

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. MILWAUKEE JEWISH FEDERATION, INC.	Taxpayer identification number (TIN) 39-0806312
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1360 N PROSPECT AVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MILWAUKEE, WI 53202	

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

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

THOMAS OECHLER

- The books are in the care of ▶ **1360 N PROSPECT AVE - MILWAUKEE, WI 53202**
Telephone No. ▶ **414-390-5700** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

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

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

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

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2020** calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable:	C Name of organization MILWAUKEE JEWISH FEDERATION, INC.	D Employer identification number 39-0806312
Address change	Doing business as	E Telephone number 414-390-5700
Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1360 N PROSPECT AVE	
Initial return	City or town, state or province, country, and ZIP or foreign postal code MILWAUKEE, WI 53202	G Gross receipts \$ 111,381,548.
Final return/terminated	F Name and address of principal officer: MIRYAM ROSENZWEIG SAME AS C ABOVE	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
Amended return		H(b) Are all subordinates included? Yes No
Application pending	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a list. See instructions
	J Website: ▶ WWW.MILWAUKEEJEWISH.ORG	H(c) Group exemption number ▶
	K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶	L Year of formation: 1938 M State of legal domicile: WI

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE MILWAUKEE JEWISH FEDERATION, INC. IS A VOLUNTARY ASSOCIATION OF INDIVIDUALS INTERESTED IN MEETING		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	66
6	Total number of volunteers (estimate if necessary)	6	490
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	220,948.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	6,278.
		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	20,301,980.	16,616,114.
9	Program service revenue (Part VIII, line 2g)	2,423,795.	2,194,048.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,301,511.	13,505,486.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	238,150.	876,339.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,265,436.	33,191,987.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,927,729.	15,067,854.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,318,491.	4,663,125.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,935,207.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,027,294.	7,129,657.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	27,273,514.	26,860,636.
19	Revenue less expenses. Subtract line 18 from line 12	3,991,922.	6,331,351.
		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	229,666,043.	275,238,952.
21	Total liabilities (Part X, line 26)	95,052,551.	104,223,856.
22	Net assets or fund balances. Subtract line 21 from line 20	134,613,492.	171,015,096.

Part II Signature Block

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

Sign Here	Signature of officer MIRYAM ROSENZWEIG, PRESIDENT & CEO	Date
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name KIRSTEN HOUGHTON	Preparer's signature <i>Kirsten Houghton</i>
	Firm's name ▶ SVA CERTIFIED PUBLIC ACCTS SC	Date 3/14/2022
	Firm's address ▶ 1221 JOHN Q. HAMMONS DRIVE MADISON, WI 53717	Check if self-employed <input type="checkbox"/> PTIN P01273230
		Firm's EIN ▶ 39-1203191
		Phone no. 6088318181

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 \$ 10,022,019. including grants of \$ 9,471,442.) (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 \$ 633,542. 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 \$ 328,236. including grants of \$ 2,452.) (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 \$ 11,963,869. including grants of \$ 5,593,960.) (Revenue \$ 1,981,128.)

4e Total program service expenses 22,947,666.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 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
27 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
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c 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 checkboxes. 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 (30), 1b (30), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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

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	40.00			X				240,792.	0.	12,312.
(2) SHIMON LEVY CHIEF OPERATIONS OFFICER	40.00					X		190,489.	0.	0.
(3) THOMAS OECHLER CHIEF FINANCIAL OFFICER	40.00			X				142,160.	0.	35,991.
(4) MITCHELL MOSER EXECUTIVE DIRECTOR - JEWISH COMMUNIT	40.00			X				155,903.	0.	19,067.
(5) STEPHANIE WAGNER CHIEF IMPACT OFFICER	40.00					X		144,601.	0.	15,665.
(6) HANNAH WALLICK VP OF LEADERSHIP AND GLOBAL	40.00					X		107,635.	0.	3,229.
(7) MOSHE H. KATZ CHAIR	2.00 2.00	X		X				0.	0.	0.
(8) KURT JANAVITZ SECRETARY	1.00	X		X				0.	0.	0.
(9) ESTHER ANCEL TREASURER	1.00	X		X				0.	0.	0.
(10) ALLAN J. CARNEOL VICE CHAIR	1.00	X		X				0.	0.	0.
(11) JUDITH B. CORAN VICE CHAIR	1.00	X		X				0.	0.	0.
(12) PNINA GOLDFARB VICE CHAIR	1.00	X		X				0.	0.	0.
(13) SARA HERMANOFF VICE CHAIR	1.00	X		X				0.	0.	0.
(14) LISA HILLER VICE CHAIR	1.00	X		X				0.	0.	0.
(15) GREGORY S. MARCUS VICE CHAIR	1.00	X		X				0.	0.	0.
(16) SHARYL PALEY VICE CHAIR	1.00	X		X				0.	0.	0.
(17) BRIAN SCHUPPER VICE CHAIR	1.00	X		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) LINDA C. BADER DIRECTOR	0.30	X					0.	0.	0.	
(19) IDY P. GOODMAN DIRECTOR	0.30	X					0.	0.	0.	
(20) EILEEN GRAVES DIRECTOR	0.30	X					0.	0.	0.	
(21) ADAM GREENSPAN DIRECTOR	0.30	X					0.	0.	0.	
(22) REBECCA GURALNICK DIRECTOR	0.30	X					0.	0.	0.	
(23) ANN S. JACOBS DIRECTOR	0.30	X					0.	0.	0.	
(24) CYNTHIA A. LEVY DIRECTOR	0.30	X					0.	0.	0.	
(25) DAVID P. LOWE DIRECTOR	0.30	X					0.	0.	0.	
(26) JOAN P. LUBAR DIRECTOR	0.30	X					0.	0.	0.	
1b Subtotal							981,580.	0.	86,264.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							981,580.	0.	86,264.	

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 **6**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GENDELMAN INSURANCE 500 W BROWN DEER RD, MILWAUKEE, WI 53217	BUSINESS INSURANCE	258,258.
MERESS SECURITY PO BOX 1122, WEST BEND, WI 53095	SECURITY	180,381.
ROYAL JANITORIAL, INC. PO BOX 270497, MILWAUKEE, WI 53227	CLEANING SERVICES	175,605.
BRET ACHTENHAGEN'S SEASONAL SERVICES, W336 S8510 COUNTY ROAD E, MUKWONAGO, WI 53149	LANDSCAPING SERVICES	144,210.
GODFREY & KAHN, S.C. 833 E MICHIGAN ST, MILWAUKEE, WI 53202	LEGAL SERVICES	113,035.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (checkboxes for Individual trustee, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Cheryl Moser, Mindy Palay, Max J. Rasansky, Frances Richman, Michael Rosenberg, Betsy Rosenblum, Yonina Schlusssel, Jodi Sprinkmann, and Caryn B. Steinberger.

Total to Part VII, Section A, line 1c

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	48,986.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16,567,128.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,865,828.				
	h Total. Add lines 1a-1f			16,616,114.			
Program Service Revenue	2 a RENT FROM EXEMPT BUILDING	Business Code	532000	1,981,128.	1,981,128.		
	b NEWSPAPER ADVERTISING REVENUE		511110	212,920.	212,920.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			2,194,048.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			8,283,606.		8,028.	8,275,578.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	83,382,611.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	78,160,731.				
c Gain or (loss)	7c	5,221,880.					
d Net gain or (loss)			5,221,880.			5,221,880.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		49,269.				
		b Less: direct expenses	8b	28,830.			
c Net income or (loss) from fundraising events			20,439.			20,439.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		4,116.				
		b Less: cost of goods sold	10b	0.			
		c Net income or (loss) from sales of inventory			4,116.		4,116.
Miscellaneous Revenue	11 a EMPLOYEE RETENTION CREDIT	Business Code	900099	732,255.		732,255.	
	b OTHER REVENUE		900099	61,692.		61,692.	
	c CEMETERY INCOME		900099	57,837.		57,837.	
	d All other revenue						
	e Total. Add lines 11a-11d			851,784.			
12 Total revenue. See instructions			33,191,987.	1,981,128.	220,948.	14,373,797.	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,942,224.	13,942,224.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,125,630.	1,125,630.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	663,283.	242,099.	189,035.	232,149.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,230,332.	1,276,093.	927,799.	1,026,440.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	86,229.	32,210.	23,887.	30,132.
9 Other employee benefits	419,231.	174,965.	155,684.	88,582.
10 Payroll taxes	264,050.	98,969.	71,490.	93,591.
11 Fees for services (nonemployees):				
a Management				
b Legal	143,424.	84,759.	51,180.	7,485.
c Accounting	52,861.	4,737.	14,078.	34,046.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	597,865.	597,865.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	623,040.	202,426.	270,599.	150,015.
12 Advertising and promotion	69,512.	56,439.	129.	12,944.
13 Office expenses	270,468.	118,970.	75,903.	75,595.
14 Information technology	157,732.	45,667.	70,699.	41,366.
15 Royalties				
16 Occupancy	1,828,559.	1,638,482.	92,844.	97,233.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	47,861.	32,841.	9,391.	5,629.
20 Interest	1,046,420.	1,046,420.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,700,167.	1,700,167.		
23 Insurance	188,191.	166,102.	8,245.	13,844.
24 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.)				
a ANNUAL CAMPAIGN RESERVE	222,037.	222,037.		
b NEWSPAPER	62,617.	62,617.		
c MISCELLANEOUS EXPENSES	59,541.	39,707.	16,585.	3,249.
d PROGRAMS AND EVENTS	51,809.	28,687.	215.	22,907.
e All other expenses	7,553.	7,553.		
25 Total functional expenses. Add lines 1 through 24e	26,860,636.	22,947,666.	1,977,763.	1,935,207.
26 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
Assets	1 Cash - non-interest-bearing	2,906,136.	1	2,566,844.
	2 Savings and temporary cash investments	9,551,483.	2	14,549,322.
	3 Pledges and grants receivable, net	2,811,549.	3	3,937,628.
	4 Accounts receivable, net	116,285.	4	1,279,166.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	3,558,038.	7	3,536,925.
	8 Inventories for sale or use	2,174,087.	8	1,823,493.
	9 Prepaid expenses and deferred charges	108,740.	9	76,632.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 60,975,087.		
	b Less: accumulated depreciation	10b 34,822,769.	10c	26,152,318.
	11 Investments - publicly traded securities	124,113,327.	11	156,672,840.
	12 Investments - other securities. See Part IV, line 11	54,416,275.	12	62,543,005.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,143,316.	15	2,100,779.
16 Total assets. Add lines 1 through 15 (must equal line 33)	229,666,043.	16	275,238,952.	
Liabilities	17 Accounts payable and accrued expenses	1,421,144.	17	2,460,568.
	18 Grants payable	4,116,114.	18	4,920,538.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	54,340,000.	20	54,340,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	4,665,085.	21	5,617,001.
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	756,927.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	30,510,208.	25	36,128,822.
	26 Total liabilities. Add lines 17 through 25	95,052,551.	26	104,223,856.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	89,661,918.	27	123,255,719.
	28 Net assets with donor restrictions	44,951,574.	28	47,759,377.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	134,613,492.	32	171,015,096.
	33 Total liabilities and net assets/fund balances	229,666,043.	33	275,238,952.

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	33,191,987.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,860,636.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,331,351.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	134,613,492.
5	Net unrealized gains (losses) on investments	5	30,780,923.
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	-710,670.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	171,015,096.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22679318.	15319132.	18784088.	20301980.	16616114.	93700632.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	22679318.	15319132.	18784088.	20301980.	16616114.	93700632.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8589870.
6 Public support. Subtract line 5 from line 4.						85110762.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	22679318.	15319132.	18784088.	20301980.	16616114.	93700632.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3255424.	3639508.	3391654.	4224596.	8275578.	22786760.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						116487392
12 Gross receipts from related activities, etc. (see instructions)					12	12,357,634.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	73.06 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	71.83 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
c 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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 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>		
8 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>		
9a 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 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>		
c 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>		
10a 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 line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
1		
2 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>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 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>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
1		
2 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>		
2		
3 By reason of the relationship described in line 2, above, 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>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a 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>			
2a			
b Did the activities described in line 2a, above, 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>			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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>If "Yes" or "No" provide details in Part VI.</i>			
3a			
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>			
3b			

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.

Section A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	Distributable Amount. 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).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization MILWAUKEE JEWISH FEDERATION, INC.	Employer identification number 39-0806312
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>1,360,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>844,394.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>505,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>485,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>450,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MILWAUKEE JEWISH FEDERATION, INC.	Employer identification number 39-0806312
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>412,729.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>390,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MILWAUKEE JEWISH FEDERATION, INC.	Employer identification number 39-0806312
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization MILWAUKEE JEWISH FEDERATION, INC.	Employer identification number 39-0806312
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

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 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 MILWAUKEE JEWISH FEDERATION, INC.	Employer identification number 39-0806312
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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) 2020**

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		1,843.
j Total. Add lines 1c through 1i			1,843.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to 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."

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

Part IV Supplemental Information

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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	424	
2 Aggregate value of contributions to (during year)	7,844,061.	
3 Aggregate value of grants from (during year)	6,632,948.	
4 Aggregate value at end of year	44,726,023.	
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? Yes No

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

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

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

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

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

1a If the organization elected, as permitted under 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 ▶ \$ 240,493.

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 ▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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	60,823,080.	60,594,446.	60,116,640.	56,015,050.	50,074,114.
b Contributions	1,566,249.	3,071,273.	5,043,249.	4,747,392.	4,413,270.
c Net investment earnings, gains, and losses	17,370,359.	1,485,968.	2,876,737.	4,535,776.	5,867,943.
d Grants or scholarships	2,553,497.	2,937,335.	6,044,673.	3,728,963.	3,184,388.
e Other expenditures for facilities and programs	882,472.	804,652.	552,064.	627,968.	660,114.
f Administrative expenses	433,464.	586,620.	845,443.	824,647.	495,775.
g End of year balance	75,890,255.	60,823,080.	60,594,446.	60,116,640.	56,015,050.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 27.0000 %
 - c Term endowment 73.0000 %
- 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		51,376,235.	28,493,063.	22,883,172.
c Leasehold improvements				
d Equipment		6,955,089.	6,329,706.	625,383.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **26,152,318.**

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) HEDGE FUNDS	44,859.	END-OF-YEAR MARKET VALUE
(B) OTHER ALTERNATIVE		
(C) INVESTMENTS	36,678,810.	END-OF-YEAR MARKET VALUE
(D) OTHER STRUCTURED PRODUCTS	23,648,458.	END-OF-YEAR MARKET VALUE
(E) PARTNERSHIP INTERESTS	331,781.	COST
(F) PRIVATE EQUITY FUNDS	1,839,097.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	62,543,005.	

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)		
Total. (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)	
Total. (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	3,719,483.
(5) INTEREST RATE SWAP	708,369.
(6) AGENCY ENDOWMENT FUNDS	31,694,180.
(7) CAPITAL LEASE OBLIGATION	3,290.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	36,128,822.

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.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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.

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

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 FOUNDATION

PART IV, LINE 2B:

ASSETS HELD ON BEHALF OF CEMETARY

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.

**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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization **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	139,500.
3 a Subtotal	0	0			139,500.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			139,500.

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	GENERAL SUPPORT	6,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	25,800.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	5,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	17,100.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	986,130.	ACH	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	85,600.	CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **6**

3 Enter total number of other organizations or entities **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 MONITOR 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))
		ONE NIGHT (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	49,269.		49,269.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	49,269.		49,269.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	1,538.		1,538.
	8	Entertainment	25,000.		25,000.
	9	Other direct expenses	2,292.		2,292.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			28,830.
11	Net income summary. Subtract line 10 from line 3, column (d)			20,439.	

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 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
18 CORP PO BOX 354 SHORT HILLS, NJ 07078	22-3764133	501(C)(3)	85,600.	0.			GENERAL DONATIONS
ACLU FOUNDATION 125 BROAD STREET, 18TH FLOOR NEW YORK, NY 10004	13-6213516	501(C)(3)	10,000.	0.			GENERAL DONATIONS
ACLU OF WISCONSIN FOUNDATION 207 E BUFFALO STREET #325 MILWAUKEE, WI 53202	23-7052345	501(C)(3)	9,000.	0.			GENERAL DONATIONS
ACTS HOUSING 2414 W VLIET MILWAUKEE, WI 53205	39-1837474	501(C)(3)	7,500.	0.			GENERAL DONATIONS
ADLER PLANETARIUM 1300 LAKE SHORE DRIVE CHICAGO, IL 60605	36-6210902	501(C)(3)	20,000.	0.			GENERAL DONATIONS
ALL STAR HEALTH CENTER INC 138 BUNTROCK AVE, C/O DEVO PROPERTI THIENSVILLE, WI 53092	84-4847547	501(C)(3)	5,000.	0.			GENERAL DONATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 193.**

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) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ALLIANCE FOR YOUTH ORGANIZING 915 5TH ST NW WASHINGTON, DC 20001	46-2465621	501(C)(3)	50,600.	0.			GENERAL DONATIONS
AMERICAN COMMITTEE FOR SHAARE ZEDEK - 55 W. 39TH ST. 4TH FLOOR - NEW YORK, NY 10018	13-5645878	501(C)(3)	5,400.	0.			GENERAL DONATIONS
AMERICAN HOSPITAL OF PARIS FOUNDATION - 477 MADISON AVENUE 6TH FLOOR - NEW YORK, NY 10022	54-1031618	501(C)(3)	11,500.	0.			GENERAL DONATIONS
AMIT 49 W 37TH ST. NEW YORK, NY 10018	13-5631502	501(C)(3)	7,200.	0.			GENERAL DONATIONS
ANSHE SFARD KEHILLAT TORAH 6717 N GREEN BAY AVENUE GLENDALE, WI 53209	39-1572032	501(C)(3)	109,798.	0.			GENERAL DONATIONS
ARTS AT LARGE INC 1100 S 5TH ST MILWAUKEE, WI 53204	33-1114575	501(C)(3)	8,100.	0.			GENERAL DONATIONS
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND, SC 29928	57-1035817	501(C)(3)	5,000.	0.			GENERAL DONATIONS
ASPEN JEWISH CONGREGATION 77 MEADOWOOD DRIVE ASPEN, CO 81611	84-0723135	501(C)(3)	7,200.	0.			GENERAL DONATIONS
ASSOCIATION OF CHEVROS KADISHA INC. - 85-18 117TH STREET - RICHMOND HILLS, NY 11418	11-3364887	501(C)(3)	8,250.	0.			GENERAL DONATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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BADER HILLEL ACADEMY 6789 GREEN BAY AVE GLENDALE, WI 53209	39-1025262	501(C)(3)	478,923.	0.			GENERAL DONATIONS
BADER HILLEL HIGH, INC. 2315 GOOD HOPE RD. GLENDALE, WI 53209	82-3683003	501(C)(3)	22,500.	0.			GENERAL DONATIONS
BERNARD ZELL ANSHE EMET DAY SCHOOL DEVELOPMENT OFFICE, 3751 N BROADWAY STREET - CHICAGO, IL 60613	36-2166955	501(C)(3)	13,500.	0.			GENERAL DONATIONS
BEST CAMP 3470 N 54TH ST MILWAUKEE, WI 53216	01-0867348	501(C)(3)	5,000.	0.			GENERAL DONATIONS
BETH ISRAEL CENTER 1406 MOUND STREET MADISON, WI 53711	39-6008076	501(C)(3)	6,500.	0.			GENERAL DONATIONS
BETHLEHEM CHABAD 493 DELAWARE AVE DELMAR, NY 12054	45-3828519	501(C)(3)	17,000.	0.			GENERAL DONATIONS
B'NAI B'RITH BEBER CAMP 8833 GROSS POINT RD, SUITE 312 SKOKIE, IL 60077	27-2025066	501(C)(3)	6,450.	0.			GENERAL DONATIONS
B'NAI B'RITH YOUTH ORG WI REGION BBYO - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	31-1794932	501(C)(3)	115,144.	0.			GENERAL DONATIONS
BOYS AND GIRLS CLUB OF GREATER MILWAUKEE INC - MARDAK CENTER- 1558 N 6TH STREET - MILWAUKEE, WI 53212	39-0806292	501(C)(3)	12,300.	0.			GENERAL DONATIONS

Schedule I (Form 990)

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BRAVER ANGELS 420 LEXINGTON AVE RM 300 NEW YORK, NY 10170-0399	13-3400377	501(C)(3)	30,000.	0.			GENERAL DONATIONS
CARDINAL STRITCH UNIVERSITY 6801 N. YATES ROAD MILWAUKEE, WI 53217	39-0806196	501(C)(3)	6,127.	0.			GENERAL DONATIONS
CARE: CANCER AWARENESS THROUGH RESEARCH AND EDUCATION ASSOCIATION - PO BOX 3740 - CAREFREE, AZ 85377-3740	20-3771288	501(C)(3)	5,000.	0.			GENERAL DONATIONS
CATHEDRAL CENTER INC 845 N VAN BUREN ST MILWAUKEE, WI 53202-3918	74-3038890	501(C)(3)	5,480.	0.			GENERAL DONATIONS
CENTER FOR VETERANS ISSUES LIMITED BG ROBERT A. COCROFT VETS RES. CTR, 3400 W WISCONSIN AVE - MILWAUKEE, WI 532	39-1712359	501(C)(3)	10,000.	0.			GENERAL DONATIONS
CHABAD OF DOWNTOWN LTD PO BOX 510525 MILWAUKEE, WI 53203	39-1672482	501(C)(3)	34,030.	0.			GENERAL DONATIONS
CHILDRENS HOSPITAL OF MICHIGAN FOUNDATION - 3011 W GRAND BLVD STE 218 - DETROIT, MI 48202	32-0087353	501(C)(3)	5,000.	0.			GENERAL DONATIONS
CHILDREN'S HOSPITAL OF WISCONSIN FOUNDATION INC. - MAIL STATION 3050, P.O. BOX 1997 - MILWAUKEE, WI 53201	39-1500075	501(C)(3)	105,100.	0.			GENERAL DONATIONS
CHILDREN'S HOSPITAL OF WISCONSIN INC - PO BOX 1997, MS 3050 - MILWAUKEE, WI 53201	39-0812532	501(C)(3)	5,500.	0.			GENERAL DONATIONS

Schedule I (Form 990)

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CITY FORWARD COLLECTIVE 111 W. PLEASANT ST STE 101 MILWAUKEE, WI 53212	39-1590212	501(C)(3)	10,200.	0.			GENERAL DONATIONS
CLAL-THE NATIONAL JEWISH CENTER FOR LEARNING AND LEADERSHIP - 440 PARK AVENUE SOUTH, 4TH FLOOR - NEW YORK, NY 10016	23-7390358	501(C)(3)	20,100.	0.			GENERAL DONATIONS
COA YOUTH & FAMILY CENTER 909 E NORTH AVENUE MILWAUKEE, WI 53212	39-0806339	501(C)(3)	170,800.	0.			GENERAL DONATIONS
COACHELLA VALLEY REPERTORY THEATRE 69-930 HIGHWAY 111, SUITE 116 RANCHO MIRAGE, CA 92270	95-4304295	501(C)(3)	5,000.	0.			GENERAL DONATIONS
COLLEGE OF THE DESERT FOUNDATION 43-500 MONTEREY AVENUE PALM DESERT, CA 92260	95-3829219	501(C)(3)	11,000.	0.			GENERAL DONATIONS
COMMITTEE FOR ACCURACY IN MIDDLE EAST REPORTING IN AMERICA - P O BOX 35040 - BOSTON, MA 02135	52-1332702	501(C)(3)	5,700.	0.			GENERAL DONATIONS
COMMONBOND COMMUNITIES 1080 MONTREAL AVE ST PAUL, MN 55116-2694	41-1260469	501(C)(3)	11,000.	0.			GENERAL DONATIONS
COMMUNITY ADVOCATES INC 728 N JAMES LOVELL STREET MILWAUKEE, WI 53233	39-1249426	501(C)(3)	10,000.	0.			GENERAL DONATIONS
CONGREGATION AGUDAS ACHIM CHABAD 2233 W MEQUON ROAD MEQUON, WI 53092	39-1735636	501(C)(3)	23,317.	0.			GENERAL DONATIONS

Schedule I (Form 990)

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CONGREGATION BETH ISRAEL NER TAMID 6880 N GREEN BAY AVENUE MILWAUKEE, WI 53209	39-0878010	501(C)(3)	276,732.	0.			GENERAL DONATIONS
CONGREGATION BETH YAM 4501 MEETING STREET HILTON HEAD ISLAND, SC 29926	57-0727504	501(C)(3)	5,580.	0.			GENERAL DONATIONS
CONGREGATION B'NAI ISRAEL 3830 NW 16TH BLVD GAINESVILLE, FL 32605-3552	59-1592633	501(C)(3)	38,336.	0.			GENERAL DONATIONS
CONGREGATION EMANU-EL B'NE JESHURUN - 2020 W. BROWN DEER ROAD - RIVER HILLS, WI 53217-2000	39-0863230	501(C)(3)	299,551.	0.			GENERAL DONATIONS
CONGREGATION SINAI 8223 N PORT WASHINGTON ROAD MILWAUKEE, WI 53217-2694	39-0892487	501(C)(3)	154,692.	0.			GENERAL DONATIONS
CONGREGATION YEHUDA MOSHE 4721 W TOUHY AVE LINCOLNWOOD, IL 60712-1620	36-2542449	501(C)(3)	12,257.	0.			GENERAL DONATIONS
COUNCIL FOR JEWISH ELDERLY 3003 W TOUHY AVENUE CHICAGO, IL 60645	36-2727597	501(C)(3)	12,757.	0.			GENERAL DONATIONS
CU BOULDER HILLEL 2795 COLORADO AVE BOULDER, CO 80302-6809	83-3395525	501(C)(3)	40,000.	0.			GENERAL DONATIONS
DOCTORS WITHOUT BORDERS-MEDECIN SANS FRONTIERE - PO BOX 5030 - HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	6,260.	0.			GENERAL DONATIONS

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DOGS WITHOUT BORDERS PO BOX 17344 ENCINO, CA 91416	20-5123869	501(C)(3)	6,500.	0.			GENERAL DONATIONS
EISENHOWER MEDICAL CENTER FOUNDATION - 39000 BOB HOPE DRIVE - RANCHO MIRAGE, CA 92270-3770	95-6130458	501(C)(3)	15,100.	0.			GENERAL DONATIONS
FEEDING AMERICA PO BOX 96749 WASHINGTON, DC 20090	36-3673599	501(C)(3)	7,950.	0.			GENERAL DONATIONS
FEEDING AMERICA EASTERN WISCONSIN 1700 W FOND DU LAC AVENUE MILWAUKEE, WI 53205-1299	39-1384593	501(C)(3)	24,778.	0.			GENERAL DONATIONS
FIDELITY INVESTMENTS CHARITABLE GIFT FUND - PO BOX 770001 - CINCINNATI, OH 45277-0053	11-0303001	501(C)(3)	15,000.	0.			GENERAL DONATIONS
FOUNDATION FOR INDIVIDUAL RIGHTS IN EDUCATION - 510 WALNUT ST. SUITE 1250 - PHILADELPHIA, PA 19106	04-3467254	501(C)(3)	7,500.	0.			GENERAL DONATIONS
FRIENDS OF MAYANOT INSTITUTE INC. 228 PARK AVENUE SOUTH, STE 96553 NEW YORK, NY 10003	11-3348050	501(C)(3)	10,000.	0.			GENERAL DONATIONS
FRIENDS OF THE FORUM C/O EMPIRE CAGING, PO BOX 365 HARTSDALE, NY 10530-0365	20-8943695	501(C)(3)	20,000.	0.			GENERAL DONATIONS
GILDAS CLUB MADISON WISCONSIN 7907 UW HEALTH CT MIDDLETON, WI 53562-5531	06-1662883	501(C)(3)	56,000.	0.			GENERAL DONATIONS

Schedule I (Form 990)

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GRAND AVENUE CLUB INC. 210 E MICHIGAN STREET MILWAUKEE, WI 53202-4901	39-1708177	501(C)(3)	58,960.	0.			GENERAL DONATIONS
HADAR 190 AMSTERDAM AVE NEW YORK, NY 10023	26-4412164	501(C)(3)	7,400.	0.			GENERAL DONATIONS
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CTR - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	39-0806234	501(C)(3)	2,997,029.	0.			GENERAL DONATIONS
HEAR WISCONSIN 10243 W NATIONAL AVE WEST ALLIS, WI 53227	39-0826101	501(C)(3)	13,500.	0.			GENERAL DONATIONS
HEBRON FUND INC 1760 OCEAN AVENUE BROOKLYN, NY 11230	11-2623719	501(C)(3)	15,180.	0.			GENERAL DONATIONS
HELPING OUT PETS EVERYDAY PO BOX 2005 UPLAND, CA 91785-2005	71-0949539	501(C)(3)	6,000.	0.			GENERAL DONATIONS
HILLEL MILWAUKEE 3053 N STOWELL AVENUE MILWAUKEE, WI 53211-3352	39-1445185	501(C)(3)	269,416.	0.			GENERAL DONATIONS
HILLEL UNIVERSITY OF MINNESOTA 1521 UNIVERSITY AVENUE SE MINNEAPOLIS, MN 55414	41-6038613	501(C)(3)	15,000.	0.			GENERAL DONATIONS
HUNGER TASK FORCE MILWAUKEE 201 S. HAWLEY CT. MILWAUKEE, WI 53214	39-1345847	501(C)(3)	135,965.	0.			GENERAL DONATIONS

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J STREET EDUCATION FUND INC. PO BOX 66073 WASHINGTON, DC 20035	20-2777557	501(C)(3)	15,000.	0.			GENERAL DONATIONS
JAZALE'S ART STUDIO 2201 N MARTIN LUTHER KING JR DRIVE MILWAUKEE, WI 53212-0000	46-1080293	501(C)(3)	7,500.	0.			GENERAL DONATIONS
JEWISH BEGINNINGS LUBAVITCH PRESCHOOL - 6789 GREEN BAY AVE - GLENDALE, WI 53209	39-1732588	501(C)(3)	161,399.	0.			GENERAL DONATIONS
JEWISH EXPERIENCE OF MADISON MILWAUKEE - 3453 N 54TH STREET - MILWAUKEE, WI 53216	20-2142497	501(C)(3)	13,280.	0.			GENERAL DONATIONS
JEWISH FAMILY SERVICE OF THE DESERT - 490 S FARRELL DR, SUITE C-208 - PALM SPRINGS, CA 92262	33-0613083	501(C)(3)	11,200.	0.			GENERAL DONATIONS
JEWISH FAMILY SERVICES 1300 N JACKSON STREET MILWAUKEE, WI 53202	39-0806291	501(C)(3)	1,594,272.	0.			GENERAL DONATIONS
JEWISH FEDERATION AND FAMILY SERVICES OF ORANGE COUNTY - SAMUELI JEWISH CAMPUS, 1 FEDERATION WAY STE 210 - IRVINE,	95-2407026	501(C)(3)	18,000.	0.			GENERAL DONATIONS
JEWISH FEDERATION OF GREATER LOS ANGELES - 6505 WILSHIRE BLVD - LOS ANGELES, CA 90048	95-6111928	501(C)(3)	29,000.	0.			GENERAL DONATIONS
JEWISH FEDERATION OF GREATER ROCHESTER - 255 EAST AVENUE, SUITE 201 - ROCHESTER, NY 14604	16-0868942	501(C)(3)	10,000.	0.			GENERAL DONATIONS

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JEWISH FEDERATION OF METROPOLITAN CHICAGO - 30 S WELLS ST - CHICAGO, IL 60606	36-2167761	501(C)(3)	25,000.	0.			GENERAL DONATIONS
JEWISH FEDERATION OF METROPOLITAN DETROIT - 6735 TELEGRAPH ROAD #30 - BLOOMFIELD HILLS, MI 48301	38-1360585	501(C)(3)	5,365.	0.			GENERAL DONATIONS
JEWISH FEDERATION OF PALM BEACH COUNTY - JACK, JOSEPH AND MORTON MANDEL BUILDING, 1 HARVARD CIR STE 100 - WEST PALM BEACH, FL 33409	59-0948696	501(C)(3)	5,000.	0.			GENERAL DONATIONS
JEWISH FEDERATION OF SO PALM BEACH COUNTY - RICHARD & CAROLE SIEMENS JEWISH CAMPUS, 9901 DONNA KLEIN BOULEVARD - BOCA RATON, FL	59-1945109	501(C)(3)	14,700.	0.			GENERAL DONATIONS
JEWISH FEDERATION OF SOUTHERN ARIZONA - 3718 E RIVER RD STE 100 - TUCSON, AZ 85718-6686	86-0096795	501(C)(3)	24,800.	0.			GENERAL DONATIONS
JEWISH FEDERATION OF THE DESERT 69-710 HIGHWAY 111 RANCHO MIRAGE, CA 92270	23-7211881	501(C)(3)	52,050.	0.			GENERAL DONATIONS
JEWISH HOME AND CARE CENTER 1414 N PROSPECT AVENUE MILWAUKEE, WI 53202-3089	39-0813421	501(C)(3)	58,546.	0.			GENERAL DONATIONS
JEWISH HOME & CARE CENTER FOUNDATION - 1414 N PROSPECT AVENUE - MILWAUKEE, WI 53202-3089	39-1555857	501(C)(3)	388,687.	0.			GENERAL DONATIONS
JEWISH NATIONAL FUND 42 E 69TH ST NEW YORK, NY 10021	13-1659627	501(C)(3)	46,116.	0.			GENERAL DONATIONS

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JEWISH UNITED FUND OF METRO CHICAGO - BEN GURION WAY, 30 S WELLS STREET - CHICAGO, IL 60606	36-2167034	501(C)(3)	9,750.	0.			GENERAL DONATIONS
JEWISH YOUTH FOUNDATION 8825 N. LAKE DRIVE MILWAUKEE, WI 53217	39-1819245	501(C)(3)	18,835.	0.			GENERAL DONATIONS
JOHN CRAIG SCHMUTZER FOUNDATION INC - 9318 RIDGE BLVD - WAUWATOSA, WI 53226	85-4327625	501(C)(3)	5,000.	0.			GENERAL DONATIONS
JONSSON CANCER CENTER FOUNDATION 8-950 FACTOR BUILDING, BOX 951780 LOS ANGELES, CA 90095-1780	95-2242757	501(C)(3)	10,000.	0.			GENERAL DONATIONS
JUST HARVEST EDUCATION FUND 16 TERMINAL WAY PITTSBURGH, PA 15219-1213	25-1555571	501(C)(3)	9,741.	0.			GENERAL DONATIONS
KBY CONGREGATIONS TOGETHER INC PO BOX 23170 BROOKLYN, NY 11202	57-1199898	501(C)(3)	107,750.	0.			GENERAL DONATIONS
KESHET THE SANDY AND GLEN MASON KESHET ADMINISTRATIVE SUITE, 600 ACADEMY DR STE 130	36-3441392	501(C)(3)	10,000.	0.			GENERAL DONATIONS
LAKE PARK SYNAGOGUE PO BOX 11267 MILWAUKEE, WI 53211	39-1458726	501(C)(3)	51,844.	0.			GENERAL DONATIONS
LANGE FOUNDATION 2106 S. SEPULVEDA BLVD. LOS ANGELES, CA 90025	95-4407687	501(C)(3)	6,750.	0.			GENERAL DONATIONS

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LAW FORWARD INC PO BOX 326 MADISON, WI 53701-0326	84-2803392	501(C)(3)	8,000.	0.			GENERAL DONATIONS
LAWRENCE UNIVERSITY DEVELOPMENT OFFICE, 711 E BOLDT WAY APPLETON, WI 54911	39-0806297	501(C)(3)	10,500.	0.			GENERAL DONATIONS
LEGAL INSURRECTION FOUNDATION 18 MAPLE AVE 280 BARRINGTON, RI 02806-3560	82-2279600	501(C)(3)	5,000.	0.			GENERAL DONATIONS
LUBAVITCH OF WISCONSIN 3109 N. LAKE DR MILWAUKEE, WI 53211	39-1170927	501(C)(3)	302,417.	0.			GENERAL DONATIONS
LURIA ACADEMY OF BROOKLYN 238 ST MARKS AVENUE BROOKLYN, NY 11238-3583	14-2005770	501(C)(3)	5,400.	0.			GENERAL DONATIONS
MACALESTER COLLEGE DEVELOPMENT OFFICE, 1600 GRAND AVEN ST PAUL, MN 55105-1899	41-0693962	501(C)(3)	5,000.	0.			GENERAL DONATIONS
MACC FUND 10000 INNOVATION DR STE 135 MILWAUKEE, WI 53226	39-1270290	501(C)(3)	51,000.	0.			GENERAL DONATIONS
MAKE A WISH FOUNDATION WISCONSIN 11020 WEST PLANK COURT, SUITE 200 WAUWATOSA, WI 53226	39-1543541	501(C)(3)	29,130.	0.			GENERAL DONATIONS
MAKOR CHAIM USA INC 1407 E 5TH ST BROOKLYN, NY 11230-5604	81-2097033	501(C)(3)	10,000.	0.			GENERAL DONATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MARQUETTE UNIVERSITY LAW SCHOOL 1215 W MICHIGAN STREET MILWAUKEE, WI 53233	39-0806251	501(C)(3)	30,600.	0.			GENERAL DONATIONS
MAYO CLINIC 200 1ST SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	5,300.	0.			GENERAL DONATIONS
MCCALLUM THEATRE 73000 FRED WARING DR PALM DESERT, CA 92260-2800	95-2834871	501(C)(3)	22,390.	0.			GENERAL DONATIONS
MEDICAL COLLEGE OF WISCONSIN PO BOX 26509 WAUWATOSA, WI 53226	39-0806261	501(C)(3)	9,600.	0.			GENERAL DONATIONS
MEMORIAL SLOAN-KETTERING CANCER CENTER - 1275 YORK AVENUE - NEW YORK, NY 10021	13-1924236	501(C)(3)	5,000.	0.			GENERAL DONATIONS
MENACHEM EDUCATION FOUNDATION 411 KINGSTON AVENUE SUITE #300 BROOKLYN, NY 11225	26-2117750	501(C)(3)	50,000.	0.			GENERAL DONATIONS
MEOOWZRESQ INC 960 N TUSTIN ST #200 ORANGE, CA 92867-5956	26-3035880	501(C)(3)	7,250.	0.			GENERAL DONATIONS
METCALFE PARK COMMUNITY BRIDGES INC - 3624 W NORTH AVE - MILWAUKEE, WI 53208-1416	81-2101846	501(C)(3)	30,200.	0.			GENERAL DONATIONS
MICAH 2821 N VEL PHILLIPS AVE SUITE 213 MILWAUKEE, WI 53212	39-1627853	501(C)(3)	6,500.	0.			GENERAL DONATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE ALLIANCE FOR JEWISH RECONNECTION (MAJOR) - 3322 N 51 BLVD - MILWAUKEE, WI 53216	80-0207872	501(C)(3)	11,500.	0.			GENERAL DONATIONS
MILWAUKEE ART MUSEUM INC. 626 E WISCONSIN AVE, FLOOR 16 MILWAUKEE, WI 53202-4616	39-0806316	501(C)(3)	56,545.	0.			GENERAL DONATIONS
MILWAUKEE CENTER FOR INDEPENDENCE 2020 W WELLS STREET MILWAUKEE, WI 53233	39-0806257	501(C)(3)	27,765.	0.			GENERAL DONATIONS
MILWAUKEE COLLEGE PREPARATORY SCHOOL - 2449 N 36TH STREET - MILWAUKEE, WI 53210	39-1881295	501(C)(3)	15,800.	0.			GENERAL DONATIONS
MILWAUKEE JEWISH DAY SCHOOL 6401 N SANTA MONICA BLVD MILWAUKEE, WI 53217	39-1384843	501(C)(3)	1,258,091.	0.			GENERAL DONATIONS
MILWAUKEE JEWISH FREE LOAN ASSOCIATION - 409 E. SILVER SPRING DRIVE - MILWAUKEE, WI 53217	26-4557997	501(C)(3)	46,070.	0.			GENERAL DONATIONS
MILWAUKEE PBS (MPTV 10/36, WMVS, WMVT) - PO BOX 88401 - MILWAUKEE, WI 53288-0401	39-1341603	501(C)(3)	14,425.	0.			GENERAL DONATIONS
MILWAUKEE PUBLIC MUSEUM INC. 800 W WELLS STREET MILWAUKEE, WI 53233-1478	39-1723105	501(C)(3)	9,650.	0.			GENERAL DONATIONS
MILWAUKEE REPERTORY THEATER INC. 108 E WELLS STREET MILWAUKEE, WI 53202	39-0946025	501(C)(3)	15,600.	0.			GENERAL DONATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE SYMPHONY ORCHESTRA 212 W. WISCONSIN AVENUE MILWAUKEE, WI 53203	39-6023436	501(C)(3)	29,230.	0.			GENERAL DONATIONS
MILWAUKEE URBAN LEAGUE 435 W. NORTH AVENUE MILWAUKEE, WI 53208	39-0826861	501(C)(3)	5,000.	0.			GENERAL DONATIONS
NATIONAL MULTIPLE SCLEROSIS SOCIETY - WI CHAPTER - 1120 JAMES DR SUITE A - HARTLAND, WI 53029-9906	13-5661935	501(C)(3)	6,300.	0.			GENERAL DONATIONS
NEW YORK UNIVERSITY 547 LAGUARDIA PL NEW YORK, NY 10012	13-5562308	501(C)(3)	10,000.	0.			GENERAL DONATIONS
NEXT ACT THEATRE PO BOX 394 MILWAUKEE, WI 53201	39-1553360	501(C)(3)	5,150.	0.			GENERAL DONATIONS
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET EVANSTON, IL 60208-4410	36-2167817	501(C)(3)	77,665.	0.			GENERAL DONATIONS
OBERLIN COLLEGE THE DEWY WARD '34 ALUMNI CENTER, 65 EAST COLLEGE STREET SUITE 4 - OBERLIN, O	34-0714363	501(C)(3)	7,100.	0.			GENERAL DONATIONS
OHOLEI YOSEF YITZCHAK LUBAVITCH 14100 W 9 MILE RD OAK PARK, MI 48237-2621	38-3253099	501(C)(3)	28,620.	0.			GENERAL DONATIONS
OPERATION DREAM INC 1555 N RIVERCENTER DR SUITE 114 MILWAUKEE, WI 53212	26-1455938	501(C)(3)	31,100.	0.			GENERAL DONATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
OUR NEXT GENERATION 3421 W LISBON AVENUE MILWAUKEE, WI 53208	39-1761838	501(C)(3)	100,100.	0.			GENERAL DONATIONS
PAN MASS CHALLENGE 77 FOURTH AVENUE NEEDHAM, MA 02494	04-2746912	501(C)(3)	5,000.	0.			GENERAL DONATIONS
PLANNED PARENTHOOD OF WISCONSIN INC - 302 N. JACKSON ST. - MILWAUKEE, WI 53202	39-0863391	501(C)(3)	19,410.	0.			GENERAL DONATIONS
PROTECT DEMOCRACY PROJECT 2020 PENNSYLVANIA AVE NW 163 WASHINGTON, DC 20006-1811	81-4777062	501(C)(3)	30,000.	0.			GENERAL DONATIONS
QUANTUM LEEP ACADEMY BOOSTERS 1447 W MONTROSE CHICAGO, IL 60613	30-0281785	501(C)(3)	15,000.	0.			GENERAL DONATIONS
RAMAH IN THE ROCKIES 300 S. DAHLIA STREET #205 DENVER, CO 80246	20-4078988	501(C)(3)	210,650.	0.			GENERAL DONATIONS
RIVERSIDE UNIVERSITY HIGH SCHOOL FOUNDATION - C/O TRI CITY NATIONAL BANK, 4295 WEST BRADLEY ROAD - BROWN DEER, WI 53209-1773	39-1900137	501(C)(3)	5,700.	0.			GENERAL DONATIONS
ROHR FAMILY CHABAD AT THE UNIVERSITY OF WISCONSIN-MADISON - 223 W GILMAN STREET - MADISON, WI 53703	39-1732644	501(C)(3)	6,100.	0.			GENERAL DONATIONS
RUACH INC 6815 W CAPITOL DR SUITE 302 MILWAUKEE, WI 53216	20-3268560	501(C)(3)	30,470.	0.			GENERAL DONATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SAN FRANCISCO JEWISH FILM FESTIVAL 145 9TH ST STE 200 SAN FRANCISCO, CA 94103-2637	94-2854068	501(C)(3)	5,000.	0.			GENERAL DONATIONS
SARCOMA FOUNDATION OF AMERICA INC 9899 MAIN ST STE 204 DAMASCUS, MD 20872-2066	52-2275294	501(C)(3)	55,000.	0.			GENERAL DONATIONS
SHELTER TRANSPORT ANIMAL RESCUE TEAM - PO BOX 4792 - VALLEY VILLAGE, CA 91617	45-4258426	501(C)(3)	6,750.	0.			GENERAL DONATIONS
SIDEKICK EDUCATION 1360 REGENT ST STE 162 MADISON, WI 53715-1255	83-1877071	501(C)(3)	15,200.	0.			GENERAL DONATIONS
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET, SUITE 1250 OAKLAND, CA 94612	94-6069890	501(C)(3)	8,100.	0.			GENERAL DONATIONS
SODA: STUDENT ORGAN DONATION ADVOCATES - 315 BRAESWICK DR - LAKE ST LOUIS, MO 63367-2554	83-3491318	501(C)(3)	14,200.	0.			GENERAL DONATIONS
SOJOURNER FAMILY PEACE CENTER PO BOX 080319 MILWAUKEE, WI 53208	39-1276210	501(C)(3)	7,800.	0.			GENERAL DONATIONS
SOUTH 27TH STREET BUSINESS DISTRICT ASSOCIATION - 4647 SOUTH 27TH ST - GREENFIELD, WI 53221	20-5845448	501(C)(3)	30,000.	0.			GENERAL DONATIONS
SOUTHERN CALIFORNIA EDUCATION FUND PO BOX 151495 LOS ANGELES, CA 90015	95-3713168	501(C)(3)	5,000.	0.			GENERAL DONATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SUSAN G KOMEN SE WISCONSIN 2025 W. OKLAHOMA AVE STE 116 MILWAUKEE, WI 53215	75-1835298	501(C)(3)	5,100.	0.			GENERAL DONATIONS
THE CONSERVATIVE SYNAGOGUE OF WESTPORT - 30 HILLSPOINT ROAD - WESTPORT, CT 06880	06-1203591	501(C)(3)	18,000.	0.			GENERAL DONATIONS
THE INSTITUTE FOR THE ADVANCEMENT OF EDUCATION IN JAFFA - 171-06 76TH AVE - FLUSHING, NY 11366	11-2697261	501(C)(3)	50,000.	0.			GENERAL DONATIONS
THE JOSEPH AND REBECCA PELTZ CENTER FOR JEWISH LIFE - 2233 W MEQUON ROAD - MEQUON, WI 53092	33-1004575	501(C)(3)	28,394.	0.			GENERAL DONATIONS
THE LUX CENTER FOR CATHOLIC JEWISH STUDIES - 7335 S HIGHWAY 100, PO BOX 429 - HALES CORNERS, WI 53130-0429	39-1243521	501(C)(3)	5,250.	0.			GENERAL DONATIONS
THE SHUL EAST 3109 N LAKE DR MILWAUKEE, WI 53211	47-3422313	501(C)(3)	8,000.	0.			GENERAL DONATIONS
THE VOTER PARTICIPATION CENTER 1707 L ST NW STE 300 WASHINGTON, DC 20036-4230	55-0889748	501(C)(3)	6,000.	0.			GENERAL DONATIONS
THE WENDE MUSEUM OF THE COLD WAR 10808 CULVER BLVD CULVER CITY, CA 90230	16-0470118	501(C)(3)	5,000.	0.			GENERAL DONATIONS
TIDES FOUNDATION PO BOX 29903 SAN FRANCISCO, CA 94129-0903	51-0198509	501(C)(3)	39,000.	0.			GENERAL DONATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
TIKKUN HA-IR OF MILWAUKEE PO BOX 090287 MILWAUKEE, WI 53209	77-0596241	501(C)(3)	34,906.	0.			GENERAL DONATIONS
TORAH ACADEMY OF MILWAUKEE HIGH SCHOOL - 6800 N GREEN BAY AVENUE - GLENDALE, WI 53209	93-0869475	501(C)(3)	52,901.	0.			GENERAL DONATIONS
TREEPEOPLE 12601 MULHOLLAND DRIVE BEVERLY HILLS, CA 90210	23-7314838	501(C)(3)	16,000.	0.			GENERAL DONATIONS
UNITED PERFORMING ARTS FUND 301 W. WISCONSIN AVE STE 600 MILWAUKEE, WI 53203-2232	39-6100399	501(C)(3)	60,406.	0.			GENERAL DONATIONS
UNITED WAY OF GREATER MILWAUKEE 225 W VINE STREET MILWAUKEE, WI 53212-3935	39-0806190	501(C)(3)	181,935.	0.			GENERAL DONATIONS
UNIV OF CHICAGO RENAISSANCE SOCIETY - 5811 SOUTH ELLIS AVENUE - CHICAGO, IL 60637	36-6109822	501(C)(3)	9,000.	0.			GENERAL DONATIONS
UNIVERSITY OF PITTSBURGH PO BOX 640093 PITTSBURGH, PA 15264-0093	25-0965591	501(C)(3)	10,500.	0.			GENERAL DONATIONS
UNIVERSITY OF WISCONSIN FOUNDATION U.S. BANK LOCKBOX, BOX 78807 MILWAUKEE, WI 53278-0807	39-0743975	501(C)(3)	255,214.	0.			GENERAL DONATIONS
UNIVERSITY SCHOOL OF MILWAUKEE 2100 W FAIRY CHASM ROAD MILWAUKEE, WI 53217	39-6076442	501(C)(3)	28,755.	0.			GENERAL DONATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
US HOLOCAUST MEMORIAL MUSEUM MIDWEST REGION - PO BOX 1852 - HIGHLAND PARK, IL 60035	52-1309391	501(C)(3)	25,000.	0.			GENERAL DONATIONS
USED PETS INC 445 W ARBOR VITAE INGLEWOOD, CA 90301	68-0655456	501(C)(3)	6,750.	0.			GENERAL DONATIONS
UW HILLEL FOUNDATION FOR JEWISH CAMPUS LIFE - 611 LANGDON STREET - MADISON, WI 53703-1198	39-2035142	501(C)(3)	137,930.	0.			GENERAL DONATIONS
UWM FOUNDATION INC. 1440 E NORTH AVENUE MILWAUKEE, WI 53202	23-7337744	501(C)(3)	91,878.	0.			GENERAL DONATIONS
UW-MANITOWOC FOUNDATION 705 VIEBAHN ST RM F105 MANITOWOC, WI 54220-6699	39-6075810	501(C)(3)	5,000.	0.			GENERAL DONATIONS
VENICE FAMILY CLINIC 622 ROSE AVE VENICE, CA 90291	95-2769432	501(C)(3)	5,000.	0.			GENERAL DONATIONS
VISION FORWARD ASSOCIATION 912 N HAWLEY ROAD MILWAUKEE, WI 53213	39-2040359	501(C)(3)	105,200.	0.			GENERAL DONATIONS
VOLUNTEERS IN MEDICINE PO BOX 23858 HILTON HEAD, SC 29925	31-1467440	501(C)(3)	6,000.	0.			GENERAL DONATIONS
WASHBURN CENTER FOR CHILDREN 1100 GLENWOOD AVE MINNEAPOLIS, MN 55405-1430	41-0711618	501(C)(3)	5,000.	0.			GENERAL DONATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON INSTITUTE FOR NEAR EAST POLICY - 1111 19TH ST NW STE 500 - WASHINGTON, DC 20036-3617	52-1376034	501(C)(3)	61,250.	0.			GENERAL DONATIONS
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DR., CAMPUS BOX 1210 ST LOUIS, MO 63130	43-0653611	501(C)(3)	20,225.	0.			GENERAL DONATIONS
WESTERN STATES CENTER PO BOX 40305 PORTLAND, OR 97240-0305	93-0952137	501(C)(3)	6,000.	0.			GENERAL DONATIONS
WHISKERS INC 601 E DAILY DR STE 226 CAMARILLO, CA 93010-5840	26-1666481	501(C)(3)	6,000.	0.			GENERAL DONATIONS
WILLIAM J BRENNAN JR CENTER FOR JUSTICE - 120 BROADWAY SUITE 1750 - NEW YORK, NY 10271	13-3839293	501(C)(3)	30,400.	0.			GENERAL DONATIONS
WINGS OF RESCUE PO BOX 6045 LA QUINTA, CA 92248	45-3343408	501(C)(3)	6,750.	0.			GENERAL DONATIONS
WISCONSIN INSTITUTE FOR TORAH STUDY (WITS) - 3288 N LAKE DRIVE - MILWAUKEE, WI 53211-3124	39-1366081	501(C)(3)	80,380.	0.			GENERAL DONATIONS
WISCONSIN PUBLIC TELEVISION FRIENDS OF WHA-TV - PO BOX 7929 - MADISON, WI 53707	23-7300462	501(C)(3)	5,100.	0.			GENERAL DONATIONS
WISCRAFT INC-WISCONSIN ENTERPRISES FOR THE BLIND - 5316 W STATE ST - MILWAUKEE, WI 53208-2620	39-1524326	501(C)(3)	7,500.	0.			GENERAL DONATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
WOMAN'S CLUB OF WISCONSIN FOUNDATION INC. - 813 EAST KILBOURN AVE - MILWAUKEE, WI 53202	39-6098520	501(C)(3)	65,000.	0.			GENERAL DONATIONS
WUWM MILWAUKEE PUBLIC RADIO 89.7 FM - 111 E WISCONSIN AVE SUITE 700 - MILWAUKEE, WI 53202	20-1257939	501(C)(3)	10,225.	0.			GENERAL DONATIONS
YESHIVA ELEMENTARY SCHOOL OF MILW 5115 W KEEFE AVENUE MILWAUKEE, WI 53216	39-1631932	501(C)(3)	220,865.	0.			GENERAL DONATIONS
CHABAD-LUBAVITCH 770 EASTERN PARKWAY BROOKLYN, NY 11213	11-3587172	501(C)(3)	109,612.	0.			GENERAL DONATIONS
THE UNION FOR REFORM JUDAISM 633 THIRD AVENUE NEW YORK, NY 10017	13-1663143	501(C)(3)	218,655.	0.			GENERAL DONATIONS
CONGREGATION BETH EPHRAIM 113 PARKER AVENUE MAPLEWOOD, NJ 07040		501(C)(3)	20,000.	0.			GENERAL DONATIONS
CONGREGATION BETH JEHUDAH 3100 N 52ND STREET MILWAUKEE, WI 53216		501(C)(3)	67,437.	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

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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

Part I Questions Regarding Compensation

	Yes	No
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. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees 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	1b	
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?	2	
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 Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
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?	6a	X
b Any related organization?	6b	X
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	7	X
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	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2020

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)	229,964.	10,828.	0.	3,525.	8,787.	253,104.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SHIMON LEVY CHIEF OPERATIONS OFFICER	(i)	190,489.	0.	0.	0.	0.	190,489.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) THOMAS OECHLER CHIEF FINANCIAL OFFICER	(i)	142,160.	0.	0.	0.	35,991.	178,151.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MITCHELL MOSER EXECUTIVE DIRECTOR - JEWISH COMMUNIT	(i)	155,903.	0.	0.	0.	19,067.	174,970.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STEPHANIE WAGNER CHIEF IMPACT OFFICER	(i)	144,601.	0.	0.	4,434.	11,231.	160,266.	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)							

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 for instructions and the latest information.**

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

Part I Bond Issues											
SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A COLORADO EDUCATIONAL AND CULTURAL FACILITIES AUTH	84-0896727	NONE	12/03/12	54340000.	PROVIDE FUNDS TO REFUND TWO PRIOR		X		X		X
B											
C											
D											

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

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

Part III Private Business Use

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

Part IV Arbitrage

	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							

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	<input checked="" type="checkbox"/>							
b Name of provider	US BANK N.A.							
c Term of hedge	10.0000000							
d Was the hedge superintegrated?		<input checked="" type="checkbox"/>						
e Was the hedge terminated?		<input checked="" type="checkbox"/>						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		<input checked="" type="checkbox"/>						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		<input checked="" type="checkbox"/>						
7 Has the organization established written procedures to monitor the requirements of section 148?	<input checked="" type="checkbox"/>							

	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

2020

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 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
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	168	2,865,828.	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 V, 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) 2020

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.

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 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number

39-0806312

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

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

OTHER NEEDS OF GENERAL CONCERN TO THE JEWISH COMMUNITY OF METROPOLITAN

MILWAUKEE.

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

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

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

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

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

WHICH WE LIVE).

FORM 990, PART III, LINE 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 IN 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

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

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization MILWAUKEE JEWISH FEDERATION, INC.	Employer identification number 39-0806312
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HISTORY OF THE COMMUNITY, AND MAINTAIN AN ADVERTISING MEDIUM FOR REACHING THE JEWISH POPULATION.

EXPENSES \$ 292,989. 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 \$ 11,670,880. INCL GRANTS OF \$ 5,593,960. REVENUE \$ 1,981,128.

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

FAMILY RELATIONSHIPS:

CHERYL MOSER - MITCHELL MOSER

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

Name of the organization MILWAUKEE JEWISH FEDERATION, INC.	Employer identification number 39-0806312
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CORPORATION'S ANNUAL MEETING. NOTICE OF THE NAMES CHOSEN BY THE GOVERNANCE/NOMINATING COMMITTEE AND ANY NAMES SUBMITTED BY PETITION SHALL BE GIVEN TO THE MEMBERSHIP PURSUANT TO THE NOTICE PROVISION IN ARTICLE II, SECTION 6, NOT LESS THAN TEN (10) DAYS PRIOR TO THE CORPORATION'S ANNUAL MEETING. AT THE ANNUAL MEETING MEMBERS SHALL ELECT DIRECTORS TO FILL VACANCIES ON THE BOARD. THE NUMBER OF DIRECTORS SHALL BE ESTABLISHED FROM TIME TO TIME BY THE BOARD. THE NUMBER OF DIRECTORS SHALL BE NOT LESS THAN THREE (3) AND NOT MORE THAN THIRTY (30). EACH NEWLY ELECTED DIRECTOR SHALL HOLD OFFICE FOR A TWO (2) YEAR TERM OR UNTIL HIS/HER SUCCESSOR SHALL HAVE BEEN ELECTED. NO DIRECTOR SHALL SERVE MORE THAN THREE (3) CONSECUTIVE TERMS, AFTER WHICH HE/SHE SHALL NOT BE ELIGIBLE FOR ELECTION TO THE BOARD UNTIL AT LEAST ONE (1) YEAR HAS ELAPSED. THIS PROVISION DOES NOT APPLY TO SOMEONE SERVING ON THE BOARD BY VIRTUE OF THEIR POSITION AS AN OFFICER.

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

THE FORM 990 WILL BE AVAILABLE FOR REVIEW TO ALL BOARD MEMBERS PRIOR TO FILING 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 AND CEO'S COMPENSATION WAS

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

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.

**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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MJF HOLDINGS OF MILWAUKEE - 20-1088480 1360 N PROSPECT AVE MILWAUKEE, WI 53202	HOUSING	WISCONSIN	8,028.		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 N PROSPECT AVE 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 N PROSPECT AVE 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) 2020

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MFJ GOLDA MEIR HOUSING, INC. - 45-4756528 1360 N PROSPECT AVE MILWAUKEE, WI 53202	HOUSING	WI	MILWAUKEE JEWISH FEDERATION,	C CORP	0.	0.	100%	X	

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

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

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

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

MFJ GOLDA MEIR HOUSING, INC.

DIRECT CONTROLLING ENTITY: MILWAUKEE JEWISH FEDERATION, INC.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. MILWAUKEE JEWISH FEDERATION, INC.	Taxpayer identification number (TIN) 39-0806312
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1360 N PROSPECT AVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MILWAUKEE, WI 53202	

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

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

THOMAS OECHLER

- The books are in the care of ▶ **1360 N PROSPECT AVE - MILWAUKEE, WI 53202**
Telephone No. ▶ **414-390-5700** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

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

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

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

Form **990-T**

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

OMB No. 1545-0047

For calendar year 2020 or other tax year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury
Internal Revenue Service

▶ Go to 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

A Check box if address changed.	Print or Type	Name of organization (Check box if name changed and see instructions.)	D Employer identification number
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) 408(e) 220(e) 408A 530(a) 529(a) 529S		MILWAUKEE JEWISH FEDERATION, INC.	39-0806312
		Number, street, and room or suite no. If a P.O. box, see instructions. 1360 N PROSPECT AVE City or town, state or province, country, and ZIP or foreign postal code MILWAUKEE, WI 53202	E Group exemption number (see instructions)
C Book value of all assets at end of year		▶ 275,238,952.	F Check box if an amended return.

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **2**

K 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. ▶

L The books are in care of ▶ **THOMAS OECHLER** Telephone number ▶ **414-390-5700**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	7,278.
2 Reserved	2	
3 Add lines 1 and 2	3	7,278.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	7,278.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	7,278.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	6,278.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	1,318.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	1,318.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b	Other credits (see instructions)	1b	
c	General business credit. Attach Form 3800 (see instructions)	1c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d	
e	Total credits. Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2	1,318.
3	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 Other (attach statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	1,318.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5	0.
6a	Payments: A 2019 overpayment credited to 2020	6a	
b	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Other credits, adjustments, and payments: Form 2439 _____ Form 4136 _____ Other _____ Total	6g	
7	Total payments. Add lines 6a through 6g	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	31.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	1,349.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

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

	Yes	No
1 At any time during the 2020 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		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
4a Did the organization change its method of accounting? (see instructions)		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

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

Signature of officer: _____ Date: _____ Title: **PRESIDENT & CEO**

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

Paid Preparer Use Only

Print/Type preparer's name: **KIRSTEN HOUGHTON** Preparer's signature: *Kirsten Houghton* Date: 3/14/2022 Check if self-employed: PTIN: **P01273230**

Firm's name: **SVA CERTIFIED PUBLIC ACCTS SC** Firm's EIN: **39-1203191**

Firm's address: **1221 JOHN Q. HAMMONS DRIVE MADISON, WI 53717** Phone no. **6088318181**

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

Department of the Treasury
Internal Revenue Service

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

▶ Go to 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).

ENTITY 1

OMB No. 1545-0047

2020

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

A Name of the organization MILWAUKEE JEWISH FEDERATION, INC.	B Employer identification number 39-0806312
C Unrelated business activity code (see instructions) ▶ 511110	D Sequence: 1 of 2

E Describe the unrelated trade or business ▶ **ADVERTISING INCOME FROM WISCONSIN JEWISH CHRO**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		4a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11 212,920.	175,415.	37,505.
12 Other income (see instructions; attach statement)				
13 Total. Combine lines 3 through 12		13 212,920.	175,415.	37,505.

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

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement) (see instructions)				
6 Taxes and licenses				
7 Depreciation (attach Form 4562) (see instructions)		7		
8 Less depreciation claimed in Part III and elsewhere on return		8a		8b
9 Depletion				
10 Contributions to deferred compensation plans				
11 Employee benefit programs				
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				37,505.
14 Other deductions (attach statement) SEE STATEMENT 1				750.
15 Total deductions. Add lines 1 through 14				38,255.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				-750.
17 Deduction for net operating loss (see instructions)				0.
18 Unrelated business taxable income. Subtract line 17 from line 16				-750.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Columns include line numbers and descriptions like 'Inventory at beginning of year', 'Purchases', 'Cost of labor', 'Additional section 263A costs', 'Other costs', 'Total', 'Inventory at end of year', 'Cost of goods sold', and a 'Yes/No' column for section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Includes a description of property (A-D) and a grid for rent received or accrued (2a, 2b, 2c) across columns A-D. Summary rows 3, 4, and 5 show total rents, deductions, and total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Includes a description of debt-financed property (A-D) and a grid for gross income from or allocable to debt-financed property (2-8) across columns A-D. Summary rows 9, 10, and 11 show allocable deductions, total allocable deductions, and total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			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	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A WISCONSIN JEWISH CHRONICLE

B _____

C _____

D _____

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income	212,920.			
Add columns A through D. Enter here and on Part I, line 11, column (A)				212,920.

a				
3 Direct advertising costs by periodical	175,415.			
a Add columns A through D. Enter here and on Part I, line 11, column (B)				175,415.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8	37,505.			
5 Readership costs	146,662.			

6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero	146,662.			

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7	37,505.			
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				37,505.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 1

DESCRIPTION

AMOUNT

FORM 990T PREPARATION FEES

750.

TOTAL TO SCHEDULE A, PART II, LINE 14

750.

FORM 990-T
SCHEDULE A

DESCRIPTION OF ORGANIZATION'S UNRELATED
BUSINESS ACTIVITY

STATEMENT 2

ADVERTISING INCOME FROM WISCONSIN JEWISH CHRONICLE

TO FORM 990-T, SCHEDULE A, LINE E

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

Department of the Treasury
Internal Revenue Service

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

▶ Go to 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).

ENTITY 2

OMB No. 1545-0047

2020

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

A Name of the organization MILWAUKEE JEWISH FEDERATION, INC.	B Employer identification number 39-0806312
C Unrelated business activity code (see instructions) ▶ 900099	D Sequence: 2 of 2

E Describe the unrelated trade or business ▶ **PASSTHROUGH INTEREST**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶			
2 Cost of goods sold (Part III, line 8)	1c			
3 Gross profit. Subtract line 2 from line 1c	2			
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	3			
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4a			
c Capital loss deduction for trusts	4b			
5 Income (loss) from a partnership or an S corporation (attach statement)	4c			
6 Rent income (Part IV)	5	8,028.		8,028.
7 Unrelated debt-financed income (Part V)	6			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	7			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	8			
10 Exploited exempt activity income (Part VIII)	9			
11 Advertising income (Part IX)	10			
12 Other income (see instructions; attach statement)	11			
13 Total. Combine lines 3 through 12	12	8,028.		8,028.
	13			

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

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement) (see instructions)				
6 Taxes and licenses				
7 Depreciation (attach Form 4562) (see instructions)		7		
8 Less depreciation claimed in Part III and elsewhere on return		8a		8b
9 Depletion				
10 Contributions to deferred compensation plans				
11 Employee benefit programs				
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				
14 Other deductions (attach statement)		SEE STATEMENT 3		750.
15 Total deductions. Add lines 1 through 14				750.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				7,278.
17 Deduction for net operating loss (see instructions)				0.
18 Unrelated business taxable income. Subtract line 17 from line 16				7,278.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes a Yes/No column for section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property. Rows 2-4: Rent received or accrued from personal/real property and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property. Rows 2-4: Gross income from or allocable to debt-financed property and deductions. Row 5: Amount of average acquisition debt. Row 6: Average adjusted basis. Row 7: Divide line 4 by line 5. Row 8: Total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			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	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A
B
C
D

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows. Row 1: Gross advertising income. Row 2: Add columns A through D. Total: 0.

Table with 4 columns (A, B, C, D) and 2 rows. Row 1: Direct advertising costs by periodical. Row 2: Add columns A through D. Total: 0.

Table with 4 columns (A, B, C, D) and 1 row. Row 1: Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8.

Table with 4 columns (A, B, C, D) and 1 row. Row 1: Readership costs.

Table with 4 columns (A, B, C, D) and 1 row. Row 1: Circulation income.

Table with 4 columns (A, B, C, D) and 1 row. Row 1: Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero.

Table with 4 columns (A, B, C, D) and 1 row. Row 1: Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.

Table with 4 columns (A, B, C, D) and 1 row. Row 1: Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13. Total: 0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business. Rows (1) through (4).

Table with 4 columns (A, B, C, D) and 1 row. Row 1: Total. Enter here and on Part II, line 1. Total: 0.

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information.

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 3

DESCRIPTION

AMOUNT

FORM 990T PREPARATION FEES

750.

TOTAL TO SCHEDULE A, PART II, LINE 14

750.