

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE MILWAUKEE JEWISH FEDERATION, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1360 NORTH PROSPECT AVENUE</b> City or town, state or province, country, and ZIP or foreign postal code <b>MILWAUKEE, WI 53202</b> <b>F</b> Name and address of principal officer: <b>MIRYAM ROSENZWEIG</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>39-0806312</b> <b>E</b> Telephone number <b>(414) 390-5700</b> <b>G</b> Gross receipts \$ <b>159,873,132.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.MILWAUKEEJEWISH.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1938</b>
		<b>M</b> State of legal domicile: <b>WI</b>

**Part I Summary**

<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 2019 (Part V, line 2a)	<b>5</b>	<b>61</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>492</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>256,468.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>15,827.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	<b>18,784,088.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	<b>2,383,935.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	<b>4,798,337.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	<b>88,583.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	<b>26,054,943.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b>	<b>14,824,052.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b>	<b>4,167,087.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	<b>40,340.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,149,521.</b>	<b>b</b>	<b>2,149,521.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</b>	<b>8,062,692.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b>	<b>27,094,171.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	<b>-1,039,228.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	<b>229,743,415.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	<b>94,959,805.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	<b>134,783,610.</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 <b>MIRYAM ROSENZWEIG, PRESIDENT &amp; CEO</b> Type or print name and title	Date  
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CHLOE CHIUMINATTO</b>	Preparer's signature <b>CHLOE CHIUMINATTO</b>
	Firm's name ▶ <b>WIPFLI LLP</b>	Firm's EIN ▶ <b>39-0758449</b>
	Firm's address ▶ <b>10000 INNOVATION DRIVE, SUITE 250 MILWAUKEE, WI 53226-4837</b>	Date <b>03/10/21</b>
		Check if self-employed <input type="checkbox"/> PTIN <b>P01924323</b> Phone no. <b>414.431.9300</b>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THROUGH THE DEVELOPMENT OF COMMUNITY-WIDE FINANCIAL SUPPORT, PLANNING AND ALLOCATIONS, THE MISSION OF THE MILWAUKEE JEWISH FEDERATION IS TO ENSURE THE CONTINUITY OF THE JEWISH PEOPLE, TO ENHANCE THE QUALITY OF JEWISH LIFE AND TO BUILD A STRONG, UNIFIED 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 \$ 11,440,287. including grants of \$ 10,009,926. ) (Revenue \$ 0. ) THE JEWISH COMMUNITY FOUNDATION HELPS DONORS MAKE A LONG-TERM IMPACT ON THE VIBRANCY AND FINANCIAL STABILITY OF OUR COMMUNITY. THROUGH A VARIETY OF PLANNED GIVING OPTIONS, WE HELP OUR DONORS FULFILL BOTH THEIR FINANCIAL NEEDS AND CHARITABLE DESIRES WHILE SUPPORTING THE HEALTH OF A THRIVING JEWISH COMMUNITY.

4b (Code: ) (Expenses \$ 667,619. including grants of \$ 0. ) (Revenue \$ 0. ) THE JEWISH MUSEUM MILWAUKEE IS DEDICATED TO PRESERVING AND PRESENTING THE HISTORY OF THE JEWISH PEOPLE IN SOUTHEASTERN WISCONSIN AND CELEBRATING THE CONTINUUM OF JEWISH HERITAGE AND CULTURE. THE HISTORY OF AMERICAN JEWS IS ROOTED IN THOUSANDS OF YEARS OF SEARCHING FOR FREEDOM AND EQUALITY. WE ARE COMMITTED TO SHARING THIS STORY AND THE LIFE LESSONS IT BRINGS WITH IT, SO THAT WE MAY ENHANCE THE PUBLIC'S AWARENESS AND APPRECIATION OF JEWISH LIFE AND CULTURE; TO BUILD BRIDGES BETWEEN PEOPLE OF DIVERSE BACKGROUNDS, AND TO USE HISTORY AND ART AS A LENS TO EXPLORE CONTEMPORARY THEMES.

4c (Code: ) (Expenses \$ 448,777. including grants of \$ 0. ) (Revenue \$ 0. ) 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 APPROXIMATELY 27,000 STUDENTS, TEACHERS AND COMMUNITY MEMBERS THROUGHOUT WISCONSIN LAST YEAR.

4d Other program services (Describe on Schedule O.) (Expenses \$ 11,009,866. including grants of \$ 4,917,803. ) (Revenue \$ 2,187,037. )

4e Total program service expenses 23,566,549.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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? <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? .....	X	

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 Enter the number of voting members of the governing body at the end of the tax year (28); 1b Enter the number of voting members included on line 1a, above, who are independent (28); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X)

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on 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 OECHLER - (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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MIRYAM ROSENZWEIG PRESIDENT & CEO	38.00			X			201,560.	0.	7,627.	
(2) CAREN GOLDBERG EXECUTIVE DIRECTOR (THRU APR.)	38.00			X			173,947.	0.	31,929.	
(3) STEPHANIE WAGNER CHIEF IMPACT OFFICER	38.00					X	148,938.	0.	14,760.	
(4) HANNAH WALLICK VP OUTREACH, ISRAEL & OVERSEAS	38.00					X	106,068.	0.	3,182.	
(5) THOMAS OECHLER CHIEF FINANCIAL OFFICER	38.00			X			56,110.	0.	8,181.	
(6) SUSAN ANGEL MILLER DIRECTOR	0.30	X					0.	0.	0.	
(7) BRENT ARNOLD DIRECTOR	0.30	X					0.	0.	0.	
(8) ALLAN CARNEOL DIRECTOR	0.30	X					0.	0.	0.	
(9) DAVID M. COHN DIRECTOR	0.30	X					0.	0.	0.	
(10) JUDITH CORAN DIRECTOR	0.30	X					0.	0.	0.	
(11) EILEEN GRAVES DIRECTOR	0.30	X					0.	0.	0.	
(12) KURT JANAVITZ DIRECTOR	0.30	X					0.	0.	0.	
(13) JOAN LUBAR DIRECTOR	0.30	X					0.	0.	0.	
(14) DANA MARGOLIS DIRECTOR	0.30	X					0.	0.	0.	
(15) TODD MILLER DIRECTOR	0.30	X					0.	0.	0.	
(16) CHERYL MOSER DIRECTOR (THRU APR.)	0.30	X					0.	0.	0.	
(17) FRANCES RICHMAN DIRECTOR	0.30	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL ROSENBERG DIRECTOR	0.30	X					0.	0.	0.	
(19) YONINA SCHLUSSEL DIRECTOR	0.30	X					0.	0.	0.	
(20) ANDREA SCHNEIDER DIRECTOR	0.30	X					0.	0.	0.	
(21) SUSAN SOLVANG DIRECTOR	0.30	X					0.	0.	0.	
(22) CARYN STEINBERGER DIRECTOR	0.30	X					0.	0.	0.	
(23) DAVID WERNER DIRECTOR	0.30	X					0.	0.	0.	
(24) MOSHE KATZ CHAIR	2.00 2.00	X		X			0.	0.	0.	
(25) BARBARA GLAZER VICE-CHAIR	1.00	X		X			0.	0.	0.	
(26) PNINA GOLDFARB VICE-CHAIR	1.00	X		X			0.	0.	0.	
<b>1b Subtotal</b>							686,623.	0.	65,679.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							686,623.	0.	65,679.	

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, 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) Name and business address	(B) Description of services	(C) Compensation
MERESS SECURITY, LLC P.O. BOX 1122, WEST BEND, WI 53095	SECURITY SERVICES	202,374.
TOTAL CLEANING SYSTEMS, 11745 WEST BRADLEY ROAD, MILWAUKEE, WI 53224	CLEANING SERVICES	164,468.
BRET ACHTENHAGEN'S SEASONAL SERVICES, W336 S8510 COUNTY ROAD E, MUKWONAGO, WI 53149	LANDSCAPING SERVICES	127,666.
SID GRINKER COMPANY, INC., 1719 VEL R. PHILLIPS AVENUE, MILWAUKEE, WI 53212	PROPERTY RESTORATION SERVICES	112,676.
DAAT TRAVEL SERVICES, 500 7TH AVENUE, 8TH FLOOR, NEW YORK, NY 10018	TRAVEL AGENCY SERVICES	111,186.

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 **5**

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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	253,677.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	670,500.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	19,377,803.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,798,249.				
	<b>h Total.</b> Add lines 1a-1f			20,301,980.			
Program Service Revenue	<b>2 a</b> RENT FROM EXEMPT BUILDING	Business Code	532000	2,187,037.	2,187,037.		
	<b>b</b> NEWSPAPER ADVERTISING REVENUE		511110	236,758.	236,758.		
	<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			2,423,795.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			4,244,306.		19,710.	4,224,596.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	132,500,265.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	128,407,880.	35,180.			
<b>c</b> Gain or (loss)	<b>7c</b>	4,092,385.	-35,180.				
<b>d</b> Net gain or (loss)			4,057,205.			4,057,205.	
<b>8 a</b> Gross income from fundraising events (not including \$ 253,677. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		55,404.				
			164,636.				
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events			-109,232.			-109,232.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		8,780.				
			0.				
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory			8,780.			8,780.	
Miscellaneous Revenue	<b>11 a</b> CEMETERY INCOME	Business Code	900099	241,830.		241,830.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue		900099	96,772.		96,772.	
	<b>e Total.</b> Add lines 11a-11d			338,602.			
<b>12 Total revenue.</b> See instructions			31,265,436.	2,187,037.	256,468.	8,519,951.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,150,065.	13,150,065.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	500,000.	500,000.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,277,664.	1,277,664.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	701,779.	256,259.	199,878.	245,642.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,844,319.	1,026,079.	817,200.	1,001,040.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	105,888.	47,773.	14,587.	43,528.
<b>9</b> Other employee benefits	432,832.	173,438.	118,999.	140,395.
<b>10</b> Payroll taxes	233,673.	90,785.	60,808.	82,080.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	248,411.	175,616.	72,075.	720.
<b>c</b> Accounting	40,824.	5,645.	7,036.	28,143.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	719,254.	719,254.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	530,257.	284,349.	58,202.	187,706.
<b>12</b> Advertising and promotion	94,390.	79,378.	226.	14,786.
<b>13</b> Office expenses	460,730.	275,597.	72,052.	113,081.
<b>14</b> Information technology	141,078.	46,880.	55,584.	38,614.
<b>15</b> Royalties				
<b>16</b> Occupancy	2,050,278.	1,852,018.	51,342.	146,918.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	278,764.	178,667.	13,063.	87,034.
<b>20</b> Interest	1,263,786.	1,263,786.		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1,704,658.	1,704,658.		
<b>23</b> Insurance	148,546.	130,252.	7,791.	10,503.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> ANNUAL CAMPAIGN RESERVE	131,148.	131,148.		
<b>b</b> NEWSPAPER	68,242.	68,242.		
<b>c</b> PROGRAMS AND EVENTS	55,446.	43,634.	6,698.	5,114.
<b>d</b>				
<b>e</b> All other expenses	91,482.	85,362.	1,903.	4,217.
<b>25</b> Total functional expenses. Add lines 1 through 24e	27,273,514.	23,566,549.	1,557,444.	2,149,521.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	932,764.	<b>1</b>	2,906,136.
	<b>2</b> Savings and temporary cash investments .....	8,215,619.	<b>2</b>	9,551,483.
	<b>3</b> Pledges and grants receivable, net .....	2,946,353.	<b>3</b>	2,811,549.
	<b>4</b> Accounts receivable, net .....	270,367.	<b>4</b>	116,285.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	3,510,921.	<b>7</b>	3,558,038.
	<b>8</b> Inventories for sale or use .....	2,176,809.	<b>8</b>	2,174,087.
	<b>9</b> Prepaid expenses and deferred charges .....	173,093.	<b>9</b>	108,740.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 60,889,408.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 33,122,601.	29,368,034.	<b>10c</b> 27,766,807.
	<b>11</b> Investments - publicly traded securities .....	119,783,774.	<b>11</b>	124,113,327.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	60,195,016.	<b>12</b>	54,416,275.
	<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 .....	2,170,665.	<b>15</b>	2,143,316.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	229,743,415.	<b>16</b>	229,666,043.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,495,997.	<b>17</b>	1,421,144.
	<b>18</b> Grants payable .....	4,068,379.	<b>18</b>	4,116,114.
	<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 .....	4,565,943.	<b>21</b>	4,665,085.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<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 .....	30,489,486.	<b>25</b>	30,510,208.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	94,959,805.	<b>26</b>	95,052,551.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	90,764,758.	<b>27</b>	89,661,918.
	<b>28</b> Net assets with donor restrictions .....	44,018,852.	<b>28</b>	44,951,574.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	134,783,610.	<b>32</b>	134,613,492.
<b>33</b> Total liabilities and net assets/fund balances .....	229,743,415.	<b>33</b>	229,666,043.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	31,265,436.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,273,514.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,991,922.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	134,783,610.
5	Net unrealized gains (losses) on investments	5	-3,435,508.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-726,532.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	134,613,492.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- 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 on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2019)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	24433748.	22679318.	15319132.	18784088.	20301980.	101518266
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	24433748.	22679318.	15319132.	18784088.	20301980.	101518266
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						15876882.
<b>6 Public support.</b> Subtract line 5 from line 4.						85641384.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	24433748.	22679318.	15319132.	18784088.	20301980.	101518266
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3194138.	3255424.	3639508.	3391654.	4224596.	17705320.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						119223586
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	11,758,497.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	71.83 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	72.12 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019



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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**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

**THE 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-.

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule C (Form 990 or 990-EZ) 2019**

**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> (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 (grassroots 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="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<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 (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (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		1,783.
<b>j</b> Total. Add lines 1c through 1i .....			1,783.
<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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization **THE 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 .....	428	
2 Aggregate value of contributions to (during year) .....	11,633,883.	
3 Aggregate value of grants from (during year) .....	10,716,865.	
4 Aggregate value at end of year .....	38,827,633.	
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 (for example, 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 7/25/06, 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? .....

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)? .....

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 FASB 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 FASB 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 .....	▶ \$	244,084.

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 FASB 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 make 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 program
  - 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	60,594,446.	60,116,640.	56,015,050.	50,074,114.	51,355,630.
b Contributions	3,071,273.	5,043,249.	4,747,392.	4,413,270.	2,156,923.
c Net investment earnings, gains, and losses	1,485,968.	2,876,737.	4,535,776.	5,867,943.	-6,196.
d Grants or scholarships	2,937,335.	6,044,673.	3,728,963.	3,184,388.	2,709,050.
e Other expenditures for facilities and programs	804,652.	552,064.	627,968.	660,114.	260,218.
f Administrative expenses	586,620.	845,443.	824,647.	495,775.	462,975.
g End of year balance	60,823,080.	60,594,446.	60,116,640.	56,015,050.	50,074,114.

- 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  28.01 %
  - c Term endowment  71.99 %
- 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 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		51,376,234.	26,887,273.	24,488,961.
c Leasehold improvements				
d Equipment		6,869,411.	6,235,328.	634,083.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  27,766,807.

**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	548,940.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	51,778.	END-OF-YEAR MARKET VALUE
(C) OTHER ALTERNATIVE		
(D) INVESTMENTS	35,618,454.	END-OF-YEAR MARKET VALUE
(E) OTHER STRUCTURED PRODUCTS	17,888,687.	END-OF-YEAR MARKET VALUE
(F) PARTNERSHIP INTERESTS	308,416.	COST
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>54,416,275.</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	3,500.
(3) LIABILITY FOR TRUSTS AND GIFT	
(4) ANNUITIES	3,352,571.
(5) INTEREST RATE SWAP	1,284,492.
(6) AGENCY ENDOWMENT FUNDS	25,860,706.
(7) CAPITAL LEASE OBLIGATION	8,939.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>30,510,208.</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 FASB 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

**Part XIII** Supplemental Information (continued)

THE TAX POSITION ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. THE FEDERATION RECORDED NO ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS.

Multiple horizontal lines for supplemental information.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

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

**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	130,944.
<b>3 a</b> Subtotal .....	0	0			130,944.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			130,944.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of 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	5,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	10,958.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	10,650.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	11,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	8,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	1146720.	ACH	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	20,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	7,750.	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**



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	15,200.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	13,850.	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; don't 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; don't 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.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ECONOMIC FORUM (event type)	HERC BIANNUAL FUN (event type)	NONE (total number)	
Revenue	1	Gross receipts	175,000.	134,081.	309,081.
	2	Less: Contributions	142,500.	111,177.	253,677.
	3	Gross income (line 1 minus line 2)	32,500.	22,904.	55,404.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	1,000.	500.	1,500.
	7	Food and beverages	12,194.	22,904.	35,098.
	8	Entertainment	20,747.	25,000.	45,747.
	9	Other direct expenses	66,152.	16,139.	82,291.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			164,636.
11	Net income summary. Subtract line 10 from line 3, column (d)			-109,232.	

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

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

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

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

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

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

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: ESTABROOK CONSULTING

(I) ADDRESS OF FUNDRAISER:

4720 NORTH BERKELEY BOULEVARD, 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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **THE 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
18 CORP P.O. BOX 354 SHORT HILLS, NJ 07078	22-3764133	501(C)(3)	10,018.	0.			GENERAL DONATIONS
A. CHUDNOW & SONS HISTORICAL MUSEUM - 839 NORTH 11TH STREET - MILWAUKEE, WI 53233	39-1725827	501(C)(3)	5,100.	0.			GENERAL DONATIONS
ACLU FOUNDATION 125 BROAD STREET, 18TH FLOOR NEW YORK, NY 10004	13-6213516	501(C)(3)	10,500.	0.			GENERAL DONATIONS
ACLU OF WISCONSIN FOUNDATION 207 EAST BUFFALO STREET, NO. 325 MILWAUKEE, WI 53202	23-7052345	501(C)(3)	19,350.	0.			GENERAL DONATIONS
ACTS HOUSING 2414 WEST VLIET STREET MILWAUKEE, WI 53205	39-1837474	501(C)(3)	11,430.	0.			GENERAL DONATIONS
ALZHEIMER'S ASSOCIATION-SOUTHEAST WISCONSIN CHAPTER - 620 SOUTH 76 STREET, SUITE 160 - MILWAUKEE, WI 53214	13-3039601	501(C)(3)	6,400.	0.			GENERAL DONATIONS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **189.**

**3** Enter total number of other organizations listed in the line 1 table ..... ▶ **0.**

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

Schedule I (Form 990) (2019)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HOSPITAL OF PARIS FOUNDATION - 477 MADISON AVENUE, 6TH FLOOR - NEW YORK, NY 10022	54-1031618	501(C)(3)	9,000.	0.			GENERAL DONATIONS
ANSHE SFARD KEHILLAT TORAH 6717 NORTH GREEN BAY AVENUE GLENDALE, WI 53209	39-1572032	501(C)(3)	115,662.	0.			GENERAL DONATIONS
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10058	13-1818723	501(C)(3)	17,600.	0.			GENERAL DONATIONS
ARTS AT LARGE, INC. 1100 SOUTH 5TH STREET MILWAUKEE, WI 53320	33-1114575	501(C)(3)	8,100.	0.			GENERAL DONATIONS
ASPEN COMMUNITY FOUNDATION 455 GOLD RIVERS COURT, SUITE 15 BASALT, CO 81621	84-0829226	501(C)(3)	5,200.	0.			GENERAL DONATIONS
ASPEN INSTITUTE, INC. 1000 NORTH THIRD STREET ASPEN, CO 81611	84-0399006	501(C)(3)	5,000.	0.			GENERAL DONATIONS
ASPEN JEWISH CONGREGATION 77 MEADOWOOD DRIVE ASPEN, CO 81611	84-0723135	501(C)(3)	5,000.	0.			GENERAL DONATIONS
ASSOCIATION OF CHEVROS KADISHA, INC. - 85-18 117TH STREET - RICHMOND HILLS, NY 11418	11-3364887	501(C)(3)	7,500.	0.			GENERAL DONATIONS
BADER HILLEL ACADEMY 6401 NORTH SANTA MONICA BOULEVARD MILWAUKEE, WI 53217	39-1025262	501(C)(3)	292,549.	0.			GENERAL DONATIONS

Schedule I (Form 990)

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BANK OF AMERICA CHARITABLE GIFT FUND - P.O. BOX 1802 - PROVIDENCE, RI 02901	04-6010342	501(C)(3)	602,090.	0.			GENERAL DONATIONS
BENEDICT CENTER, INC. 1849 NORTH KING DRIVE, SUITE 101 MILWAUKEE, WI 53212	39-1226475	501(C)(3)	5,850.	0.			GENERAL DONATIONS
BETH-EL CONGREGATION OF SHEBOYGAN 1007 NORTH AVENUE SHEBOYGAN, WI 53083		501(C)(3)	5,900.	0.			GENERAL DONATIONS
BETHLEHEM CHABAD 493 DELAWARE AVENUE DELMAR, NY 12054	45-3828519	501(C)(3)	14,000.	0.			GENERAL DONATIONS
BIG BROTHERS AND BIG SISTERS OF METROPOLITAN MILWAUKEE - 788 NORTH JEFFERSON STREET, SUITE 600 - MILWAUKEE, WI 53202	39-1239687	501(C)(3)	32,600.	0.			GENERAL DONATIONS
BIRTHRIGHT ISRAEL FOUNDATION 711 3RD AVENUE, 10TH FLOOR NEW YORK, NY 10017	13-4092050	501(C)(3)	8,580.	0.			GENERAL DONATIONS
B'NAI B'RITH BEBER CAMP 8833 GROSS POINT ROAD, SUITE 312 SKOKIE, IL 60077	27-2025066	501(C)(3)	6,700.	0.			GENERAL DONATIONS
B'NAI B'RITH YOUTH ORG WI REGION BBYO - 6255 NORTH SANTA MONICA BOULEVARD - MILWAUKEE, WI 53217	31-1794932	501(C)(3)	110,816.	0.			GENERAL DONATIONS
CARDINAL STRITCH UNIVERSITY, INC. 6801 NORTH YATES ROAD MILWAUKEE, WI 53217	39-0806196	501(C)(3)	103,767.	0.			GENERAL DONATIONS

Schedule I (Form 990)

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CARE: CANCER AWARENESS THROUGH RESEARCH AND EDUCATION ASSOCIATION - P.O. BOX 3740 - CAREFREE, AZ 85377	20-3771288	501(C)(3)	10,000.	0.			GENERAL DONATIONS
CATHEDRAL CENTER, INC. 845 NORTH VAN BUREN STREET MILWAUKEE, WI 53202	74-3038890	501(C)(3)	5,000.	0.			GENERAL DONATIONS
CENTRO HISPANO, INC. 810 WEST BADGER ROAD MADISON, WI 53713	93-0844812	501(C)(3)	5,000.	0.			GENERAL DONATIONS
CHABAD OF DOWNTOWN, LTD. P.O. BOX 510525 MILWAUKEE, WI 53203	39-1672482	501(C)(3)	40,180.	0.			GENERAL DONATIONS
CHABAD-LUBAVITCH 770 EASTERN PARKWAY BROOKLYN, NY 11213	11-3587172	501(C)(3)	100,015.	0.			GENERAL DONATIONS
CHARLIE FOUNDATION TO HELP CURE PEDIATRIC EPILEPSY - 515 OCEAN AVENUE, NO. 602N - SANTA MONICA, CA 90402	27-3778357	501(C)(3)	5,000.	0.			GENERAL DONATIONS
CHILDREN'S HOSPITAL OF WISCONSIN FOUNDATION, INC. - P.O. BOX 1997 - MILWAUKEE, WI 53201	39-1500075	501(C)(3)	116,900.	0.			GENERAL DONATIONS
CHILDREN'S HOSPITAL OF WISCONSIN, INC. - P.O. BOX 1997 - MILWAUKEE, WI 53201	39-0812532	501(C)(3)	5,850.	0.			GENERAL DONATIONS
COA YOUTH & FAMILY CENTER 909 EAST NORTH AVENUE MILWAUKEE, WI 53212	39-0806339	501(C)(3)	188,130.	0.			GENERAL DONATIONS

Schedule I (Form 990)

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COLLEGE OF THE DESERT FOUNDATION 43-500 MONTEREY AVENUE PALM DESERT, CA 92260	95-3829219	501(C)(3)	10,000.	0.			GENERAL DONATIONS
COMMONBOND COMMUNITIES 1080 MONTREAL AVENUE ST. PAUL, MN 55116	41-1260469	501(C)(3)	5,000.	0.			GENERAL DONATIONS
COMMUNITY ADVOCATES, INC. 728 NORTH JAMES LOVELL STREET MILWAUKEE, WI 53233	39-1249426	501(C)(3)	5,000.	0.			GENERAL DONATIONS
CONGREGATION AGUDAS ACHIM CHABAD 2233 WEST MEQUON ROAD MEQUON, WI 53092	39-1735636	501(C)(3)	28,482.	0.			GENERAL DONATIONS
CONGREGATION BETH EPHRAIM 113 PARKER AVENUE MAPLEWOOD, NJ 07040		501(C)(3)	58,000.	0.			GENERAL DONATIONS
CONGREGATION BETH ISRAEL NER TAMID 6880 NORTH GREEN BAY AVENUE MILWAUKEE, WI 53209	39-0878010	501(C)(3)	300,591.	0.			GENERAL DONATIONS
CONGREGATION BETH JEHUDAH 3100 NORTH 52ND STREET MILWAUKEE, WI 53216		501(C)(3)	114,441.	0.			GENERAL DONATIONS
CONGREGATION B'NAI ISRAEL 3830 NW 16TH BOULEVARD GAINESVILLE, FL 32605	59-1592633	501(C)(3)	35,205.	0.			GENERAL DONATIONS
CONGREGATION CNESSSES ISRAEL 132 SCOUT WAY DE PERE, WI 54115		501(C)(3)	5,000.	0.			GENERAL DONATIONS

Schedule I (Form 990)

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CONGREGATION EMANU-EL B'NE JESHURUN - 2020 WEST BROWN DEER ROAD - RIVER HILLS, WI 53217	39-0863230	501(C)(3)	304,556.	0.			GENERAL DONATIONS
CONGREGATION SINAI 8223 NORTH PORT WASHINGTON ROAD MILWAUKEE, WI 53217	39-0892487	501(C)(3)	132,579.	0.			GENERAL DONATIONS
CU BOULDER HILLEL 2795 COLORADO AVENUE BOULDER, CO 80302	83-3395525	501(C)(3)	41,500.	0.			GENERAL DONATIONS
DONORS CHOOSE 134 WEST 37TH STREET NEW YORK, NY 10018	13-4129457	501(C)(3)	6,000.	0.			GENERAL DONATIONS
EISENHOWER MEDICAL CENTER FOUNDATION - 39000 BOB HOPE DRIVE - RANCHO MIRAGE, CA 92270	95-6130458	501(C)(3)	48,000.	0.			GENERAL DONATIONS
EMBER FOUNDATION 3553 WEST PETERSON AVENUE, SUITE 20 CHICAGO, IL 60659	20-8674232	501(C)(3)	6,500.	0.			GENERAL DONATIONS
FAMILY LEARNING INSTITUTE 1954 SOUTH INDUSTRIAL HIGHWAY, SUIT ANN ARBOR, MI 48104	38-3514675	501(C)(3)	8,334.	0.			GENERAL DONATIONS
FEEDING AMERICA EASTERN WISCONSIN 1700 WEST FOND DU LAC AVENUE MILWAUKEE, WI 53205	39-1384593	501(C)(3)	18,280.	0.			GENERAL DONATIONS
FIDELITY INVESTMENTS CHARITABLE GIFT FUND - P.O. BOX 770001 - CINCINNATI, OH 45277	11-0303001	501(C)(3)	24,000.	0.			GENERAL DONATIONS

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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FIX THE SYSTEM - WISCONSIN, INC. 8850 BLACKHAWK ROAD, SUITE 403 MIDDLETON, WI 53562	83-2323474	501(C)(3)	25,000.	0.			GENERAL DONATIONS
FLORENTINE OPERA CO, INC. 930 EAST BURLEIGH STREET MILWAUKEE, WI 53212	39-1098132	501(C)(3)	12,600.	0.			GENERAL DONATIONS
FOUNDATION FOR INDIVIDUAL RIGHTS IN EDUCATION - 510 WALNUT STREET, SUITE 1250 - PHILADELPHIA, PA 19106	04-3467254	501(C)(3)	7,500.	0.			GENERAL DONATIONS
FOUNDATION FOR WOMEN & GIRLS WITH BLOOD DISORDERS - P.O. BOX 1358 - MONTCLAIR, NJ 07042	27-2456813	501(C)(3)	10,000.	0.			GENERAL DONATIONS
FRIENDS OF SCHLITZ AUDUBON NATURE CENTER - 1111 EAST BROWN DEER ROAD - MILWAUKEE, WI 53217	39-1231819	501(C)(3)	8,200.	0.			GENERAL DONATIONS
FRIENDS OF THE BOERNER BOTANICAL GARDENS - 9400 BOERNER DRIVE, SUITE 2 - HALES CORNERS, WI 53130	39-1487896	501(C)(3)	5,000.	0.			GENERAL DONATIONS
FRIENDS OF THE FORUM P.O. BOX 365 HARTSDALE, NY 10530	20-8943695	501(C)(3)	20,000.	0.			GENERAL DONATIONS
GIGIS PLAYHOUSE, INC. 8685 NORTH PORT WASHINGTON ROAD FOX POINT, WI 53217	46-5021867	501(C)(3)	25,000.	0.			GENERAL DONATIONS
GILDAS CLUB MADISON WISCONSIN 7907 UW HEALTH COURT MIDDLETON, WI 53562	06-1662883	501(C)(3)	88,000.	0.			GENERAL DONATIONS

Schedule I (Form 990)

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GOLD IN SEPTEMBER (G9) 528D WELLS STREET DELAFIELD, WI 53018	46-5000938	501(C)(3)	10,000.	0.			GENERAL DONATIONS
GRAND AVENUE CLUB, INC. 210 EAST MICHIGAN STREET MILWAUKEE, WI 53202	39-1708177	501(C)(3)	37,448.	0.			GENERAL DONATIONS
GREATER MILWAUKEE FOUNDATION 101 PLEASANT STREET, SUITE 210 MILWAUKEE, WI 53212	39-6036407	501(C)(3)	6,250.	0.			GENERAL DONATIONS
GRINNELL COLLEGE 1227 PARK STREET GRINNELL, IA 50112	42-0680387	501(C)(3)	5,000.	0.			GENERAL DONATIONS
HADAR 190 AMSTERDAM AVENUE NEW YORK, NY 10023	26-4412164	501(C)(3)	7,300.	0.			GENERAL DONATIONS
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER, INC. - 6255 NORTH SANTA MONICA BOULEVARD - MILWAUKEE, WI 53217	39-0806234	501(C)(3)	2,170,258.	0.			GENERAL DONATIONS
HEAR WISCONSIN 10243 WEST NATIONAL AVENUE WEST ALLIS, WI 53227	39-0826101	501(C)(3)	5,700.	0.			GENERAL DONATIONS
HEBRON FUND, INC. 1760 OCEAN AVENUE BROOKLYN, NY 11230	11-2623719	501(C)(3)	12,500.	0.			GENERAL DONATIONS
HILLEL INDIANA UNIVERSITY 730 EAST 3RD STREET BLOOMINGTON, IN 47401	20-2804389	501(C)(3)	20,000.	0.			GENERAL DONATIONS

Schedule I (Form 990)



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HILLEL MILWAUKEE 3053 NORTH STOWELL AVENUE MILWAUKEE, WI 53211	39-1445185	501(C)(3)	289,507.	0.			GENERAL DONATIONS
HILLEL UNIVERSITY OF MINNESOTA 1521 UNIVERSITY AVENUE SE MINNEAPOLIS, MN 55414	41-6038613	501(C)(3)	30,000.	0.			GENERAL DONATIONS
HUNGER TASK FORCE MILWAUKEE 201 SOUTH HAWLEY COURT MILWAUKEE, WI 53214	39-1345847	501(C)(3)	188,625.	0.			GENERAL DONATIONS
INTERFAITH CONFERENCE OF GREATER MILWAUKEE - 5409 WEST VLIET STREET - MILWAUKEE, WI 53208	39-1777946	501(C)(3)	10,680.	0.			GENERAL DONATIONS
J STREET EDUCATION FUND, INC. P.O. BOX 66073 WASHINGTON, DC 20035	20-2777557	501(C)(3)	31,100.	0.			GENERAL DONATIONS
JEWISH BEGINNINGS LUBAVITCH PRESCHOOL - 6401 NORTH SANTA MONICA BOULEVARD - MILWAUKEE, WI 53217	39-1732588	501(C)(3)	133,136.	0.			GENERAL DONATIONS
JEWISH EXPERIENCE OF MADISON MILWAUKEE - 3453 NORTH 54TH STREET - MILWAUKEE, WI 53216	20-2142497	501(C)(3)	15,560.	0.			GENERAL DONATIONS
JEWISH FAMILY SERVICE OF THE DESERT - 490 SOUTH FARRELL DRIVE, SUITE C-208 - PALM SPRINGS, CA 92262	33-0613083	501(C)(3)	6,200.	0.			GENERAL DONATIONS
JEWISH FAMILY SERVICES 1300 NORTH JACKSON STREET MILWAUKEE, WI 53202	39-0806291	501(C)(3)	1,088,309.	0.			GENERAL DONATIONS

Schedule I (Form 990)

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JEWISH FEDERATION AND FAMILY SERVICES OF ORANGE COUNTY - 1 FEDERATION WAY, SUITE 210 - IRVINE, CA 92603	95-2407026	501(C)(3)	15,500.	0.			GENERAL DONATIONS
JEWISH FEDERATION OF GREATER LOS ANGELES - 6505 WILSHIRE BOULEVARD - LOS ANGELES, CA 90048	95-6111928	501(C)(3)	29,000.	0.			GENERAL DONATIONS
JEWISH FEDERATION OF METROPOLITAN CHICAGO - 30 SOUTH WELLS STREET - CHICAGO, IL 60606	36-2167761	501(C)(3)	25,000.	0.			GENERAL DONATIONS
JEWISH FEDERATION OF SO PALM BEACH COUNTY - 9901 DONNA KLEIN BOULEVARD - BOCA RATON, FL 33428	59-1945109	501(C)(3)	16,300.	0.			GENERAL DONATIONS
JEWISH FEDERATION OF SOUTHERN ARIZONA - 3718 EAST RIVER ROAD, SUITE 100 - TUCSON, AZ 85718	86-0096795	501(C)(3)	18,000.	0.			GENERAL DONATIONS
JEWISH HOME & CARE CENTER FOUNDATION - 1414 NORTH PROSPECT AVENUE - MILWAUKEE, WI 53202	39-1555857	501(C)(3)	489,624.	0.			GENERAL DONATIONS
JEWISH NATIONAL FUND 42 EAST 69TH STREET NEW YORK, NY 10021	13-1659627	501(C)(3)	55,255.	0.			GENERAL DONATIONS
JEWISH UNITED FUND OF METRO CHICAGO - 30 SOUTH WELLS STREET - CHICAGO, IL 60606	36-2167034	501(C)(3)	9,250.	0.			GENERAL DONATIONS
JONSSON CANCER CENTER FOUNDATION 8-950 LOUIS FACTOR BUILDING LOS ANGELES, CA 90095	95-2242757	501(C)(3)	10,000.	0.			GENERAL DONATIONS

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KBY CONGREGATIONS TOGETHER, INC. P.O. BOX 23170 BROOKLYN, NY 11202	57-1199898	501(C)(3)	150,200.	0.			GENERAL DONATIONS
KESHET 600 ACADEMY DRIVE, SUITE 130 NORTHBROOK, IL 60062	36-3441392	501(C)(3)	9,000.	0.			GENERAL DONATIONS
KRADWELL SCHOOL 1220 DEWEY AVENUE MILWAUKEE, WI 53213	26-1516765	501(C)(3)	8,000.	0.			GENERAL DONATIONS
LAWRENCE UNIVERSITY 711 EAST BOLDT WAY, SUITE 18 APPLETON, WI 54911	39-0806297	501(C)(3)	10,000.	0.			GENERAL DONATIONS
L'CHAIM CHAVERUT NORTHSORE 852 WEST AUTUMN PATH LANE BAYSIDE, WI 53217	81-4807474	501(C)(3)	8,500.	0.			GENERAL DONATIONS
LEEP BEYOND 1280 WEST WASHINGTON BOULEVARD CHICAGO, IL 60607	46-0819403	501(C)(3)	10,000.	0.			GENERAL DONATIONS
LEGAL INSURRECTION FOUNDATION 18 MAPLE AVENUE, SUITE 280 BARRINGTON, RI 02806	82-2279600	501(C)(3)	5,000.	0.			GENERAL DONATIONS
LUBAVITCH OF WISCONSIN 3109 NORTH LAKE DRIVE SHOREWOOD, WI 53211	39-1170927	501(C)(3)	296,419.	0.			GENERAL DONATIONS
LURIA ACADEMY OF BROOKLYN 238 ST. MARKS AVENUE BROOKLYN, NY 11238	14-2005770	501(C)(3)	5,400.	0.			GENERAL DONATIONS

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
MACALESTER COLLEGE 1600 GRAND AVENUE SAINT PAUL, MN 55105	41-0693962	501(C)(3)	5,000.	0.			GENERAL DONATIONS
MACC FUND 10000 INNOVATION DRIVE, SUITE 135 MILWAUKEE, WI 53226	39-1270290	501(C)(3)	21,800.	0.			GENERAL DONATIONS
MAKE A WISH FOUNDATION WISCONSIN 11020 WEST PLANK COURT, SUITE 200 WAUWATOSA, WI 53226	39-1543541	501(C)(3)	13,850.	0.			GENERAL DONATIONS
MARQUETTE UNIVERSITY P.O. BOX 1881 MILWAUKEE, WI 53201	39-0806251	501(C)(3)	5,000.	0.			GENERAL DONATIONS
MCCALLUM THEATRE 73000 FRED WARING DRIVE PALM DESERT, CA 92260	95-2834871	501(C)(3)	23,500.	0.			GENERAL DONATIONS
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD WAUWATOSA, WI 53226	39-0806261	501(C)(3)	13,750.	0.			GENERAL DONATIONS
MEMORIAL SLOAN KETTERING CANCER CENTER - 1275 YORK AVENUE - NEW YORK, NY 10021	13-1924236	501(C)(3)	13,500.	0.			GENERAL DONATIONS
MEOOWZRESQ, INC. 960 NORTH TUSTIN STREET, SUITE 200 ORANGE, CA 92867	26-3035880	501(C)(3)	5,000.	0.			GENERAL DONATIONS
MEQUON JEWISH PRESCHOOL, INC. 11112 NORTH CROWN COURT MEQUON, WI 53092	39-1966107	501(C)(3)	15,530.	0.			GENERAL DONATIONS

Schedule I (Form 990)

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META HOUSE, INC. 2625 NORTH WEIL STREET MILWAUKEE, WI 53212	39-1017822	501(C)(3)	5,350.	0.			GENERAL DONATIONS
MICAH 2821 NORTH VEL PHILLIPS AVENUE, SUI MILWAUKEE, WI 53212	39-1627853	501(C)(3)	8,500.	0.			GENERAL DONATIONS
MILWAUKEE ALLIANCE FOR JEWISH RECONNECTION (MAJOR) - 3322 NORTH 51 BOULEVARD - MILWAUKEE, WI 53216	80-0207872	501(C)(3)	14,700.	0.			GENERAL DONATIONS
MILWAUKEE ART MUSEUM, INC. 626 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202	39-0806316	501(C)(3)	74,682.	0.			GENERAL DONATIONS
MILWAUKEE CENTER FOR INDEPENDENCE 2020 WEST WELLS STREET MILWAUKEE, WI 53233	39-0806257	501(C)(3)	31,771.	0.			GENERAL DONATIONS
MILWAUKEE COLLEGE PREPARATORY SCHOOL - 2449 NORTH 36TH STREET - MILWAUKEE, WI 53210	39-1881295	501(C)(3)	8,950.	0.			GENERAL DONATIONS
MILWAUKEE FILM 1037 MCKINLEY AVENUE, SUITE 200 MILWAUKEE, WI 53205	26-3049630	501(C)(3)	11,165.	0.			GENERAL DONATIONS
MILWAUKEE INSTITUTE OF ART & DESIGN, INC. - 273 EAST ERIE STREET - MILWAUKEE, WI 53202	39-1201561	501(C)(3)	18,600.	0.			GENERAL DONATIONS
MILWAUKEE JEWISH DAY SCHOOL 6401 NORTH SANTA MONICA BOULEVARD MILWAUKEE, WI 53217	39-1384843	501(C)(3)	1,006,572.	0.			GENERAL DONATIONS

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 JEWISH FREE LOAN ASSOCIATION - 409 EAST SILVER SPRING DRIVE - MILWAUKEE, WI 53217	26-4557997	501(C)(3)	63,270.	0.			GENERAL DONATIONS
MILWAUKEE PBS (MPTV 10/36, WMVS, WMVT) - P.O. BOX 88401 - MILWAUKEE, WI 53288	39-1341603	501(C)(3)	12,655.	0.			GENERAL DONATIONS
MILWAUKEE PUBLIC MUSEUM, INC. 800 WEST WELLS STREET MILWAUKEE, WI 53233	39-1723105	501(C)(3)	6,915.	0.			GENERAL DONATIONS
MILWAUKEE REPERTORY THEATER, INC. 108 EAST WELLS STREET MILWAUKEE, WI 53202	39-0946025	501(C)(3)	37,250.	0.			GENERAL DONATIONS
MILWAUKEE SYMPHONY ORCHESTRA 1101 NORTH MARKET STREET, SUITE 100 MILWAUKEE, WI 53202	39-6023436	501(C)(3)	48,380.	0.			GENERAL DONATIONS
MILWAUKEE URBAN LEAGUE 435 WEST NORTH AVENUE MILWAUKEE, WI 53208	39-0826861	501(C)(3)	11,650.	0.			GENERAL DONATIONS
MILWAUKEE WORLD FESTIVALS 639 EAST SUMMERFEST PLACE MILWAUKEE, WI 53202	39-1049688	501(C)(3)	6,307.	0.			GENERAL DONATIONS
MILWAUKEE YOUTH SYMPHONY ORCHESTRA, INC. - 325 WEST WALNUT STREET - MILWAUKEE, WI 53212	39-0973594	501(C)(3)	14,050.	0.			GENERAL DONATIONS
MONTEFIORE FOUNDATION 1 DAVID NORTH MYERS PARKWAY BEACHWOOD, OH 44122	34-1788055	501(C)(3)	5,500.	0.			GENERAL DONATIONS

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
NATIONAL MULTIPLE SCLEROSIS SOCIETY - WI CHAPTER - 1120 JAMES DRIVE, SUITE A - HARTLAND, WI 53029	13-5661935	501(C)(3)	5,850.	0.			GENERAL DONATIONS
NEU-LIFE COMMUNITY DEVELOPMENT, INC. - 2014 WEST NORTH AVENUE - MILWAUKEE, WI 53205	39-1805861	501(C)(3)	10,000.	0.			GENERAL DONATIONS
NEXT DOOR FOUNDATION, INC. 2545 NORTH 29TH STREET MILWAUKEE, WI 53210	39-1162969	501(C)(3)	7,500.	0.			GENERAL DONATIONS
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	101,771.	0.			GENERAL DONATIONS
OHOLEI YOSEF YITZCHAK LUBAVITCH 14100 WEST 9 MILE ROAD OAK PARK, MI 48237	38-3253099	501(C)(3)	18,500.	0.			GENERAL DONATIONS
OPERATION DREAM, INC. 1555 NORTH RIVERCENTER DRIVE, SUITE MILWAUKEE, WI 53212	26-1455938	501(C)(3)	15,900.	0.			GENERAL DONATIONS
OUR NEXT GENERATION 3421 WEST LISBON AVENUE MILWAUKEE, WI 53208	39-1761838	501(C)(3)	115,200.	0.			GENERAL DONATIONS
PALM SPRINGS ART MUSEUM 101 MUSEUM DRIVE PALM SPRINGS, CA 92263	95-1809576	501(C)(3)	13,259.	0.			GENERAL DONATIONS
PARK SYNAGOGUE 27500 SHAKER BOULEVARD PEPPER PIKE, OH 44124	34-0714533	501(C)(3)	17,897.	0.			GENERAL DONATIONS

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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PASTORS UNITED COMMUNITY ADVOCACY 2803 NORTH TEUTONIA AVENUE MILWAUKEE, WI 53206	90-0947280	501(C)(3)	20,000.	0.			GENERAL DONATIONS
PATHFINDERS 4200 NORTH HOLTON STREET, SUITE 400 MILWAUKEE, WI 53212	39-1185304	501(C)(3)	11,400.	0.			GENERAL DONATIONS
PLANNED PARENTHOOD FEDERATION OF AMERICA - 1110 VERMONT AVENUE NW, SUITE 300 - WASHINGTON, DC 20005	13-1644147	501(C)(3)	6,800.	0.			GENERAL DONATIONS
PLANNED PARENTHOOD OF WISCONSIN, INC. - 302 NORTH JACKSON STREET - MILWAUKEE, WI 53202	39-0863391	501(C)(3)	27,620.	0.			GENERAL DONATIONS
QUANTUM LEEP ACADEMY BOOSTERS 1447 WEST MONTROSE CHICAGO, IL 60613	30-0281785	501(C)(3)	15,000.	0.			GENERAL DONATIONS
RANCHO MIRAGE PUBLIC LIBRARY FOUNDATION - 71-100 HIGHWAY 111 - RANCHO MIRAGE, CA 92270	27-3559025	501(C)(3)	9,000.	0.			GENERAL DONATIONS
RANCHO MIRAGE WRITERS FESTIVAL 71-100 HIGHWAY 111 RANCHO MIRAGE, CA 92270	37-1754922	501(C)(3)	9,000.	0.			GENERAL DONATIONS
READING & MATH, INC. 1200 WASHINGTON AVENUE SOUTH, SUITE MINNEAPOLIS, MN 55415	47-2306902	501(C)(3)	7,500.	0.			GENERAL DONATIONS
RIVERSIDE UNIVERSITY HIGH SCHOOL FOUNDATION - 4295 WEST BRADLEY ROAD - BROWN DEER, WI 53209	39-1900137	501(C)(3)	5,500.	0.			GENERAL DONATIONS

Schedule I (Form 990)



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ROCK AND ROLL HALL OF FAME AND MUSEUM, INC. - 1100 ROCK AND ROLL BOULEVARD - CLEVELAND, OH 44114	34-1520995	501(C)(3)	13,500.	0.			GENERAL DONATIONS
ROHR FAMILY CHABAD AT THE UNIVERSITY OF WISCONSIN-MADISON - 223 WEST GILMAN STREET - MADISON, WI 53703	39-1732644	501(C)(3)	5,460.	0.			GENERAL DONATIONS
RUACH, INC. 6815 WEST CAPITOL DRIVE, SUITE 302 MILWAUKEE, WI 53216	20-3268560	501(C)(3)	44,566.	0.			GENERAL DONATIONS
SECUREFUTURES (MAKE A DIFFERENCE) 710 NORTH PLANKINTON AVENUE, SUITE MILWAUKEE, WI 53203	20-5203533	501(C)(3)	22,600.	0.			GENERAL DONATIONS
SHALOM HARTMAN INSTITUTE OF NORTH AMERICA - 475 RIVERSIDE DRIVE, SUITE 1450 - NEW YORK, NY 10115	13-3014387	501(C)(3)	105,000.	0.			GENERAL DONATIONS
SHARP LITERACY, INC. 5775 NORTH GLEN PARK ROAD, SUITE 20 MILWAUKEE, WI 53209	39-1963963	501(C)(3)	11,800.	0.			GENERAL DONATIONS
SIMON WIESENTHAL CENTER 1399 SOUTH ROXBURY DRIVE LOS ANGELES, CA 90035	95-3964928	501(C)(3)	10,750.	0.			GENERAL DONATIONS
SKYLIGHT MUSIC THEATRE CORPORATION 158 NORTH BROADWAY MILWAUKEE, WI 53202	39-0975374	501(C)(3)	6,700.	0.			GENERAL DONATIONS
SOJOURNER FAMILY PEACE CENTER P.O. BOX 080319 MILWAUKEE, WI 53208	39-1276210	501(C)(3)	7,980.	0.			GENEARL DONATIONS

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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SOUTH 27TH STREET BUSINESS DISTRICT ASSOCIATION - 4647 SOUTH 27TH STREET - GREENFIELD, WI 53221	20-5845448	501(C)(3)	5,000.	0.			GENERAL DONATIONS
SOUTHERN CALIFORNIA EDUCATION FUND P.O. BOX 151495 LOS ANGELES, CA 90015	95-3713168	501(C)(3)	5,000.	0.			GENERAL DONATIONS
ST. FRANCIS CHILDREN'S CENTER 6700 NORTH PORT WASHINGTON ROAD MILWAUKEE, WI 53217	39-6092761	501(C)(3)	5,320.	0.			GENERAL DONATIONS
STAND WITH US 6505 WILSHIRE BOULEVARD, SUITE 500 LOS ANGELES, CA 90048	01-0566033	501(C)(3)	5,630.	0.			GENERAL DONATIONS
TBAY ARTS CENTER 2266 NORTH PROSPECT AVENUE, SUITE 3 MILWAUKEE, WI 53202	02-0739623	501(C)(3)	5,000.	0.			GENERAL DONATIONS
TEMPLE EMANUEL 10101 CONNECTICUT AVENUE KENSINGTON, MD 20895	52-0642790	501(C)(3)	7,500.	0.			GENERAL DONATIONS
TEMPLE MENORAH OF MILWAUKEE WISCONSIN - 9363 NORTH 76TH STREET - MILWAUKEE, WI 53223	39-1016320	501(C)(3)	32,937.	0.			GENERAL DONATIONS
TEN CHIMNEYS FOUNDATION, INC. P.O. BOX 225 GENESEE DEPOT, WI 53127	39-1862290	501(C)(3)	5,000.	0.			GENERAL DONATIONS
THE BARARA SINATRA CHILDREN'S CENTER AT EISENHOWER - 39000 BOB HOPE DRIVE - RANCHO MIRAGE, CA 92270	33-0136550	501(C)(3)	20,100.	0.			GENERAL DONATIONS

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THE CLAYCO FOUNDATION 35 EAST WACKER DRIVE, SUITE 1300 CHICAGO, IL 60601	47-1330583	501(C)(3)	5,000.	0.			GENERAL DONATIONS
THE CONSERVATIVE SYNAGOGUE OF WESTPORT - 30 HILLSPOINT ROAD - WESTPORT, CT 06880	06-1203591	501(C)(3)	33,000.	0.			GENERAL DONATIONS
THE FRIENDSHIP CIRCLE, INC. 8649 NORTH PORT WASHINGTON ROAD FOX POINT, WI 53217	39-1819245	501(C)(3)	45,260.	0.			GENERAL DONATIONS
THE INSTITUTE FOR THE ADVANCEMENT OF EDUCATION IN JAFFA - 171-06 76TH AVENUE - FLUSHING, NY 11366	11-2697261	501(C)(3)	25,000.	0.			GENERAL DONATIONS
THE LUX CENTER FOR CATHOLIC JEWISH STUDIES - 7335 SOUTH HIGHWAY 100 - HALES CORNERS, WI 53130	39-1243521	501(C)(3)	5,350.	0.			GENERAL DONATIONS
THE UNION FOR REFORM JUDAISM 633 THIRD AVENUE NEW YORK, NY 10017	13-1663143	501(C)(3)	299,231.	0.			GENERAL DONATIONS
TIDES FOUNDATION P.O. BOX 29903 SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	20,000.	0.			GENERAL DONATIONS
TIKKUN HA-IR OF MILWAUKEE P.O. BOX 090287 MILWAUKEE, WI 53209	77-0596241	501(C)(3)	44,711.	0.			GENERAL DONATIONS
TORAH ACADEMY OF MILWAUKEE HIGH SCHOOL - 6800 NORTH GREEN BAY AVENUE - GLENDALE, WI 53209	93-0869475	501(C)(3)	50,350.	0.			GENERAL DONATIONS

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TORAH LEARNING ENRICHMENT INC 137-12 73RD TERRACE FLUSHING, NY 11367	83-1104863	501(C)(3)	7,300.	0.			GENERAL DONATIONS
UNITED PERFORMING ARTS FUND 301 WEST WISCONSIN AVENUE, SUITE 60 MILWAUKEE, WI 53203	39-6100399	501(C)(3)	60,920.	0.			GENERAL DONATIONS
UNITED WAY OF GREATER MILWAUKEE 225 WEST VINE STREET MILWAUKEE, WI 53212	39-0806190	501(C)(3)	218,266.	0.			GENERAL DONATIONS
UNIVERSITY OF CHICAGO RENAISSANCE SOCIETY - 5811 SOUTH ELLIS AVENUE - CHICAGO, IL 60637	36-6109822	501(C)(3)	14,000.	0.			GENERAL DONATIONS
UNIVERSITY OF WISCONSIN CARBONE CANCER CENTER - 600 HIGHLAND AVENUE - MADISON, WI 53792	27-5017177	501(C)(3)	17,500.	0.			GENERAL DONATIONS
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MILWAUKEE, WI 53278	39-0743975	501(C)(3)	218,212.	0.			GENERAL DONATIONS
UNIVERSITY OF WISCONSIN LA CROSSE 1725 STATE STREET LA CROSSE, WI 54601	03-9198000	501(C)(3)	5,000.	0.			GENERAL DONATIONS
UNIVERSITY SCHOOL OF MILWAUKEE 2100 WEST FAIRY CHASM ROAD MILWAUKEE, WI 53217	39-6076442	501(C)(3)	47,150.	0.			GENERAL DONATIONS
UW HILLEL FOUNDATION FOR JEWISH CAMPUS LIFE - 611 LANGDON STREET - MADISON, WI 53703	39-2035142	501(C)(3)	155,845.	0.			GENERAL DONATIONS

Schedule I (Form 990)

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UW MANITOWOC FOUNDATION 705 VIEBAHN STREET, SUITE F105 MANITOWOC, WI 54220	39-6075810	501(C)(3)	10,000.	0.			GENERAL DONATIONS
UWM FOUNDATION, INC. 1440 EAST NORTH AVENUE MILWAUKEE, WI 53202	23-7337744	501(C)(3)	48,330.	0.			GENERAL DONATIONS
VALLEY BETH SHALOM DAY SCHOOL 15739 VENTURA BOULEVARD ENCINO, CA 91436	95-1890769	501(C)(3)	5,000.	0.			GENERAL DONATIONS
VISION FORWARD ASSOCIATION 912 NORTH HAWLEY ROAD MILWAUKEE, WI 53213	39-2040359	501(C)(3)	115,000.	0.			GENERAL DONATIONS
WASHINGTON INSTITUTE FOR NEAR EAST POLICY - 1111 19TH STREET NW, SUITE 500 - WASHINGTON, DC 20036	52-1376034	501(C)(3)	111,000.	0.			GENERAL DONATIONS
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DRIVE ST LOUIS, MO 63130	43-0653611	501(C)(3)	25,200.	0.			GENERAL DONATIONS
WISCONSIN HUMANE SOCIETY 4500 WEST WISCONSIN AVENUE MILWAUKEE, WI 53208	39-0810533	501(C)(3)	6,408.	0.			GENERAL DONATIONS
WISCONSIN INSTITUTE FOR TORAH STUDY (WITS) - 3288 NORTH LAKE DRIVE - MILWAUKEE, WI 53211	39-1366081	501(C)(3)	58,024.	0.			GENERAL DONATIONS
WISCONSIN PRESERVATION FUND, INC. 1000 NORTH WATER STREET, 17TH FLOOR MILWAUKEE, WI 53202	39-1657657	501(C)(3)	5,000.	0.			GENERAL DONATIONS

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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WUWM MILWAUKEE PUBLIC RADIO 89.7 FM - 111 EAST WISCONSIN AVENUE, SUITE 700 - MILWAUKEE, WI 53202	20-1257939	501(C)(3)	61,180.	0.			GENERAL DONATIONS
YESHIVA ELEMENTARY SCHOOL OF MILWAUKEE - 5115 WEST KEEFE AVENUE - MILWAUKEE, WI 53216	39-1631932	501(C)(3)	184,969.	0.			GENERAL DONATIONS
YMCA OF METROPOLITAN MILWAUKEE 161 WEST WISCONSIN AVENUE, SUITE 40 MILWAUKEE, WI 53203	39-0806314	501(C)(3)	10,000.	0.			GENERAL DONATIONS

**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
SCHOLARSHIPS	116	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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

**THE 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 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>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2019



**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) MIRYAM ROSENZWEIG PRESIDENT & CEO	(i)	191,560.	10,000.	0.	0.	7,627.	209,187.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CAREN GOLDBERG EXECUTIVE DIRECTOR (THRU APR.)	(i)	173,947.	0.	0.	5,405.	26,524.	205,876.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STEPHANIE WAGNER CHIEF IMPACT OFFICER	(i)	148,938.	0.	0.	4,567.	10,193.	163,698.	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.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

<b>Part I Bond Issues</b>											
<b>SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS</b>											
(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
<b>A</b> COLORADO EDUCATIONAL AND CULTURAL FACILITIES AUTH	84-0896727	NONE	12/03/12	54340000.	PROVIDE FUNDS TO REFUND TWO PRIOR		X		X		X
<b>B</b>											
<b>C</b>											
<b>D</b>											

<b>Part II Proceeds</b>										
	A		B		C		D			
<b>1</b> Amount of bonds retired										
<b>2</b> Amount of bonds legally defeased										
<b>3</b> Total proceeds of issue	54,340,000.									
<b>4</b> Gross proceeds in reserve funds										
<b>5</b> Capitalized interest from proceeds										
<b>6</b> Proceeds in refunding escrows										
<b>7</b> Issuance costs from proceeds										
<b>8</b> Credit enhancement from proceeds										
<b>9</b> Working capital expenditures from proceeds	2,200,000.									
<b>10</b> Capital expenditures from proceeds	46,440,000.									
<b>11</b> Other spent proceeds	5,700,000.									
<b>12</b> Other unspent proceeds										
<b>13</b> Year of substantial completion										
	Yes	No	Yes	No	Yes	No	Yes	No		
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X									
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X								
<b>16</b> Has the final allocation of proceeds been made?	X									
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

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

<b>Part III Private Business Use</b>								
	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						
3a Are there any management or service contracts that may result in private business use of bond-financed property? .....	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property? .....		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		1.20	%			%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....			%			%		%
6 Total of lines 4 and 5 .....		1.20	%			%		%
7 Does the bond issue meet the private security or payment test? .....	X							
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....			%			%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X							

<b>Part IV Arbitrage</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet? .....		X						
b Exception to rebate? .....		X						
c No rebate due? .....	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
3 Is the bond issue a variable rate issue? .....	X							

**Part IV Arbitrage** (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....	<input checked="" type="checkbox"/>							
<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? .....		<input checked="" type="checkbox"/>						
<b>e</b> Was the hedge terminated? .....		<input checked="" type="checkbox"/>						
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		<input checked="" type="checkbox"/>						
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		<input checked="" type="checkbox"/>						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	<input checked="" type="checkbox"/>							

**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? .....	<input checked="" type="checkbox"/>							

**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 K, PART IV, ARBITRAGE, LINE 2C:**

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

DATE THE REBATE COMPUTATION WAS PERFORMED: 03/22/2018

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	156	2,798,249.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

	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.		

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

Schedule M (Form 990) 2019

**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 THE ACTUAL NUMBER OF CONTRIBUTIONS RECEIVED.

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

THE 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 4D, OTHER PROGRAM SERVICES:

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

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19



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

EXPENSES \$ 342,323. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER PROGRAMS INCLUDE PARTNERSHIP2GETHER 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.

EXPENSES \$ 10,667,543. INCL GRANTS OF \$ 4,917,803. REVENUE \$ 2,187,037.

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

FAMILY RELATIONSHIPS:

JOAN LUBAR - SUSAN SOLVANG

CHERYL MOSER - MITCHELL MOSER

FORM 990, PART VI, SECTION A, LINE 4:

BYLAWS WERE UPDATED TO ALLOW FOR ACTION TO BE TAKEN BY THE BOARD VIA WRITTEN CONSENT IN LIEU OF A MEETING. OFFICER TERM LENGTH WAS CHANGED FROM ONE YEAR TO TWO YEARS. A PERSON WHO IS ELECTED AS A HOLDER OF ONE SPECIFIC OFFICE AND IS THEN ELECTED AS A HOLDER OF ANOTHER SPECIFIC OFFICE, MAY SERVE AS AN OFFICER FOR NO MORE THAN TWELVE (12) CONSECUTIVE YEARS, AND SHALL NOT THEREAFTER BE ELIGIBLE TO SERVE AS AN OFFICER UNTIL ONE (1) YEAR HAS ELAPSED. A CHAIR SHALL BE ELECTED FOR A TERM OF TWO (2) YEARS AND MAY BE RE-ELECTED FOR A TERM OF ONE (1) YEAR. DURING THE LAST YEAR OF A CHAIR'S TERM, THE BOARD OF DIRECTORS SHALL ELECT FROM AMONG THE MEMBERS A CHAIR

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

ELECT, WHO SHALL SERVE UNTIL THE CHAIR'S TERM ENDS. SUCH CHAIR ELECT SHALL AUTOMATICALLY BE DEEMED TO BE ELECTED AS CHAIR FOR THE ENSUING YEAR.

STANDING COMMITTEES WERE AMENDED TO INCLUDE WOMEN'S PHILANTHROPY, ISRAEL AND OVERSEAS, COMMUNITY PLANNING AND ALLOCATIONS, AND JEWISH COMMUNITY RELATIONS COUNCIL.

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 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

Name of the organization

THE MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

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 WITH THE INTERNAL REVENUE SERVICE.

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

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

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

DURING THE 2018 TAX YEAR, THE PRESIDENT & CEO'S COMPENSATION WAS DETERMINED THROUGH THE SEARCH PROCESS. THE BOARD CHAIR WORKED WITH A LAY SEARCH COMMITTEE AND INDEPENDENT SEARCH FIRM. THE SEARCH FIRM COMPLETED A REVIEW OF COMPENSATION LEVELS FOR COMPARABLE POSITIONS NATIONALLY. FOR OTHER OFFICERS, THE CEO WILL WORK WITH THE SEARCH COMMITTEE AND SEARCH FIRM, FOLLOWING THE SAME PROCESSES.

THE PRESIDENT & CEO'S AND OTHER OFFICERS' COMPENSATION WILL CONTINUE TO BE REVIEWED AND NEGOTIATED BY A COMPENSATION SUBCOMMITTEE OF THE OFFICERS. THE PROCESS WILL OCCUR EVERY 3 YEARS IN TIME WITH THE COMPENSATION CONTRACT RENEWAL.

Name of the organization <b>THE MILWAUKEE JEWISH FEDERATION, INC.</b>	Employer identification number <b>39-0806312</b>
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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	-444,412.
CHANGE IN TRUST LIABILITIES	-282,120.
TOTAL TO FORM 990, PART XI, LINE 9	-726,532.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MJF HOLDINGS OF MILWAUKEE - 20-1088480 1360 NORTH PROSPECT AVENUE MILWAUKEE, WI 53202	HOUSING	WISCONSIN	19,710.	0.	MILWAUKEE JEWISH FEDERATION, INC.

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

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

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

Schedule R (Form 990) 2019



**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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MJF GOLDA MEIR HOUSING, INC	F	256,046.	COST
(2)			
(3)			
(4)			
(5)			
(6)			





**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))

## 2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

Department of the Treasury  
Internal Revenue Service

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  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<p><b>Print or Type</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>THE MILWAUKEE JEWISH FEDERATION, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>1360 NORTH PROSPECT AVENUE</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>MILWAUKEE, WI 53202</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>39-0806312</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)  <b>511110</b></p>
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**C** Book value of all assets at end of year **229,666,043.**

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

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

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 2 Describe the only (or first) unrelated trade or business here ▶ **SEE STATEMENT 1**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**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 OECHLER** 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 a partnership or an S corporation (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 a controlled organization (Schedule 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> 236,758.	<b>11</b> 179,548.	<b>11</b> 57,210.
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 236,758.	<b>13</b> 179,548.	<b>13</b> 57,210.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (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) (see instructions)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>	
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>	<b>21b</b>
<b>22</b> Depletion	<b>22</b>	
<b>23</b> Contributions to deferred compensation plans	<b>23</b>	
<b>24</b> Employee benefit programs	<b>24</b>	
<b>25</b> Excess exempt expenses (Schedule I)	<b>25</b>	
<b>26</b> Excess readership costs (Schedule J)	<b>26</b>	<b>26</b> 57,210.
<b>27</b> Other deductions (attach schedule)	<b>SEE STATEMENT 2</b>	<b>27</b> 750.
<b>28 Total deductions.</b> Add lines 14 through 27	<b>28</b>	<b>28</b> 57,960.
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	<b>29</b>	<b>29</b> -750.
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b>	<b>30</b> 0.
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29	<b>31</b>	<b>31</b> -750.

<b>Part III Total Unrelated Business Taxable Income</b>	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ..... 16,827.
33	Amounts paid for disallowed fringes ..... 0.
34	Charitable contributions (see instructions for limitation rules) ..... 16,827.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) ..... 16,827.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 ..... 1,000.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) ..... 15,827.
39	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37

<b>Part IV Tax Computation</b>	
40	<b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21) ..... 3,324.
41	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....
42	<b>Proxy tax.</b> See instructions .....
43	Alternative minimum tax (trusts only) .....
44	<b>Tax on Noncompliant Facility Income.</b> See instructions .....
45	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies ..... 3,324.

<b>Part V Tax and Payments</b>	
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ..... 46a
b	Other credits (see instructions) ..... 46b
c	General business credit. Attach Form 3800 ..... 46c
d	Credit for prior year minimum tax (attach Form 8801 or 8827) ..... 46d
e	<b>Total credits.</b> Add lines 46a through 46d ..... 46e
47	Subtract line 46e from line 45 ..... 3,324.
48	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) ..... 48
49	<b>Total tax.</b> Add lines 47 and 48 (see instructions) ..... 3,324.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 ..... 0.
51a	Payments: A 2018 overpayment credited to 2019 ..... 1,307.
b	2019 estimated tax payments ..... 51b
c	Tax deposited with Form 8868 ..... 51c
d	Foreign organizations: Tax paid or withheld at source (see instructions) ..... 51d
e	Backup withholding (see instructions) ..... 51e
f	Credit for small employer health insurance premiums (attach Form 8941) ..... 51f
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other ..... Total 51g
52	<b>Total payments.</b> Add lines 51a through 51g ..... 1,307.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> ..... 53
54	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed ..... 2,017.
55	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid ..... 55
56	Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/> ..... 56

<b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions)		
57	At any time during the 2019 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 <input type="checkbox"/> <input checked="" type="checkbox"/>
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>
59	Enter the amount of tax-exempt interest received or accrued during the tax year	\$

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.

**Sign Here**

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

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
	CHLOE CHIUMINATTO	CHLOE CHIUMINATTO	03/10/21		P01924323
	Firm's name <b>WIPFLI LLP</b>	1000 INNOVATION DRIVE, SUITE 250		Firm's EIN	39-0758449
	Firm's address <b>MILWAUKEE, WI 53226-4837</b>			Phone no.	414.431.9300

**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	Cost of goods sold. 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	Total. 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 0.

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

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

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

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). <b>0.</b>	Enter here and on page 1, Part I, line 7, column (B). <b>0.</b>
<b>Total dividends-received deductions</b> included in column 8			<b>0.</b>	<b>0.</b>

**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)				
<b>Totals</b>			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

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

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

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 25. 0.

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

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) WISCONSIN JEWISH						
(2) CHRONICLE	236,758.	179,548.		0.	144,945.	
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5))		236,758.	179,548.	57,210.	144,945.	57,210.

**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>236,758.</b>	<b>179,548.</b>				<b>57,210.</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 26.
<b>Totals, Part II (lines 1-5)</b> .....	<b>236,758.</b>	<b>179,548.</b>				<b>57,210.</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** (2019)



**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

ENTITY 1

OMB No. 1545-0047

**2019**

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ 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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE MILWAUKEE JEWISH FEDERATION, INC.**

Employer identification number

**39-0806312**

Unrelated Business Activity Code (see instructions) ▶ 900099

Describe the unrelated trade or business ▶ PASTHROUGH INTEREST

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c Balance ▶</b>	<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>4 a</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 a partnership or an S corporation (attach statement)		<b>5</b> 19,710.		<b>19,710.</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 a controlled organization (Schedule 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>		
<b>12</b> Other income (See instructions; attach schedule)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 19,710.		<b>19,710.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (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) (see instructions)		<b>18</b>		
<b>19</b> Taxes and licenses		<b>19</b>		2,133.
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>			
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>			
<b>22</b> Depletion		<b>22</b>		
<b>23</b> Contributions to deferred compensation plans		<b>23</b>		
<b>24</b> Employee benefit programs		<b>24</b>		
<b>25</b> Excess exempt expenses (Schedule I)		<b>25</b>		
<b>26</b> Excess readership costs (Schedule J)		<b>26</b>		
<b>27</b> Other deductions (attach schedule)	<b>SEE STATEMENT 3</b>	<b>27</b>		750.
<b>28 Total deductions.</b> Add lines 14 through 27		<b>28</b>		2,883.
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		<b>29</b>		16,827.
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>30</b>		0.
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29		<b>31</b>		16,827.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019



FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 3

DESCRIPTION

AMOUNT

990T PREPARATION FEES

750.

TOTAL TO SCHEDULE M, PART II, LINE 27

750.