FOUNDATION - 39000 BOB HOPE DRIVE<br>- RANCHO MIRAGE, CA 92270-3770                     | 95-6130458 | 501(C)(3)                     | 5,000.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| EMBER FOUNDATION<br>3553 W PETERSON AVE STE 208<br>CHICAGO, IL 60659                                                 | 20-8674232 | 501(C)(3)                     | 5,600.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| FEEDING AMERICA EASTERN WISCONSIN<br>1700 W FOND DU LAC AVENUE<br>MILWAUKEE, WI 53205-1299                           | 39-1384593 | 501(C)(3)                     | 26,600.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| FIRST DESCENTS<br>3001 BRIGHTON BLVD SUITE 623<br>DENVER, CO 80216                                                   | 81-0539964 | 501(C)(3)                     | 25,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| FJC: A FOUNDATION OF PHILANTHROPIC<br>FUNDS - 520 EIGHTH AVENUE 20TH<br>FLOOR - NEW YORK, NY 10018                   | 13-3848582 | 501(C)(3)                     | 5,000.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| FOUNDATION FOR INDIVIDUAL RIGHTS<br>EDUCATION - 170 S INDEPENDENCE<br>MALL W., SUITE 510 - PHILADELPHIA,<br>PA 19106 | 04-3467254 | 501(C)(3)                     | 7,500.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |

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|--------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| FRIENDS OF CHABAD OF HEBRON<br>1178 E 23RD ST<br>BROOKLYN, NY 11210-4519                   | 26-1592721 | 501(C)(3)                     | 10,250.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| FRIENDS OF THE FORUM<br>501 N CLINTON ST APT 903<br>CHICAGO, IL 60654-8885                 | 20-8943695 | 501(C)(3)                     | 35,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| GIGIS PLAYHOUSE INC<br>8685 N PORT WASHINGTON RD<br>FOX POINT, WI 53217-0000               | 46-5021867 | 501(C)(3)                     | 20,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| GLENBROOK MIKVAH<br>3434 MEADOW ST<br>NORTHBROOK, IL 60062                                 | 46-1587802 | 501(C)(3)                     | 20,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| GOLD IN SEPTEMBER CHARITABLE TRUST<br>709 MILWAUKEE ST STE A<br>DELAFIELD, WI 53018-1519   | 46-5000938 | 501(C)(3)                     | 10,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| GOLF FORE WOLFE & A CURE, INC<br>W134 N6625 LILLY CREEK DRIVE<br>MENOMONEE FALLS, WI 53051 | 20-4530754 | 501(C)(3)                     | 5,550.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| GRAND AVENUE CLUB INC.<br>210 E MICHIGAN STREET<br>MILWAUKEE, WI 53202-4901                | 39-1708177 | 501(C)(3)                     | 52,800.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| GROWING MINDS INC<br>700 N WATER ST STE 1200<br>MILWAUKEE, WI 53202-4259                   | 27-3576479 | 501(C)(3)                     | 5,000.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| HABITAT FOR HUMANITY - MILWAUKEE<br>3726 N. BOOTH STREET<br>MILWAUKEE, WI 53212            | 39-1496741 | 501(C)(3)                     | 5,700.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |

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|--------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------|
| HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CTR - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217 | 39-0806234 | 501(C)(3)                     | 658,604.                 | 0.                                |                                                       |                                        | GENERAL DONATION, INTERLAKEN CAMP SCHOLARSHIP, ENDOWMENT WITHDRAWALS |
| HEBRON FUND INC<br>1760 OCEAN AVENUE<br>BROOKLYN, NY 11230                                       | 11-2623719 | 501(C)(3)                     | 10,100.                  | 0.                                |                                                       |                                        | GENERAL DONATION                                                     |
| HILLEL ACADEMY<br>6401 N SANTA MONICA BLVD<br>MILWAUKEE, WI 53217                                | 39-1025262 | 501(C)(3)                     | 11,310.                  | 0.                                |                                                       |                                        | GENERAL DONATION                                                     |
| HILLEL INDIANA UNIVERSITY<br>730 E 3RD ST<br>BLOOMINGTON, IN 47401-3656                          | 20-2804389 | 501(C)(3)                     | 80,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                                                     |
| HILLEL MILWAUKEE<br>3053 N STOWELL AVENUE<br>MILWAUKEE, WI 53211-3352                            | 39-1445185 | 501(C)(3)                     | 56,086.                  | 0.                                |                                                       |                                        | GENERAL DONATION                                                     |
| HILLEL OF COLORADO<br>2795 COLORADO AVENUE<br>BOULDER, CO 80302                                  | 52-1844823 | 501(C)(3)                     | 29,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                                                     |
| HILLEL UNIVERSITY OF MINNESOTA<br>1521 UNIVERSITY AVENUE SE<br>MINNEAPOLIS, MN 55414             | 41-6038613 | 501(C)(3)                     | 78,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                                                     |
| HOMETOWN HEROES INC.<br>983 BADGER CIR.<br>GRAFTON, WI 53024                                     | 90-0421984 | 501(C)(3)                     | 5,100.                   | 0.                                |                                                       |                                        | GENERAL DONATION                                                     |
| HUNGER TASK FORCE MILWAUKEE<br>201 S. HAWLEY CT.<br>MILWAUKEE, WI 53214                          | 39-1345847 | 501(C)(3)                     | 121,050.                 | 0.                                |                                                       |                                        | GENERAL DONATION                                                     |

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|-----------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|--------------------------------------------------|
| INDEPENDENCE FIRST INC<br>540 SOUTH 1ST STREET<br>MILWAUKEE, WI 53204                                     | 39-1343425 | 501(C)(3)                     | 5,250.                   | 0.                                |                                                       |                                        | GENERAL DONATION                                 |
| J STREET EDUCATION FUND INC.<br>PO BOX 66073<br>WASHINGTON, DC 20035                                      | 20-2777557 | 501(C)(4)                     | 10,100.                  | 0.                                |                                                       |                                        | GENERAL DONATION                                 |
| JCC GLOBAL (WORLD CONFEDERATION OF JCCS) - 5441 N FORT YUMA TRAIL - TUCSON, AZ 85750                      | 20-0812055 | 501(C)(3)                     | 25,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                                 |
| JEWISH COMMUNITY ASSOCIATION OF GREATER PHOENIX - 12701 N. SCOTTSDALE RD SUITE 201 - SCOTTSDALE, AZ 85254 | 45-3910992 | 501(C)(3)                     | 8,600.                   | 0.                                |                                                       |                                        | GENERAL DONATION                                 |
| JEWISH COMMUNITY FOOD PANTRY<br>6255 N SANTA MONICA BLVD<br>MILWAUKEE, WI 53217                           | 39-0806234 | 501(C)(3)                     | 160,708.                 | 0.                                |                                                       |                                        | GENERAL DONATION                                 |
| JEWISH EXPERIENCE OF MADISON MILW INC - 3453 N 54TH STREET - MILWAUKEE, WI 53216                          | 20-2142497 | 501(C)(3)                     | 14,230.                  | 0.                                |                                                       |                                        | GENERAL DONATION                                 |
| JEWISH FAMILY SERVICE OF THE DESERT - 490 S FARRELL DR SUITE C-208 - PALM SPRINGS, CA 92262               | 33-0613083 | 501(C)(3)                     | 6,400.                   | 0.                                |                                                       |                                        | GENERAL DONATION                                 |
| JEWISH FAMILY SERVICES<br>1300 N JACKSON STREET<br>MILWAUKEE, WI 53202                                    | 39-0806291 | 501(C)(3)                     | 152,818.                 | 0.                                |                                                       |                                        | GENERAL DONATION                                 |
| JEWISH FAMILY SERVICES - JOHN YOPPS - 1300 N JACKSON STREET - MILWAUKEE, WI 53202                         | 39-0806291 | 501(C)(3)                     | 400,818.                 | 0.                                |                                                       |                                        | GENERAL DONATION, FY 2017<br>WITHDRAWAL REQUESTS |

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| JEWISH FEDERATION OF GREATER LOS ANGELES - 6505 WILSHIRE BLVD - LOS ANGELES, CA 90048              | 95-6111928 | 501(C)(3)                     | 28,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| JEWISH FEDERATION OF PALM BEACH COUNTY - 4601 COMMUNITY DRIVE - WEST PALM BEACH, FL 33417          | 59-0948696 | 501(C)(3)                     | 10,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| JEWISH FEDERATION OF SO PALM BEACH COUNTY - 9901 DONNA KLEIN BOULEVARD - BOCA RATON, FL 33428-1788 | 59-1945109 | 501(C)(3)                     | 26,600.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| JEWISH FEDERATION OF SOUTHERN ARIZONA - 3822 E RIVER ROAD STE 100 - TUCSON, AZ 85718-6686          | 86-0096795 | 501(C)(3)                     | 24,500.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| JEWISH FEDERATION OF ST LOUIS 12 MILLSTONE CAMPUS DRIVE; PO BOX 2 ST LOUIS, MO 63146-0885          | 43-0652643 | 501(C)(3)                     | 7,250.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| JEWISH FEDERATION OF THE DESERT 69-710 HIGHWAY 111 RANCHO MIRAGE, CA 92270                         | 23-7211881 | 501(C)(3)                     | 21,850.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| JEWISH FEDERATIONS OF NORTH AMERICA INC - PO BOX 157 - NEW YORK, NY 10268                          | 13-1624240 | 501(C)(3)                     | 6,000.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| JEWISH HOME & CARE CENTER FOUNDATION - 1414 N PROSPECT AVENUE - MILWAUKEE, WI 53202-3089           | 39-1555857 | 501(C)(3)                     | 304,750.                 | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| JEWISH NATIONAL FUND 78 RANDALL AVE DEPT 100 NEW YORK, NY 11570                                    | 13-1659627 | 501(C)(3)                     | 30,570.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |

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| JEWISH NATIONAL FUND MILWAUKEE<br>60 REVERE DRIVE, SUITE 725<br>NORTHBROOK, IL 60062-1580           | 13-1659627 | 501(C)(3)                     | 25,687.                  | 0.                                |                                                       |                                        | GENERAL DONATION,<br>SCHOLARSHIP           |
| JEWISH UNITED FUND OF METRO<br>CHICAGO - BEN GURION WAY; 30 S<br>WELLS STREET - CHICAGO, IL 60606   | 36-2167034 | 501(C)(3)                     | 31,360.                  | 0.                                |                                                       |                                        | GENERAL DONATION                           |
| JEWISH VALUES ONLINE<br>334 W HOPKINS AVENUE<br>ASPEN, CO 81611                                     | 27-2436116 | 501(C)(3)                     | 10,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                           |
| JONSSON CANCER CENTER FOUNDATION<br>8-950 FACTOR BUILDING; BOX 951780<br>LOS ANGELES, CA 90095-1780 | 95-2242757 | 501(C)(3)                     | 10,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                           |
| JOURNEY HOUSE INC<br>2110 W SCOTT STREET<br>MILWAUKEE, WI 53204-0000                                | 39-1203539 | 501(C)(3)                     | 7,500.                   | 0.                                |                                                       |                                        | GENERAL DONATION                           |
| KNOW THYSELF<br>11512 N. PORT WASHINGTON ROAD SUITE<br>MEQUON, WI 53092                             | 27-1255826 | 501(C)(3)                     | 32,500.                  | 0.                                |                                                       |                                        | GENERAL DONATION                           |
| LEEP BEYOND<br>1280 W WASHINGTON BLVD<br>CHICAGO, IL 60607-1930                                     | 46-0819403 | 501(C)(3)                     | 20,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                           |
| LUBAVITCH OF WISCONSIN<br>3109 N LAKE DRIVE<br>SHOREWOOD, WI 53211-3123                             | 39-1170927 | 501(C)(3)                     | 333,740.                 | 0.                                |                                                       |                                        | ENDOWMENT WITHDRAWALS,<br>GENERAL DONATION |
| MACALESTER COLLEGE<br>DEVELOPMENT OFFICE 1600 GRAND AVENU<br>ST PAUL, MN 55105-1899                 | 41-0693962 | 501(C)(3)                     | 5,000.                   | 0.                                |                                                       |                                        | GENERAL DONATION                           |

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| MAKE A DIFFERENCE WISCONSIN INC.<br>710 N PLANKINTON AVE STE 310<br>MILWAUKEE, WI 53203                    | 20-5203533 | 501(C)(3)                     | 21,100.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| MAKE A WISH FOUNDATION WISCONSIN<br>11020 WEST PLANK COURT, SUITE 200<br>WAUWATOSA, WI 53226               | 39-1543541 | 501(C)(3)                     | 23,175.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| MARQUETTE UNIVERSITY<br>UNIVERSITY ADVANCEMENT-ZILBER<br>HALL; 1250 W WISCONSIN AVE PO BOX<br>1881 - MILWA | 39-0806251 | 501(C)(3)                     | 12,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| MAYO CLINIC<br>200 1ST SW<br>ROCHESTER, MN 55905                                                           | 41-6011702 | 501(C)(3)                     | 5,600.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| MCCALLUM THEATRE<br>73000 FRED WARING DR<br>PALM DESERT, CA 92260-2800                                     | 95-2834871 | 501(C)(3)                     | 28,687.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| MECHON HADAR<br>190 AMSTERDAM AVE<br>NEW YORK, NY 10023                                                    | 26-4412164 | 501(C)(3)                     | 7,200.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| MEDICAL COLLEGE OF WISCONSIN<br>8701 WATERTOWN PLANK RD; PO BOX 265<br>MILWAUKEE, WI 53226-0509            | 39-0806261 | 501(C)(3)                     | 9,500.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| MEQUON JEWISH PRESCHOOL INC.<br>11112 N CROWN COURT<br>MEQUON, WI 53092                                    | 39-1966107 | 501(C)(3)                     | 11,650.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| MILWAUKEE ALLIANCE FOR JEWISH<br>RECONNECTION (MAJOR) - 3322 N 51<br>BLVD - MILWAUKEE, WI 53216            | 80-0207872 | 501(C)(3)                     | 15,100.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |

Schedule I (Form 990)

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

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|-------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------------|
| MILWAUKEE ART MUSEUM INC.<br>626 E WISCONSIN AVE FLOOR 16<br>MILWAUKEE, WI 53202-4616           | 39-0806316 | 501(C)(3)                     | 83,717.                  | 0.                                |                                                       |                                        | GENERAL DONATION                         |
| MILWAUKEE CENTER FOR INDEPENDENCE<br>2020 W WELLS STREET<br>MILWAUKEE, WI 53233                 | 39-0806257 | 501(C)(3)                     | 34,790.                  | 0.                                |                                                       |                                        | GENERAL DONATION                         |
| MILWAUKEE COLLEGE PREPARATORY<br>SCHOOL - 2449 N 36TH STREET -<br>MILWAUKEE, WI 53210           | 39-1881295 | 501(C)(3)                     | 27,250.                  | 0.                                |                                                       |                                        | GENERAL DONATION                         |
| MILWAUKEE HOMELESS VETERANS<br>INITIATIVE, INC. - PO BOX 14575 -<br>WEST ALLIS, WI 53214        | 45-4573280 | 501(C)(3)                     | 10,600.                  | 0.                                |                                                       |                                        | GENERAL DONATION                         |
| MILWAUKEE IMMEDIATE CARE CENTER<br>1971 W CAPITOL DR<br>MILWAUKEE, WI 53206-1909                | 39-1712969 | 501(C)(3)                     | 10,500.                  | 0.                                |                                                       |                                        | GENERAL DONATION                         |
| MILWAUKEE INSTITUTE OF ART &<br>DESIGN INC - 273 E ERIE STREET -<br>MILWAUKEE, WI 53202         | 39-1201561 | 501(C)(3)                     | 24,250.                  | 0.                                |                                                       |                                        | GENERAL DONATION                         |
| MILWAUKEE JEWISH DAY SCHOOL<br>6401 N SANTA MONICA BLVD<br>MILWAUKEE, WI 53217-4353             | 39-1384843 | 501(C)(3)                     | 730,741.                 | 0.                                |                                                       |                                        | WITHDRAWAL REQUESTS,<br>GENERAL DONATION |
| MILWAUKEE JEWISH FREE LOAN<br>ASSOCIATION - 409 E. SILVER SPRING<br>DRIVE - MILWAUKEE, WI 53217 | 26-4557997 | 501(C)(3)                     | 11,510.                  | 0.                                |                                                       |                                        | GENERAL DONATION                         |
| MILWAUKEE KOLLEL INC.<br>5007 W KEEFE AVENUE<br>MILWAUKEE, WI 53216                             | 39-1643640 | 501(C)(3)                     | 31,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                         |

Schedule I (Form 990)

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|------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| MILWAUKEE PUBLIC LIBRARY<br>FOUNDATION - 814 W WISCONSIN<br>AVENUE - MILWAUKEE, WI 53233                                     | 39-1610233 | 501(C)(3)                     | 5,750.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| MILWAUKEE PUBLIC MUSEUM INC.<br>800 W WELLS STREET<br>MILWAUKEE, WI 53233-1478                                               | 39-1723105 | 501(C)(3)                     | 9,050.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| MILWAUKEE REPERTORY THEATER INC.<br>108 E WELLS STREET<br>MILWAUKEE, WI 53202                                                | 39-0946025 | 501(C)(3)                     | 35,425.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| MILWAUKEE SYMPHONY ORCHESTRA<br>1101 N. MARKET STREET, SUITE 100<br>MILWAUKEE, WI 53202                                      | 39-6023436 | 501(C)(3)                     | 41,575.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| MISHKAN CHICAGO<br>4001 N. RAVENSWOOD, SUITE 403A<br>CHICAGO, IL 60613                                                       | 45-4922824 | 501(C)(3)                     | 5,000.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| MUSICAL INSTRUMENT MUSEUM<br>4725 E MAYO BLVD<br>PHOENIX, AZ 85050                                                           | 16-1743588 | 501(C)(3)                     | 10,500.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| NATIONAL MULTIPLE SCLEROSIS<br>SOCIETY - WI CHAPTER - 1120 JAMES<br>DR SUITE A - HARTLAND, WI<br>53029-9906                  | 13-5661935 | 501(C)(3)                     | 5,650.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| NEW CONCEPT SELF DEVELOPMENT<br>CENTER - DR MARTIN LUTHER KING JR<br>CENTER; 1531 WEST VLIET STREET -<br>MILWAUKEE, WI 53205 | 39-1220236 | 501(C)(3)                     | 20,350.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| NEW THREADS OF HOPE INC.<br>3001 N. 112TH ST.<br>MILWAUKEE, WI 53222                                                         | 39-1674150 | 501(C)(3)                     | 5,000.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |

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|-----------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| NEW YORK UNIVERSITY<br>OFFICE OF TREASURER; 726 BROADWAY,<br>2ND FLOOR - NEW YORK, NY<br>10003-9580 | 13-5562308 | 501(C)(3)                     | 6,250.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| NICOLET HIGH SCHOOL FOUNDATION<br>6701 N JEAN NICOLET ROAD<br>MILWAUKEE, WI 53217                   | 39-1528691 | 501(C)(3)                     | 13,350.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| NORTHERN SKY THEATER<br>PO BOX 273<br>FISH CREEK, WI 54212-0273                                     | 39-1666391 | 501(C)(3)                     | 6,500.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| NORTHWESTERN UNIVERSITY<br>1201 DAVIS ST.<br>EVANSTON, IL 60208                                     | 36-2167817 | 501(C)(3)                     | 80,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| NORTHWESTERN UNIVERSITY-SCH OF<br>COMMUNICATIONS - 1201 DAVIS STREET<br>- EVANSTON, IL 60208-4410   | 36-2167817 | 501(C)(3)                     | 24,590.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| OHOLEI YOSEF YITZCHAK LUBAVITCH<br>14100 W 9 MILE RD<br>OAK PARK, MI 48237-2621                     | 38-3253099 | 501(C)(3)                     | 11,343.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| OLIN-SANG-RUBY UNION INSTITUTE<br>(URJ) - 1121 LAKE COOK ROAD, SUITE<br>D - DEERFIELD, IL 60015     | 13-1663143 | 501(C)(3)                     | 12,700.                  | 0.                                |                                                       |                                        | SCHOLARSHIP                        |
| OPERATION DREAM INC<br>1555 N RIVERCENTER DR; P O BOX 1235<br>MILWAUKEE, WI 53212                   | 26-1455938 | 501(C)(3)                     | 65,400.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| OUR NEXT GENERATION<br>3421 W LISBON AVENUE<br>MILWAUKEE, WI 53208                                  | 39-1761838 | 501(C)(3)                     | 78,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |



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|---------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| PALM SPRINGS ART MUSEUM<br>101 MUSEUM DRIVE; PO BOX 2310<br>PALM SPRINGS, CA 92263-2310                                         | 95-1809576 | 501(C)(3)                     | 12,580.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| PARK SYNAGOGUE<br>27500 SHAKER BLVD<br>PEPPER PIKE, OH 44124                                                                    | 34-0714533 | 501(C)(3)                     | 15,754.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| PLANNED PARENTHOOD OF WISCONSIN<br>INC - 302 N. JACKSON ST. -<br>MILWAUKEE, WI 53202                                            | 39-0863391 | 501(C)(3)                     | 31,080.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| RABBINICAL ASSEMBLY OF AMERICA<br>3080 BROADWAY<br>NEW YORK, NY 10027                                                           | 13-1663324 | 501(C)(3)                     | 31,700.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| RABBINICAL COLLEGE OF AMERICA<br>226 SUSSEX AVENUE; PO BOX 1996<br>MORRISTOWN, NJ 07962                                         | 22-6017975 | 501(C)(3)                     | 5,500.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| RANCHO MIRAGE WRITERS FESTIVAL<br>C/O RANCHO MIRAGE PUBLIC LIBRARY;<br>71-100 HWY 111 - RANCHO MIRAGE, CA<br>92270              | 37-1754922 | 501(C)(3)                     | 15,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| ROCK AND ROLL HALL OF FAME<br>FOUNDATION - C/O EVENT ASSOCIATES,<br>INC; 162 WEST 56TH STREET SUITE<br>405 - NEW YORK, NY 10019 | 13-3171867 | 501(C)(3)                     | 30,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| RUACH INC<br>6815 W CAPITOL DR; SUITE 302<br>MILWAUKEE, WI 53216                                                                | 20-3268560 | 501(C)(3)                     | 34,968.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| SCOTTSDALE ARTS<br>7380 E SECOND STREET<br>SCOTTSDALE, AZ 85251                                                                 | 86-0593786 | 501(C)(3)                     | 6,250.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |

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|-----------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SHALOM HARTMAN INSTITUTE OF NORTH AMERICA - ONE PENNSYLVANIA PLAZA #1606 - NEW YORK, NY 10119 | 13-3014387 | 501(C)(3)                     | 87,500.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| SHEBOYGAN SENIOR COMMUNITY INC<br>3505 CTY RD Y<br>SHEBOYGAN, WI 53083-2400                   | 39-6069188 | 501(C)(3)                     | 5,500.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| SIXTEENTH ST COMMUNITY HEALTH CENTER - 1337 S CESAR CHAVEZ DR - MILWAUKEE, WI 53204           | 39-1180475 | 501(C)(3)                     | 5,500.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| SOJOURNER FAMILY PEACE CENTER<br>PO BOX 080319<br>MILWAUKEE, WI 53208                         | 39-1276210 | 501(C)(3)                     | 14,750.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| ST ANN'S CENTER FOR INTERGENERATIONAL CARE - 2801 E MORGAN AVENUE - MILWAUKEE, WI 53207       | 39-1757756 | 501(C)(3)                     | 50,300.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| ST FRANCIS CHILDREN'S CENTER<br>6700 N PORT WASHINGTON RD<br>MILWAUKEE, WI 53217              | 39-6092761 | 501(C)(3)                     | 6,050.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| ST JOHNS COMMUNITIES FOUNDATION INC - 1840 N PROSPECT AVENUE - MILWAUKEE, WI 53202            | 39-1411314 | 501(C)(3)                     | 30,300.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| STAND WITH US<br>6505 WILSHIRE BLVD STE 500<br>LOS ANGELES, CA 90048                          | 01-0566033 | 501(C)(3)                     | 6,300.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| STARS AND STRIPES HONOR FLIGHT INC<br>PO BOX 636<br>PORT WASHINGTON, WI 53074-0636            | 26-3760475 | 501(C)(3)                     | 5,000.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |

Schedule I (Form 990)

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|-------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| STEVE & SHARI SADEK FAMILY CAMP<br>INTERLAKEN JCC - 6255 N SANTA<br>MONICA BLVD - MILWAUKEE, WI 53217 | 39-0806234 | 501(C)(3)                     | 33,400.                  | 0.                                |                                                       |                                        | SCHOLARSHIP                        |
| STEVE & SHARI SADEK FAMILY CAMP<br>INTERLAKEN JCC - 6255 N SANTA<br>MONICA BLVD - MILWAUKEE, WI 53217 | 39-0806234 | 501(C)(3)                     | 79,520.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| SUMMERFEST FOUNDATION INC.<br>639 E. SUMMERFEST PLACE<br>MILWAUKEE, WI 53202                          | 45-2522052 | 501(C)(3)                     | 13,700.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| SUSAN G KOMEN SE WISCONSIN<br>2025 W. OKLAHOMA AVE STE 116<br>MILWAUKEE, WI 53215                     | 75-1835298 | 501(C)(3)                     | 18,750.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| TEMPLE BETH AM<br>2632 NE 80TH STREET<br>SEATTLE, WA 98115-4622                                       | 91-0741218 | 501(C)(3)                     | 5,850.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| TEMPLE SINAI (WASHINGTON)<br>3100 MILITARY RD NW<br>WASHINGTON, DC 20015                              | 13-1663143 | 501(C)(3)                     | 10,453.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| TEN CHIMNEYS FOUNDATION INC<br>BOX 225<br>GENESEE DEPOT, WI 53127                                     | 39-1862290 | 501(C)(3)                     | 36,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| THE ADULT LEARNING CENTER<br>1916 N 4TH ST<br>MILWAUKEE, WI 53212-3612                                | 06-1768396 | 501(C)(3)                     | 5,000.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| THE CLAYCO FOUNDATION<br>35 EAST WACKER DRIVE STE 1300<br>CHICAGO, IL 60601-2314                      | 47-1330583 | 501(C)(3)                     | 6,800.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |

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|------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| THE CONSERVATIVE SYNAGOGUE OF WESTPORT - 30 HILLSPPOINT ROAD - WESTPORT, CT 06880              | 06-1203591 | 501(C)(3)                     | 10,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| THE FRIENDSHIP CIRCLE, INC. 500 WEST SILVER SPRING DRIVE #K-200 GLENDALE, WI 53211             | 39-1819245 | 501(C)(3)                     | 10,480.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| THE INSTITUTE FOR THE ADVANCEMENT OF EDUCATION IN JAFFA - 171-06 76TH AVE - FLUSHING, NY 11366 | 11-2697261 | 501(C)(3)                     | 25,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| THE SCRATCH FOUNDATION 7315 WISCONSIN AVE 4TH FLOOR WEST BETHESDA, MD 20814                    | 46-2612143 | 501(C)(3)                     | 5,000.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| THE SHUL 8825 N LAKE DRIVE BAYSIDE, WI 53217-1939                                              | 39-1170927 | 501(C)(3)                     | 30,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| THOMAS MERTON CENTER INC 5129 PENN AVE PITTSBURGH, PA 15224-1615                               | 25-1232192 | 501(C)(3)                     | 13,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| TIKKUN HA-IR OF MILWAUKEE INC. PO BOX 090287 MILWAUKEE, WI 53209                               | 77-0596241 | 501(C)(3)                     | 22,358.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| TORAH ACADEMY OF MILWAUKEE HIGH SCHOOL - 6800 N GREEN BAY AVENUE - GLENDALE, WI 53209          | 93-0869475 | 501(C)(3)                     | 21,580.                  | 0.                                |                                                       |                                        | GENERAL DONATION, SCHOLARSHIP      |
| TUCSON JEWISH COMMUNITY CENTER 3800 E RIVER ROAD TUCSON, AZ 85718-6600                         | 86-0183578 | 501(C)(3)                     | 5,250.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |

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|--------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| UNITED COMMUNITY CENTER INC<br>1028 SOUTH 9TH STREET<br>MILWAUKEE, WI 53204                                                          | 39-1146191 | 501(C)(3)                     | 10,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| UNITED PERFORMING ARTS FUND<br>301 W. WISCONSIN AVE STE 600<br>MILWAUKEE, WI 53203-2232                                              | 39-6100399 | 501(C)(3)                     | 76,768.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| UNITED WAY OF GREATER MILWAUKEE<br>225 W VINE STREET<br>MILWAUKEE, WI 53212-3935                                                     | 39-0806190 | 501(C)(3)                     | 92,380.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| UNIV OF WI CARBONE CANCER CENTER<br>600 HIGHLAND AVENUE<br>MADISON, WI 53792-6164                                                    | 27-5017177 | 501(C)(3)                     | 15,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| UNIVERSITY OF ARIZONA<br>FOUNDATION/CENTER FOR JUDAIC<br>STUDIES - 1111 N CHERRY AVE; PO<br>BOX 210109 - TUCSON, AZ 85721-0109       | 86-6050388 | 501(C)(3)                     | 5,000.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| UNIVERSITY OF WISCONSIN FOUNDATION<br>U.S. BANK LOCKBOX; BOX 78807<br>MILWAUKEE, WI 53278-0807                                       | 39-0743975 | 501(C)(3)                     | 208,478.                 | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| URBAN ECOLOGY CENTER INC.<br>1500 E PARK PLACE<br>MILWAUKEE, WI 53211                                                                | 39-1712663 | 501(C)(3)                     | 5,700.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| UW HILLEL FOUNDATION FOR JEWISH<br>CAMPUS LIFE - THE BARBARA HOCHBERG<br>CENTER FOR JEWISH LIFE; 611<br>LANGDON STREET - MADISON, WI | 39-2035142 | 501(C)(3)                     | 73,750.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| UWM FOUNDATION INC.<br>1440 E NORTH AVENUE<br>MILWAUKEE, WI 53202                                                                    | 23-7337744 | 501(C)(3)                     | 22,050.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |

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|-----------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| UWM STAHL CENTER FOR JEWISH STUDIES - PO BOX 413 - MILWAUKEE, WI 53201                        | 39-1805963 | 501(C)(3)                     | 5,000.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| VISION FORWARD ASSOCIATION<br>912 N HAWLEY ROAD<br>MILWAUKEE, WI 53213                        | 39-2040359 | 501(C)(3)                     | 78,200.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| WASHINGTON UNIVERSITY IN ST. LOUIS<br>1 BROOKINGS DR.; CAMPUS BOX 1210<br>ST LOUIS, MO 63130  | 43-0653611 | 501(C)(3)                     | 30,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| WISCONSIN HUMANE SOCIETY<br>4500 W WISCONSIN AVENUE<br>MILWAUKEE, WI 53208                    | 39-0810533 | 501(C)(3)                     | 8,358.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| WISCONSIN INSTITUTE FOR TORAH STUDY (WITS) - 3288 N LAKE DRIVE - MILWAUKEE, WI 53211-3124     | 39-1366081 | 501(C)(3)                     | 24,401.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| WISCONSIN PRESERVATION FUND INC<br>1000 N WATER STREET 17TH FLOOR<br>MILWAUKEE, WI 53202-6648 | 39-1657657 | 501(C)(3)                     | 10,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| WOODLAND PATTERN<br>720 E LOCUST<br>MILWAUKEE, WI 53212                                       | 39-1332252 | 501(C)(3)                     | 5,150.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| WORLD REFORM APPEAL ARZA/WORLD UNION - 633 THIRD AVENUE, 7TH FL - NEW YORK, NY 10017-6678     | 13-1663143 | 501(C)(3)                     | 10,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| WUWM MILWAUKEE PUBLIC RADIO 89.7 FM - 111 E WISCONSIN AVE SUITE 700 - MILWAUKEE, WI 53202     | 20-1257939 | 501(C)(3)                     | 27,645.                  | 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 |
|---------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| WWBIC<br>1533 N RIVER CENTER DR<br>MILWAUKEE, WI 53212                                                                    | 39-1597954 | 501(C)(3)                     | 10,000.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| YESHIVA ELEMENTARY SCHOOL OF MILW<br>5115 W KEEFE AVENUE<br>MILWAUKEE, WI 53216                                           | 39-1631932 | 501(C)(3)                     | 42,399.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| YMCA OF METROPOLITAN MILWAUKEE;<br>ASSOCIATION OFFICES - 161 W<br>WISCONSIN AVENUE STE 4000 -<br>MILWAUKEE, WI 53203-2601 | 39-0806314 | 501(C)(3)                     | 6,500.                   | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| ZOOLOGICAL SOCIETY OF MILWAUKEE<br>COUNTY - 10005 W BLUEMOUND RD -<br>MILWAUKEE, WI 53226                                 | 39-6077242 | 501(C)(3)                     | 10,351.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
| TEMPLE MENORAH<br>9363 N 76TH STREET<br>MILWAUKEE, WI 53223                                                               |            | 501(C)(3)                     | 67,210.                  | 0.                                |                                                       |                                        | GENERAL DONATION                   |
|                                                                                                                           |            |                               |                          |                                   |                                                       |                                        |                                    |
|                                                                                                                           |            |                               |                          |                                   |                                                       |                                        |                                    |
|                                                                                                                           |            |                               |                          |                                   |                                                       |                                        |                                    |
|                                                                                                                           |            |                               |                          |                                   |                                                       |                                        |                                    |

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|
| HELEN BADER SCHOLARSHIPS        | 214                      | 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 MONITOR THE ACTUAL DISTRIBUTION OF GRANTS AND THE USAGE OF  
 THE GRANT FUNDS.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                                                    |                                                                             |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, 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 on line 1a? .....

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

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

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

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

|           | Yes | No       |
|-----------|-----|----------|
| <b>1a</b> |     |          |
| <b>1b</b> |     |          |
| <b>2</b>  |     |          |
| <b>3</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) 2016

**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 on 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 aren't 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 on prior Form 990 |
|------------------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                          |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| (1) HANNAH ROSENTHAL<br>PRESIDENT & CEO  | (i)  | 266,418.                                           | 0.                                  | 0.                                  | 25,755.                                        | 7,043.                  | 299,216.                        | 0.                                                                    |
|                                          | (ii) | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (2) CAREN GOLDBERG<br>EXECUTIVE DIRECTOR | (i)  | 138,823.                                           | 0.                                  | 0.                                  | 5,834.                                         | 21,682.                 | 166,339.                        | 0.                                                                    |
|                                          | (ii) | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                          | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                          | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                          | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                          | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                          | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                          | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                          | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                          | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                          | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                          | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                          | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                          | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                          | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                          | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                          | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                          | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                          | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                          | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                          | (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 AUTH | 84-0896727     | NONE        | 12/03/12        | 54340000.       | PROVIDE FUNDS TO REFUND TWO PRIOR |              | X  |                         | X  |                      | X  |
|        | B           |                                                   |                |             |                 |                 |                                   |              |    |                         |    |                      |    |
|        | C           |                                                   |                |             |                 |                 |                                   |              |    |                         |    |                      |    |
|        | D           |                                                   |                |             |                 |                 |                                   |              |    |                         |    |                      |    |

| Part II | Proceeds                                                                                               | A           |    | B   |    | C   |    | D   |    |
|---------|--------------------------------------------------------------------------------------------------------|-------------|----|-----|----|-----|----|-----|----|
| 1       | Amount of bonds retired                                                                                |             |    |     |    |     |    |     |    |
| 2       | Amount of bonds legally defeased                                                                       |             |    |     |    |     |    |     |    |
| 3       | Total proceeds of issue                                                                                | 54,340,000. |    |     |    |     |    |     |    |
| 4       | Gross proceeds in reserve funds                                                                        |             |    |     |    |     |    |     |    |
| 5       | Capitalized interest from proceeds                                                                     |             |    |     |    |     |    |     |    |
| 6       | Proceeds in refunding escrows                                                                          |             |    |     |    |     |    |     |    |
| 7       | Issuance costs from proceeds                                                                           |             |    |     |    |     |    |     |    |
| 8       | Credit enhancement from proceeds                                                                       |             |    |     |    |     |    |     |    |
| 9       | Working capital expenditures from proceeds                                                             | 2,200,000.  |    |     |    |     |    |     |    |
| 10      | Capital expenditures from proceeds                                                                     | 46,440,000. |    |     |    |     |    |     |    |
| 11      | Other spent proceeds                                                                                   | 5,700,000.  |    |     |    |     |    |     |    |
| 12      | Other unspent proceeds                                                                                 |             |    |     |    |     |    |     |    |
| 13      | Year of substantial completion                                                                         |             |    |     |    |     |    |     |    |
|         |                                                                                                        | Yes         | No | Yes | No | Yes | No | Yes | No |
| 14      | Were the bonds issued as part of a current refunding issue?                                            | X           |    |     |    |     |    |     |    |
| 15      | Were the bonds issued as part of an advance refunding issue?                                           |             | X  |     |    |     |    |     |    |
| 16      | Has the final allocation of proceeds been made?                                                        | X           |    |     |    |     |    |     |    |
| 17      | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X           |    |     |    |     |    |     |    |

| Part III | Private Business Use                                                                                                       | A   |    | B   |    | C   |    | D   |    |
|----------|----------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
|          |                                                                                                                            | 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? .....                                                   | X    |    |     |    |     |    |     |    |
| <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 .....                                                                      | 1.20 | %  |     | %  |     | %  |     | %  |
| <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 .....                                                                                                                                                                                                               | 1.20 | %  |     | %  |     | %  |     | %  |
| <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 isn't 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

**2016**

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)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
| 1      |                            |                                                     |                                                                              |                                                           |
| 2      |                            |                                                     |                                                                              |                                                           |
| 3      |                            |                                                     |                                                                              |                                                           |
| 4      |                            |                                                     |                                                                              |                                                           |
| 5      |                            |                                                     |                                                                              |                                                           |
| 6      |                            |                                                     |                                                                              |                                                           |
| 7      |                            |                                                     |                                                                              |                                                           |
| 8      |                            |                                                     |                                                                              |                                                           |
| 9      | X                          | 100                                                 | 4,674,430.                                                                   | FAIR MARKET VALUE                                         |
| 10     |                            |                                                     |                                                                              |                                                           |
| 11     |                            |                                                     |                                                                              |                                                           |
| 12     |                            |                                                     |                                                                              |                                                           |
| 13     |                            |                                                     |                                                                              |                                                           |
| 14     |                            |                                                     |                                                                              |                                                           |
| 15     |                            |                                                     |                                                                              |                                                           |
| 16     |                            |                                                     |                                                                              |                                                           |
| 17     |                            |                                                     |                                                                              |                                                           |
| 18     |                            |                                                     |                                                                              |                                                           |
| 19     |                            |                                                     |                                                                              |                                                           |
| 20     |                            |                                                     |                                                                              |                                                           |
| 21     |                            |                                                     |                                                                              |                                                           |
| 22     |                            |                                                     |                                                                              |                                                           |
| 23     |                            |                                                     |                                                                              |                                                           |
| 24     |                            |                                                     |                                                                              |                                                           |
| 25     |                            |                                                     |                                                                              |                                                           |
| 26     |                            |                                                     |                                                                              |                                                           |
| 27     |                            |                                                     |                                                                              |                                                           |
| 28     |                            |                                                     |                                                                              |                                                           |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29** **0**

|                                                                                                                                                                                                                                                                                                           | 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 isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.                                                                                                                                                                 |     |    |

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION TRACKS AND REPORTS ACTUAL PUBLICLY TRADED SECURITIES  
DONATIONS.



**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

**2016**

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:

MILWAUKEE, IN ISRAEL, AND THROUGHOUT THE WORLD. IN FULFILLING ITS

MISSION, THE FEDERATION IS COMMITTED TO THE PRINCIPLES OF KLAL YISRAEL

(THE COLLECTIVE UNITY OF THE JEWISH PEOPLE), TZEDAKAH (THE OBLIGATION

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

WHICH WE LIVE).

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

ARCHIVES DEPARTMENT OF THE JEWISH MUSEUM MILWAUKEE. THE JEWISH MUSEUM

MILWAUKEE IS EDUCATING THE JEWISH AND GENERAL COMMUNITIES ABOUT THE

JEWISH PEOPLE, ABOUT IMMIGRATION AND ABOUT THE IMPORTANCE OF MUTUAL

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

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

AN IMPORTANT CENTER FOR JEWISH INTELLECTUAL AND CULTURAL ACTIVITY.

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

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

HISTORY OF THE COMMUNITY, AND MAINTAIN AN ADVERTISING MEDIUM FOR

REACHING THE JEWISH POPULATION.

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

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

Schedule O (Form 990 or 990-EZ) (2016)

|                                                               |                                              |
|---------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>MILWAUKEE JEWISH FEDERATION, INC. | Employer identification number<br>39-0806312 |
|---------------------------------------------------------------|----------------------------------------------|

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 DISTRIBUTES \$500,000 IN SCHOLARSHIP GRANT DOLLARS FROM BADER PHILANTHROPIES.

EXPENSES \$ 21,339,402. INCL GRANTS OF \$ 12,623,353. REVENUE \$ 1,142,298.

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

FAMILY RELATIONSHIPS:

JOAN LUBAR - SUSAN SOLVANG

BUSINESS RELATIONSHIP:

DANIEL BADER - LISA HILLER

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

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

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

THE GOVERNANCE/NOMINATING COMMITTEE SHALL SUBMIT TO THE ANNUAL MEETING OF THE MEMBERS OF THE CORPORATION A LIST OF NAMES CHOSEN FROM THE MEMBERSHIP FOR ELECTION TO THE BOARD OF DIRECTORS. ADDITIONAL NAMES MAY BE PLACED IN NOMINATION UPON THE PETITION OF AT LEAST TWENTY-FIVE (25) MEMBERS OF THE

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

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

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

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<br><b>MILWAUKEE JEWISH FEDERATION, INC.</b> | Employer identification number<br><b>39-0806312</b> |
|----------------------------------------------------------------------|-----------------------------------------------------|

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

THE PRESIDENT & CEO'S AND OTHER OFFICERS' 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  | 2,267,912. |
| CHANGE IN TRUST LIABILITIES        | -384,493.  |
| TOTAL TO FORM 990, PART XI, LINE 9 | 1,883,419. |

**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

**2016**

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)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>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)<br>Name, address, and EIN<br>of related organization                                 | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity  | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|-------------------------------|-----------------------------------------------------------|--------------------------------------|----------------------------------------------------|----|
|                                                                                          |                         |                                                     |                               |                                                           |                                      | Yes                                                | No |
| MJF HOUSING NO 2, INC. - 39-1853067<br>1360 NORTH PROSPECT AVENUE<br>MILWAUKEE, WI 53202 | LOW-INCOME HOUSING      | WISCONSIN                                           | 501(C)(3)                     | LINE 12A, I                                               | MILWAUKEE JEWISH<br>FEDERATION, INC. | X                                                  |    |
| MJF HOUSING NO 3, INC. - 39-1882504<br>1360 NORTH PROSPECT AVENUE<br>MILWAUKEE, WI 53202 | LOW-INCOME HOUSING      | WISCONSIN                                           | 501(C)(3)                     | LINE 12A, I                                               | MILWAUKEE JEWISH<br>FEDERATION, INC. | X                                                  |    |
|                                                                                          |                         |                                                     |                               |                                                           |                                      |                                                    |    |
|                                                                                          |                         |                                                     |                               |                                                           |                                      |                                                    |    |
|                                                                                          |                         |                                                     |                               |                                                           |                                      |                                                    |    |
|                                                                                          |                         |                                                     |                               |                                                           |                                      |                                                    |    |

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

Schedule R (Form 990) 2016



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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|                                                                                                                | Yes | No |
|----------------------------------------------------------------------------------------------------------------|-----|----|
| <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)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|----------------------------------------------|
| (1) MJF GOLDA MEIR HOUSING, INC     | F                             | 121,239.               | 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.

Table with 11 main columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners sec. 501(c)(3) orgs.?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.



**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.**

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

For calendar year 2016 or other tax year beginning JUL 1, 2016, and ending JUN 30, 2017

## 2016

Department of the Treasury  
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

|                                                                                                                                                                                                                                                                                                                                       |                     |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section<br/> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br/> <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br/> <input type="checkbox"/> 529(a)</p> | Print<br>or<br>Type | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br><b>MILWAUKEE JEWISH FEDERATION, INC.</b><br>Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>1360 NORTH PROSPECT AVENUE</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>MILWAUKEE, WI 53202</b> | <p><b>D</b> Employer identification number (Employees' trust, see instructions.)<br/><b>39-0806312</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)<br/><b>511110</b></p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**C** Book value of all assets at end of year: **228,522,556.**

**F** Group exemption number (See instructions.)

**G** Check organization type:  501(c) corporation  501(c) trust  401(a) trust  Other trust

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

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

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

| Part I Unrelated Trade or Business Income                                                 | (A) Income         | (B) Expenses | (C) Net |
|-------------------------------------------------------------------------------------------|--------------------|--------------|---------|
| <b>1a</b> Gross receipts or sales                                                         |                    |              |         |
| <b>b</b> Less returns and allowances                                                      |                    |              |         |
| <b>c</b> Balance                                                                          | <b>1c</b>          |              |         |
| <b>2</b> Cost of goods sold (Schedule A, line 7)                                          | <b>2</b>           |              |         |
| <b>3</b> Gross profit. Subtract line 2 from line 1c                                       | <b>3</b>           |              |         |
| <b>4a</b> Capital gain net income (attach Schedule D)                                     | <b>4a</b>          |              |         |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                 | <b>4b</b>          |              |         |
| <b>c</b> Capital loss deduction for trusts                                                | <b>4c</b>          |              |         |
| <b>5</b> Income (loss) from partnerships and S corporations (attach statement)            | <b>5</b>           |              |         |
| <b>6</b> Rent income (Schedule C)                                                         | <b>6</b>           |              |         |
| <b>7</b> Unrelated debt-financed income (Schedule E)                                      | <b>7</b>           |              |         |
| <b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F) | <b>8</b>           |              |         |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | <b>9</b>           |              |         |
| <b>10</b> Exploited exempt activity income (Schedule I)                                   | <b>10</b>          |              |         |
| <b>11</b> Advertising income (Schedule J)                                                 | <b>11</b> 247,156. | 189,391.     | 57,765. |
| <b>12</b> Other income (See instructions; attach schedule)                                | <b>12</b>          |              |         |
| <b>13 Total.</b> Combine lines 3 through 12                                               | <b>13</b> 247,156. | 189,391.     | 57,765. |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

|                                                                                                                                                      |            |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)                                                                             | <b>14</b>  |                 |
| <b>15</b> Salaries and wages                                                                                                                         | <b>15</b>  |                 |
| <b>16</b> Repairs and maintenance                                                                                                                    | <b>16</b>  |                 |
| <b>17</b> Bad debts                                                                                                                                  | <b>17</b>  |                 |
| <b>18</b> Interest (attach schedule)                                                                                                                 | <b>18</b>  |                 |
| <b>19</b> Taxes and licenses                                                                                                                         | <b>19</b>  |                 |
| <b>20</b> Charitable contributions (See instructions for limitation rules)                                                                           | <b>20</b>  |                 |
| <b>21</b> Depreciation (attach Form 4562)                                                                                                            | <b>21</b>  |                 |
| <b>22</b> Less depreciation claimed on Schedule A and elsewhere on return                                                                            | <b>22a</b> | <b>22b</b>      |
| <b>23</b> Depletion                                                                                                                                  | <b>23</b>  |                 |
| <b>24</b> Contributions to deferred compensation plans                                                                                               | <b>24</b>  |                 |
| <b>25</b> Employee benefit programs                                                                                                                  | <b>25</b>  |                 |
| <b>26</b> Excess exempt expenses (Schedule I)                                                                                                        | <b>26</b>  |                 |
| <b>27</b> Excess readership costs (Schedule J)                                                                                                       | <b>27</b>  | 57,765.         |
| <b>28</b> Other deductions (attach schedule)                                                                                                         | <b>28</b>  |                 |
| <b>29 Total deductions.</b> Add lines 14 through 28                                                                                                  | <b>29</b>  | 57,765.         |
| <b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13                                       | <b>30</b>  | 0.              |
| <b>31</b> Net operating loss deduction (limited to the amount on line 30)                                                                            | <b>31</b>  | SEE STATEMENT 2 |
| <b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30                                                 | <b>32</b>  | 0.              |
| <b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)                                                        | <b>33</b>  | 1,000.          |
| <b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | <b>34</b>  | 0.              |

**Part III Tax Computation**

|                                                                                                                                                                                                                           |                                                                                                                                                    |            |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation.<br>Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:                     |                                                                                                                                                    |            |    |
| <b>a</b>                                                                                                                                                                                                                  | Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):<br>(1) \$ _____ (2) \$ _____ (3) \$ _____     |            |    |
| <b>b</b>                                                                                                                                                                                                                  | Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____<br>(2) Additional 3% tax (not more than \$100,000) \$ _____ |            |    |
| <b>c</b>                                                                                                                                                                                                                  | Income tax on the amount on line 34                                                                                                                | <b>35c</b> | 0. |
| <b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from:<br><input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) |                                                                                                                                                    | <b>36</b>  |    |
| <b>37 Proxy tax.</b> See instructions                                                                                                                                                                                     |                                                                                                                                                    | <b>37</b>  |    |
| <b>38 Alternative minimum tax</b>                                                                                                                                                                                         |                                                                                                                                                    | <b>38</b>  |    |
| <b>39 Tax on Non-Compliant Facility Income.</b> See instructions                                                                                                                                                          |                                                                                                                                                    | <b>39</b>  |    |
| <b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies                                                                                                                                             |                                                                                                                                                    | <b>40</b>  | 0. |

**Part IV Tax and Payments**

|            |                                                                                                                                                                                                                          |            |      |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------|
| <b>41a</b> | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)                                                                                                                                              | <b>41a</b> |      |
| <b>b</b>   | Other credits (see instructions)                                                                                                                                                                                         | <b>41b</b> |      |
| <b>c</b>   | General business credit. Attach Form 3800                                                                                                                                                                                | <b>41c</b> |      |
| <b>d</b>   | Credit for prior year minimum tax (attach Form 8801 or 8827)                                                                                                                                                             | <b>41d</b> |      |
| <b>e</b>   | <b>Total credits.</b> Add lines 41a through 41d                                                                                                                                                                          | <b>41e</b> |      |
| <b>42</b>  | Subtract line 41e from line 40                                                                                                                                                                                           | <b>42</b>  | 0.   |
| <b>43</b>  | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | <b>43</b>  |      |
| <b>44</b>  | <b>Total tax.</b> Add lines 42 and 43                                                                                                                                                                                    | <b>44</b>  | 0.   |
| <b>45a</b> | Payments: A 2015 overpayment credited to 2016                                                                                                                                                                            | <b>45a</b> | 173. |
| <b>b</b>   | 2016 estimated tax payments                                                                                                                                                                                              | <b>45b</b> |      |
| <b>c</b>   | Tax deposited with Form 8868                                                                                                                                                                                             | <b>45c</b> |      |
| <b>d</b>   | Foreign organizations: Tax paid or withheld at source (see instructions)                                                                                                                                                 | <b>45d</b> |      |
| <b>e</b>   | Backup withholding (see instructions)                                                                                                                                                                                    | <b>45e</b> |      |
| <b>f</b>   | Credit for small employer health insurance premiums (Attach Form 8941)                                                                                                                                                   | <b>45f</b> |      |
| <b>g</b>   | Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total                                                                                   | <b>45g</b> |      |
| <b>46</b>  | <b>Total payments.</b> Add lines 45a through 45g                                                                                                                                                                         | <b>46</b>  | 173. |
| <b>47</b>  | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>                                                                                                                        | <b>47</b>  |      |
| <b>48</b>  | <b>Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed                                                                                                                                  | <b>48</b>  |      |
| <b>49</b>  | <b>Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid                                                                                                                        | <b>49</b>  | 173. |
| <b>50</b>  | Enter the amount of line 49 you want: Credited to 2017 estimated tax 173.   Refunded                                                                                                                                     | <b>50</b>  | 0.   |

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

|           |                                                                                                                                                                                                                                                                                                                                                                |     |    |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>51</b> | At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here | Yes | No |
| <b>52</b> | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.                                                                                                                                                |     | X  |
| <b>53</b> | Enter the amount of tax-exempt interest received or accrued during the tax year \$                                                                                                                                                                                                                                                                             |     |    |

**Sign Here**

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

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ **PRESIDENT & CEO** Title

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

|                               |                                                          |                               |          |                                                 |           |
|-------------------------------|----------------------------------------------------------|-------------------------------|----------|-------------------------------------------------|-----------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                               | Preparer's signature          | Date     | Check <input type="checkbox"/> if self-employed | PTIN      |
|                               | AMANDA VANNATTA                                          | AMANDA VANNATTA               | 01/15/18 |                                                 | P00948755 |
|                               | Firm's name <b>WIPFLI LLP</b>                            | Firm's EIN <b>39-0758449</b>  |          |                                                 |           |
|                               | Firm's address <b>PO BOX 8700 MADISON, WI 53708-8700</b> | Phone no. <b>608.274.1980</b> |          |                                                 |           |

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

|    |                                                       |    |  |   |                                                                                                                          |   |  |     |    |
|----|-------------------------------------------------------|----|--|---|--------------------------------------------------------------------------------------------------------------------------|---|--|-----|----|
| 1  | Inventory at beginning of year .....                  | 1  |  | 6 | Inventory at end of year .....                                                                                           | 6 |  |     |    |
| 2  | Purchases .....                                       | 2  |  | 7 | <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....                           | 7 |  |     |    |
| 3  | Cost of labor .....                                   | 3  |  | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ..... |   |  | Yes | No |
| 4a | Additional section 263A costs (attach schedule) ..... | 4a |  |   |                                                                                                                          |   |  |     |    |
| b  | Other costs (attach schedule) .....                   | 4b |  |   |                                                                                                                          |   |  |     |    |
| 5  | <b>Total.</b> Add lines 1 through 4b .....            | 5  |  |   |                                                                                                                          |   |  |     |    |

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

(see instructions)

1. Description of property

|     |  |
|-----|--|
| (1) |  |
| (2) |  |
| (3) |  |
| (4) |  |

2. Rent received or accrued

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

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

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

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

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

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

**Nonexempt Controlled Organizations**

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

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

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

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

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

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical                      | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--------------------------------------------|-----------------------------|-----------------------------|--------------------------------------------------------------------------------------------|-----------------------|---------------------|-----------------------------------------------------------------------------------|
| (1) <b>WISCONSIN JEWISH</b>                |                             |                             |                                                                                            |                       |                     |                                                                                   |
| (2) <b>CHRONICLE</b>                       | <b>247,156.</b>             | <b>189,391.</b>             |                                                                                            | <b>0.</b>             | <b>153,567.</b>     |                                                                                   |
| (3)                                        |                             |                             |                                                                                            |                       |                     |                                                                                   |
| (4)                                        |                             |                             |                                                                                            |                       |                     |                                                                                   |
| <b>Totals (carry to Part II, line (5))</b> |                             | <b>247,156.</b>             | <b>189,391.</b>                                                                            | <b>57,765.</b>        | <b>153,567.</b>     | <b>57,765.</b>                                                                    |

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

| 1. Name of periodical                    | 2. Gross advertising income                          | 3. Direct advertising costs                          | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|------------------------------------------|------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------|---------------------|-----------------------------------------------------------------------------------|
| (1)                                      |                                                      |                                                      |                                                                                            |                       |                     |                                                                                   |
| (2)                                      |                                                      |                                                      |                                                                                            |                       |                     |                                                                                   |
| (3)                                      |                                                      |                                                      |                                                                                            |                       |                     |                                                                                   |
| (4)                                      |                                                      |                                                      |                                                                                            |                       |                     |                                                                                   |
| <b>Totals from Part I</b> .....          | <b>247,156.</b>                                      | <b>189,391.</b>                                      |                                                                                            |                       |                     | <b>57,765.</b>                                                                    |
|                                          | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on page 1, Part I, line 11, col. (B). |                                                                                            |                       |                     | Enter here and on page 1, Part II, line 27.                                       |
| <b>Totals, Part II (lines 1-5)</b> ..... | <b>247,156.</b>                                      | <b>189,391.</b>                                      |                                                                                            |                       |                     | <b>57,765.</b>                                                                    |

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

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

FORM 990-T      DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY      STATEMENT 1

ADVERTISING INCOME FROM WISCONSIN JEWISH CHRONICLE.

TO FORM 990-T, PAGE 1

FORM 990-T      NET OPERATING LOSS DEDUCTION      STATEMENT 2

| TAX YEAR                          | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 06/30/14                          | 1,952.         | 1,952.                  | 0.             | 0.                  |
| 06/30/16                          | 4,642.         | 0.                      | 4,642.         | 4,642.              |
| NOL CARRYOVER AVAILABLE THIS YEAR |                |                         | 4,642.         | 4,642.              |

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

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

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|                                                                                            |                                                                                                                        | Enter filer's identifying number                                 |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions.<br><br><b>MILWAUKEE JEWISH FEDERATION, INC.</b>          | Employer identification number (EIN) or<br><br><b>39-0806312</b> |
|                                                                                            | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>1360 NORTH PROSPECT AVENUE</b>            | Social security number (SSN)                                     |
|                                                                                            | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>MILWAUKEE, WI 53202</b> |                                                                  |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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

**THOMAS LINDOW**

• The books are in the care of ▶ **1360 NORTH PROSPECT AVENUE - MILWAUKEE, WI 53202**  
 Telephone No. ▶ **(414) 390-5700** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

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

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

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045**



# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

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

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**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|                                                                | Enter filer's identifying number                                                                                       |                                                              |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Type or print</b>                                           | Name of exempt organization or other filer, see instructions.<br><b>MILWAUKEE JEWISH FEDERATION, INC.</b>              | Employer identification number (EIN) or<br><b>39-0806312</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>1360 NORTH PROSPECT AVENUE</b>            | Social security number (SSN)                                 |
|                                                                | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>MILWAUKEE, WI 53202</b> |                                                              |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

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

**THOMAS LINDOW**

• The books are in the care of ▶ **1360 NORTH PROSPECT AVENUE - MILWAUKEE, WI 53202**  
Telephone No. ▶ **(414) 390-5700** Fax No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box    
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

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▶  tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

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

|                                                                                                                                                                                               |           |    |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|------|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0.   |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 173. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0.   |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045**

# TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM IL-990-T

FOR THE YEAR ENDING

June 30, 2017

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**Prepared For:**

Tom Lindow  
Milwaukee Jewish Federation, Inc.  
1360 North Prospect Avenue  
Milwaukee, WI 53202

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**Prepared By:**

Wipfli LLP  
PO Box 8700  
Madison, WI 53708-8700

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**To be Signed and Dated By:**

The authorized individual(s).

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**Amount of Tax:**

|                              |    |       |
|------------------------------|----|-------|
| Total tax                    | \$ | 0     |
| Less: payments and credits   | \$ | 1,496 |
| Plus: other amount           |    | 0     |
| Plus: interest and penalties | \$ | 0     |
| Overpayment                  | \$ | 1,496 |

---

**Overpayment:**

|                                |    |   |
|--------------------------------|----|---|
| Credited to your estimated tax | \$ | 0 |
| Other amount                   | \$ | 0 |
| Refunded to you                | \$ | 0 |

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

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

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**Return Must be Mailed On or Before:**

June 15, 2018

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**Special Instructions:**

# 2016 Form IL-990-T

## Exempt Organization Income and Replacement Tax Return

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

|                                                                                                                                                                                                                                                                                                                          |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| If this return is not for calendar year 2016, enter your fiscal tax year here.<br>Tax year beginning <u>JUL 1</u> , 20 <u>16</u> , ending <u>JUN 30</u> 20 <u>17</u><br><small>month day year month day year</small><br>For tax years ending on or after December 31, 2016. For prior years, use the form for that year. | Enter the amount you are paying.<br>\$ _____ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|

### Step 1: Identify your exempt organization

**A** Enter your complete legal business name.  
 If you have a name change, check this box.

Name: MILWAUKEE JEWISH FEDERATION, INC.

**B** Enter your mailing address.  
 Check this box if either of the following apply:  
 • this is your **first return**, or  
 • you have an **address change**.

C/O: THOMAS LINDOW

Mailing address: 1360 NORTH PROSPECT AVENUE

City: MILWAUKEE State: WI ZIP: 53202

**C** Check the applicable box if one of the following applies.  
 First return  Final return (If final, enter the date. mm dd yyyy)

**D** Enter your federal employer identification no. (FEIN).  
39-0806312

**E** Check if you are taxed as a corporation.

**F** Check if you are taxed as a trust.

**G** Provide the nature of your unrelated trade or business. PARTNERSHIP

**H** Check this box if you attached Illinois Schedule 1299-D, Income Tax Credits.

**I** Enter your North American Industry Classification System (NAICS) Code, if applicable. See instructions.  
511110

### Step 2: Figure your base income or loss

(Whole dollars only)

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

|             |                                                                                                                                                                                                                                                                                                 |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>STOP</b> | <b>A</b> If the amount on Line 3 is derived inside Illinois only or if you are an Illinois resident trust, check this box and enter the amount from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must leave Step 3, Lines 4 through 11 blank.) <input type="checkbox"/> |
|             | <b>B</b> If any portion of the amount on Line 3 is derived outside Illinois, check this box and complete <u>all lines</u> of Step 3. See instructions. <input checked="" type="checkbox"/>                                                                                                      |

### Step 3: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

|                                                                                                                                                                                   |    |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------|
| 4 Business income or loss included in Line 3 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.         | 4  | .00            |
| 5 Business income or loss. Subtract Line 4 from Line 3.                                                                                                                           | 5  | .00            |
| 6 Total sales everywhere. This amount cannot be negative.                                                                                                                         | 6  | <u>7,408.</u>  |
| 7 Total sales inside Illinois. This amount cannot be negative.                                                                                                                    | 7  | <u>100.</u>    |
| 8 Apportionment factor. Divide Line 7 by Line 6 (carry to six decimal places).                                                                                                    | 8  | <u>.013499</u> |
| 9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.                                                                                                   | 9  | 0 .00          |
| 10 Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions. | 10 | .00            |
| 11 <b>Base income or loss allocable to Illinois.</b> Add Lines 9 and 10.                                                                                                          | 11 | .00            |

### Step 4: Figure your net replacement tax

|   |                                                                                                                 |    |       |
|---|-----------------------------------------------------------------------------------------------------------------|----|-------|
| ▼ | 12 Net income or loss from Line 3 or Line 11.                                                                   | 12 | .00   |
| ▲ | 13 Replacement tax. <b>Corporations</b> multiply Line 12 by 2.5% (.025); <b>Trusts</b> multiply by 1.5% (.015). | 13 | .00   |
| ▲ | 14 Recapture of investment credits. <b>Attach</b> Schedule 4255.                                                | 14 | .00   |
| ▲ | 15 Replacement tax before investment credits. Add Lines 13 and 14.                                              | 15 | .00   |
| ▲ | 16 Investment credits. <b>Attach</b> Form IL-477.                                                               | 16 | .00   |
| ▲ | 17 <b>Net replacement tax.</b> Subtract Line 16 from Line 15. If the amount is negative, enter "0."             | 17 | 0 .00 |

Attach your payment and Form IL-990-T-V here.



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

|    |                                                                                                                                                                      |  |    |       |       |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----|-------|-------|
| 18 | Net income or loss from Line 12.                                                                                                                                     |  | 18 | _____ | .00   |
| 19 | Income Tax. <b>Fiscal filers</b> - See instructions.<br><b>Corporations:</b> multiply Line 18 by 5.25% (.0525).<br><b>Trusts:</b> multiply Line 18 by 3.75% (.0375). |  | 19 | _____ | .00   |
| 20 | Recapture of investment credits. <b>Attach</b> Schedule 4255.                                                                                                        |  | 20 | _____ | .00   |
| 21 | Income tax before credits. Add Lines 19 and 20.                                                                                                                      |  | 21 | _____ | .00   |
| 22 | Income tax credits. <b>Attach</b> Schedule 1299-D.                                                                                                                   |  | 22 | _____ | .00   |
| 23 | <b>Net income tax.</b> Subtract Line 22 from Line 21. If the amount is negative, enter "0."                                                                          |  | 23 | _____ | 0 .00 |

**Step 6: Figure your refund or balance due**

|    |                                                                                                                                 |     |       |       |           |
|----|---------------------------------------------------------------------------------------------------------------------------------|-----|-------|-------|-----------|
| 24 | Net replacement tax from Line 17.                                                                                               |     | 24    | _____ | .00       |
| 25 | Net income tax from Line 23.                                                                                                    |     | 25    | _____ | .00       |
| 26 | Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.                                            |     | 26    | _____ | .00       |
| 27 | <b>Total net income and replacement taxes and surcharge.</b> Add Lines 24, 25, and 26.                                          |     | 27    | _____ | .00       |
| 28 | Payments. See instructions.                                                                                                     |     |       |       |           |
|    | a Credit from prior year overpayments.                                                                                          | 28a | _____ | 1,496 | .00       |
|    | b Total estimated payments.                                                                                                     | 28b | _____ |       | .00       |
|    | c Form IL-505-B (extension) payment.                                                                                            | 28c | _____ |       | .00       |
|    | d Pass-through withholding payments reported to you on Schedule(s)<br>K-1-P or K-1-T. <b>Attach</b> Schedule(s) K-1-P or K-1-T. | 28d | _____ |       | .00       |
|    | e Illinois gambling withholding. <b>Attach</b> Form(s) W-2G.                                                                    | 28e | _____ |       | .00       |
| 29 | Total payments. Add Lines 28a through 28e.                                                                                      |     | 29    | _____ | 1,496 .00 |
| 30 | <b>Overpayment.</b> If Line 29 is greater than Line 27, subtract Line 27 from Line 29.                                          |     | 30    | _____ | 1,496 .00 |
| 31 | Amount to be <b>credited forward.</b> See instructions.                                                                         |     | 31    | _____ | 1,496 .00 |
| 32 | <b>Refund.</b> Subtract Line 31 from Line 30. This is the amount to be refunded.                                                |     | 32    | _____ | .00       |

33 **Complete to direct deposit your refund**

Routing Number \_\_\_\_\_  Checking or  Savings

Account Number \_\_\_\_\_

|    |                                                                                                                |  |    |       |     |
|----|----------------------------------------------------------------------------------------------------------------|--|----|-------|-----|
| 34 | <b>Tax Due.</b> If Line 27 is greater than Line 29, subtract Line 29 from Line 27. This is the amount you owe. |  | 34 | _____ | .00 |
|----|----------------------------------------------------------------------------------------------------------------|--|----|-------|-----|

▶ If you owe tax on Line 34, complete a payment voucher, Form IL-990-T-V. Write your FEIN, tax year ending, and "IL-990-T-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the front of this form.

*Special Note* → Enter the amount of your payment on the top of Page 1 in the space provided.

**Step 7: Sign here**

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

|                                 |                 |                               |                     |                                                                                                                                                                                                                     |
|---------------------------------|-----------------|-------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Signature of authorized officer | Date            | <u>PRESIDENT &amp; CEO</u>    | Phone               | <div style="border: 1px solid black; padding: 5px;">                 Check this box if the Department may discuss this return with the paid preparer shown in this step. <input checked="" type="checkbox"/> </div> |
|                                 | <u>01/15/18</u> | <u>P00948755</u>              |                     |                                                                                                                                                                                                                     |
| Signature of paid preparer      | Date            | <u>MADISON, WI 53708-8700</u> | Phone               |                                                                                                                                                                                                                     |
| <u>WIPFLI LLP</u>               |                 |                               | <u>608.274.1980</u> |                                                                                                                                                                                                                     |
| Paid preparer's firm name       |                 | Address                       |                     |                                                                                                                                                                                                                     |

▶ If a payment is **not** enclosed, mail this return to: **Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009**

▶ If a payment is enclosed, mail this return to: **Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053**

698022 08-15-17



This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.

ID: 2BX

IL-990-T Page 2 of 2 (R-07/17)