

# 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](http://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](http://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.

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 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
Form 990-T (corporation)	07		

**MIKE SATTELL**

- 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 15, 2023**, 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, 2021**, and ending **JUN 30, 2022**.

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

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

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

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

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

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MILWAUKEE JEWISH FEDERATION, INC.</b>		<b>D</b> Employer identification number <b>39-0806312</b>
	Doing business as		<b>E</b> Telephone number <b>414-390-5700</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>1360 N PROSPECT AVE</b>		<b>G</b> Gross receipts \$ <b>122,077,897.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>MILWAUKEE, WI 53202</b>		
<b>F</b> Name and address of principal officer: <b>MIRYAM ROSENZWEIG</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.MILWAUKEEJEWISH.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1938** **M** State of legal domicile: **WI**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MILWAUKEE JEWISH FEDERATION, INC. IS A VOLUNTARY ASSOCIATION OF INDIVIDUALS INTERESTED IN MEETING</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>30</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>30</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>69</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>517</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>241,223.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>9,249.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>16,616,114.</b>	<b>17,325,450.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,194,048.</b>	<b>2,617,912.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>13,505,486.</b>	<b>7,243,733.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>876,339.</b>	<b>387,166.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>33,191,987.</b>	<b>27,574,261.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>15,067,854.</b>	<b>14,982,731.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>4,663,125.</b>	<b>5,202,330.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,296,668.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>7,129,657.</b>	<b>7,699,464.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>26,860,636.</b>	<b>27,884,525.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>6,331,351.</b>	<b>-310,264.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>275,238,952.</b>	<b>252,063,336.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>104,223,856.</b>	<b>95,791,743.</b>
		<b>171,015,096.</b>	<b>156,271,593.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>MIRYAM ROSENZWEIG, PRESIDENT &amp; CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KIRSTEN HOUGHTON</b>	Preparer's signature <i>Kirsten Houghton</i>	Date <b>3/30/2023</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01273230</b>
	Firm's name ▶ <b>SVA CERTIFIED PUBLIC ACCTS SC</b>	Firm's EIN ▶ <b>39-1203191</b>	Phone no. <b>6088318181</b>		
Firm's address ▶ <b>1221 JOHN Q. HAMMONS DRIVE</b>		<b>MADISON, WI 53717</b>			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THROUGH THE DEVELOPMENT OF COMMUNITY-WIDE FINANCIAL SUPPORT, PLANNING AND ALLOCATIONS, THE MISSION OF THE MILWAUKEE JEWISH FEDERATION IS TO ENSURE THE CONTINUITY OF THE JEWISH PEOPLE, TO ENHANCE THE QUALITY OF JEWISH LIFE AND TO BUILD A STRONG, UNIFIED JEWISH COMMUNITY IN

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 11,045,101. including grants of \$ 10,061,519. ) (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 \$ 819,492. 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 \$ 455,427. including grants of \$ 0. ) (Revenue \$ 0. ) THE NATHAN AND ESTHER PELZ HOLOCAUST EDUCATION RESOURCE CENTER (HERC) IN MILWAUKEE, WISCONSIN IS DEDICATED TO HOLOCAUST REMEMBRANCE, EDUCATION, AND THE PRESERVATION OF THE MEMORY OF ITS VICTIMS. BY TEACHING ABOUT THE HOLOCAUST, THE HOLOCAUST EDUCATION RESOURCE CENTER AIMS TO PROMOTE AWARENESS OF THE EVILS OF HATRED AND PREJUDICE AND TO INSPIRE ETHICAL BEHAVIOR. HERC TAUGHT THE LESSONS OF THE HOLOCAUST TO APPROXIMATELY 27,000 STUDENTS, TEACHERS AND COMMUNITY MEMBERS THROUGHOUT WISCONSIN LAST YEAR.

4d Other program services (Describe on Schedule O.) (Expenses \$ 11,283,680. including grants of \$ 4,921,212. ) (Revenue \$ 2,387,688. )

4e Total program service expenses 23,603,700.

**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> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 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> See instructions	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)

Table with 3 columns: Question ID, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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

Table with 3 columns: Question ID, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 30; 1b Enter the number of voting members included on line 1a... 30; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records MIKE SATTELL - 414-390-5700
1360 N PROSPECT AVE, MILWAUKEE, WI 53202

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			227,562.	0.	23,044.	
(2) MITCHELL MOSER EXECUTIVE DIRECTOR - JEWISH COMMUNIT	40.00			X			206,920.	0.	33,296.	
(3) THOMAS OECHLER CHIEF FINANCIAL OFFICER	40.00			X			140,008.	0.	44,027.	
(4) STEPHANIE WAGNER CHIEF IMPACT OFFICER	40.00					X	142,655.	0.	17,795.	
(5) JULIE SCHACK VICE PRESIDENT OF PHILANTHROPY	40.00					X	150,749.	0.	0.	
(6) HANNAH WALLICK VP OUTREACH, ISRAEL & OVERSEAS	40.00					X	108,711.	0.	3,261.	
(7) JOAN LUBAR CHAIR	2.00 0.50	X		X			0.	0.	0.	
(8) KURT JANAVITZ SECRETARY	0.30	X		X			0.	0.	0.	
(9) ESTHER ANCEL TREASURER	0.30	X		X			0.	0.	0.	
(10) ALLAN J. CARNEOL VICE CHAIR	0.30	X		X			0.	0.	0.	
(11) JUDITH B. CORAN VICE CHAIR	0.30	X		X			0.	0.	0.	
(12) PNINA GOLDFARB VICE CHAIR	0.30	X		X			0.	0.	0.	
(13) SARA HERMANOFF VICE CHAIR	0.30	X		X			0.	0.	0.	
(14) LISA HILLER VICE CHAIR	0.30	X		X			0.	0.	0.	
(15) ANDREA SCHNEIDER VICE CHAIR	0.30	X		X			0.	0.	0.	
(16) BETSY ROSENBLUM VICE CHAIR	0.30	X		X			0.	0.	0.	
(17) BRIAN SCHUPPER VICE CHAIR	0.30	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) TANYA ARBIT DIRECTOR	0.30	X					0.	0.	0.	
(19) LINDA BADER DIRECTOR	0.30	X					0.	0.	0.	
(20) ALAN BORSUK DIRECTOR	0.30	X					0.	0.	0.	
(21) IDY GOODMAN DIRECTOR	0.30	X					0.	0.	0.	
(22) ADAM GREENSPAN DIRECTOR	0.30	X					0.	0.	0.	
(23) REBECCA GURALNICK DIRECTOR	0.30	X					0.	0.	0.	
(24) ANN JACOBS DIRECTOR	0.30	X					0.	0.	0.	
(25) MOSHE KATZ DIRECTOR	0.30	X					0.	0.	0.	
(26) RAISA KOLTUN DIRECTOR	0.30	X					0.	0.	0.	
<b>1b Subtotal</b>							976,605.	0.	121,423.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							976,605.	0.	121,423.	

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 <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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
WOLF PAVING 612 N SAWYER RD, OCONOMOWOC, WI 53066	PAVING CONTRACTOR	1,113,194.
HUMANA 500 WEST MAIN STREET, LOUISVILLE, KY 40202	HEALTH INSURANCE	561,767.
WE ENERGIES 231 W. MICHIGAN STREET, MILWAUKEE, WI 53290	ELECTRIC AND GAS UTILITY	543,143.
GENDELMAN INSURANCE, 500 W BROWN DEER RD SUITE 101, MILWAUKEE, WI 53217	BUSINESS INSURANCE	354,575.
ROYALTY JANITORIAL, INC. PO BOX 270497, MILWAUKEE, WI 53227	CLEANING SERVICES	205,855.

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 **8**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	781,267.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	16,544,183.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,403,429.				
	<b>h Total.</b> Add lines 1a-1f			17,325,450.			
Program Service Revenue	<b>2 a</b> RENT FROM EXEMPT BUILDING	<b>Business Code</b>	532000	2,387,688.	2,387,688.		
	<b>b</b> NEWSPAPER ADVERTISING REVENUE		511110	230,224.	230,224.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			2,617,912.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			3,012,678.	10,999.	3001679.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	98,642,366.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	94,411,311.				
	<b>c</b> Gain or (loss)	<b>7c</b>	4,231,055.				
<b>d</b> Net gain or (loss)			4,231,055.		4231055.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		181,500.				
		<b>b</b> Less: direct expenses	<b>8b</b>	92,325.			
<b>c</b> Net income or (loss) from fundraising events			89,175.		89,175.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
		<b>b</b> Less: direct expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		8,964.				
		<b>b</b> Less: cost of goods sold	<b>10b</b>	0.			
		<b>c</b> Net income or (loss) from sales of inventory			8,964.		8,964.
Miscellaneous Revenue	<b>11 a</b> OTHER REVENUE	<b>Business Code</b>	900099	273,490.		273,490.	
	<b>b</b> CEMETERY INCOME		900099	15,537.		15,537.	
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			289,027.			
<b>12 Total revenue.</b> See instructions			27,574,261.	2,387,688.	241,223.	7619900.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,036,998.	13,036,998.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,945,733.	1,945,733.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	668,927.	244,158.	190,644.	234,125.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	3,571,715.	1,522,364.	897,179.	1,152,172.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	91,610.	29,659.	32,091.	29,860.
<b>9</b> Other employee benefits	581,902.	219,874.	200,549.	161,479.
<b>10</b> Payroll taxes	288,176.	111,239.	80,367.	96,570.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	72,114.	43,856.	25,069.	3,189.
<b>c</b> Accounting	54,990.	15,902.	7,818.	31,270.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	555,366.	555,366.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	646,299.	285,545.	259,200.	101,554.
<b>12</b> Advertising and promotion	95,484.	83,868.	2,252.	9,364.
<b>13</b> Office expenses	284,966.	161,959.	43,637.	79,370.
<b>14</b> Information technology	120,579.	35,910.	48,694.	35,975.
<b>15</b> Royalties				
<b>16</b> Occupancy	2,301,707.	2,025,026.	70,897.	205,784.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	110,098.	23,951.	64,418.	21,729.
<b>20</b> Interest	1,055,879.	1,055,879.		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1,749,992.	1,749,992.		
<b>23</b> Insurance	182,346.	160,700.	8,080.	13,566.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a PROGRAMS AND EVENTS</b>	144,878.	32,713.	160.	112,005.
<b>b MISCELLANEOUS EXPENSES</b>	136,305.	74,547.	53,102.	8,656.
<b>c ANNUAL CAMPAIGN RESERVE</b>	119,810.	119,810.		
<b>d NEWSPAPER</b>	62,055.	62,055.		
<b>e All other expenses</b>	6,596.	6,596.		
<b>25 Total functional expenses.</b> Add lines 1 through 24e	27,884,525.	23,603,700.	1,984,157.	2,296,668.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,566,844.	<b>1</b>	1,383,517.
	<b>2</b> Savings and temporary cash investments .....	14,549,322.	<b>2</b>	6,565,410.
	<b>3</b> Pledges and grants receivable, net .....	3,937,628.	<b>3</b>	2,952,391.
	<b>4</b> Accounts receivable, net .....	1,279,166.	<b>4</b>	1,217,551.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	3,536,925.	<b>7</b>	3,522,436.
	<b>8</b> Inventories for sale or use .....	1,823,493.	<b>8</b>	1,833,033.
	<b>9</b> Prepaid expenses and deferred charges .....	76,632.	<b>9</b>	126,527.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 62,226,950.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 36,553,721.	26,152,318.	<b>10c</b> 25,673,229.
	<b>11</b> Investments - publicly traded securities .....	156,672,840.	<b>11</b>	131,633,358.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	62,543,005.	<b>12</b>	74,926,264.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,100,779.	<b>15</b>	2,229,620.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	275,238,952.	<b>16</b>	252,063,336.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,460,568.	<b>17</b>	1,447,457.
	<b>18</b> Grants payable .....	4,920,538.	<b>18</b>	4,255,154.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....	54,340,000.	<b>20</b>	54,340,000.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	5,617,001.	<b>21</b>	4,723,241.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	756,927.	<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	36,128,822.	<b>25</b>	31,025,891.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	104,223,856.	<b>26</b>	95,791,743.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	123,255,719.	<b>27</b>	97,253,045.
	<b>28</b> Net assets with donor restrictions .....	47,759,377.	<b>28</b>	59,018,548.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	171,015,096.	<b>32</b>	156,271,593.
<b>33</b> Total liabilities and net assets/fund balances .....	275,238,952.	<b>33</b>	252,063,336.	

**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	27,574,261.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,884,525.
3	Revenue less expenses. Subtract line 2 from line 1	3	-310,264.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	171,015,096.
5	Net unrealized gains (losses) on investments	5	-17,731,808.
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	3,298,569.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	156,271,593.

**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 on 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 (2021)



**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	15319132.	18784088.	20301980.	16616114.	17325450.	88346764.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	15319132.	18784088.	20301980.	16616114.	17325450.	88346764.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						7459808.
<b>6 Public support.</b> Subtract line 5 from line 4.						80886956.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	15319132.	18784088.	20301980.	16616114.	17325450.	88346764.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3639508.	3391654.	4224596.	8275578.	3001679.	22533015.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						110879779
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	12,984,007.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	72.95 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	73.06 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. 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.

b 33 1/3% support tests - 2020. 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.

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021



Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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

[X] 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

[X] 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), 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), 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).

Name of organization  <b>MILWAUKEE JEWISH FEDERATION, INC.</b>	Employer identification number  <b>39-0806312</b>
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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	_____ _____ _____	\$ <u>1,800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>505,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>475,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>454,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>505,818.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>MILWAUKEE JEWISH FEDERATION, INC.</b>	Employer identification number  <b>39-0806312</b>
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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>780,270.</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>356,230.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>756,927.</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.)

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

(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

(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

(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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <b>MILWAUKEE JEWISH FEDERATION, INC.</b>	Employer identification number <b>39-0806312</b>
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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) 2021

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		2,765.
<b>j</b> Total. Add lines 1c through 1i .....			2,765.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

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

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2021**

**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 .....	428	
2 Aggregate value of contributions to (during year) .....	8,275,637.	
3 Aggregate value of grants from (during year) .....	6,794,548.	
4 Aggregate value at end of year .....	40,576,016.	
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 .....	▶ \$	239,533.

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) 2021

**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	24,616,251.	20,414,508.	19,575,551.	18,419,069.	16,759,442.
b Contributions	139,473.	50,457.	1,049,378.	1,036,564.	1,032,206.
c Net investment earnings, gains, and losses	-990,745.	5,474,475.	379,624.	707,609.	1,288,513.
d Grants or scholarships	1,075,984.	295,344.	318,845.	321,751.	396,287.
e Other expenditures for facilities and programs	0.	0.	0.	0.	0.
f Administrative expenses	301,507.	127,845.	271,200.	265,940.	264,805.
g End of year balance	22,387,488.	24,616,251.	20,414,508.	19,575,551.	18,419,069.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  1.0000 %
  - b Permanent endowment  99.0000 %
  - c Term endowment  \_\_\_\_\_ %
- 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?
- 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		52,517,812.	30,163,441.	22,354,371.
c Leasehold improvements				
d Equipment		7,065,375.	6,390,280.	675,095.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 25,673,229.



**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	36,752.	END-OF-YEAR MARKET VALUE
(B) OTHER ALTERNATIVE		
(C) INVESTMENTS	46,654,418.	END-OF-YEAR MARKET VALUE
(D) OTHER STRUCTURED PRODUCTS	22,998,813.	END-OF-YEAR MARKET VALUE
(E) PARTNERSHIP INTERESTS	337,020.	COST
(F) PRIVATE EQUITY FUNDS	4,899,261.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>74,926,264.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POST-RETIREMENT BENEFIT LIABILITY	3,500.
(3) LIABILITY FOR TRUSTS AND GIFT	
(4) ANNUITIES	1,526,579.
(5) INTEREST RATE SWAP	36,579.
(6) AGENCY ENDOWMENT FUNDS	29,440,435.
(7) CAPITAL LEASE OBLIGATION	18,798.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>31,025,891.</b>

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**PART III, LINE 4:**

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

**GOALS OF THE JEWISH MUSEUM ARE:**

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

**Part XIII** Supplemental Information (continued)

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

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

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



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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	6,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	8,800.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	25,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	1415993.	ACH	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	13,600.	CHECK	0.		
		RUSSIA AND THE NEIGHBORING STATES	GENERAL SUPPORT	434,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	11,800.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	5,540.	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 ..... **8**

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

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENERAL SUPPORT	25,000.	CHECK	0.		



Part IV Foreign Forms

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



**Part V Supplemental Information**

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

**PART I, LINE 2:**

A VOLUNTEER COMMITTEE DETERMINES GRANTS TO BE MADE. MILWAUKEE JEWISH FEDERATION STAFF 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.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ESTABROOK CONSULTING - 4720 NORTH BERKELEY BOULEVARD, G. STRATEGIES - P.O. BOX 247, MILWAUKEE, WI 53201	FUNDRAISING CONSULTANT		X	89,460.	6,075.	83,385.
	FUNDRAISING CONSULTANT		X	2,500.	45,000.	-42,500.
<b>Total</b>				91,960.	51,075.	40,885.

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

WI

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ECONOMIC FORUM (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	181,500.		181,500.
	2	Less: Contributions	0.		
	3	Gross income (line 1 minus line 2)	181,500.		181,500.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	1,156.		1,156.
	8	Entertainment	10,000.		10,000.
	9	Other direct expenses	81,169.		81,169.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			92,325.
11	Net income summary. Subtract line 10 from line 3, column (d)			89,175.	

**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

**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ACLU OF WISCONSIN FOUNDATION 207 E BUFFALO STREET #325 MILWAUKEE, WI 53202-5712	23-7052345	501(C)(3)	22,500.	0.			GENERAL DONATIONS
ADLER PLANETARIUM 1300 LAKE SHORE DRIVE CHICAGO, IL 60605	36-6210902	501(C)(3)	20,000.	0.			GENERAL DONATIONS
AMERICAN JEWISH JDC 220 E 42ND ST. STE 400 NEW YORK, NY 10017	13-1656634	501(C)(3)	7,780.	0.			GENERAL DONATIONS
ANSHE SFARD KEHILLAT TORAH 6717 NORTH GREEN BAY AVENUE MILWAUKEE, WI 53209	39-1572032	501(C)(3)	88,660.	0.			GENERAL DONATIONS
ANSHEI SHOLOM B'NAI ISRAEL CONGREGATION - 540 W MELROSE AVE - CHICAGO, IL 60657	36-2284422	501(C)(3)	6,000.	0.			GENERAL DONATIONS
ART INSTITUTE OF CHICAGO MEMBERSHIP DEPARTMENT 111 S MICHIGAN AVENUE - CHICAGO, IL 60603-6404	36-2167725	501(C)(3)	10,885.	0.			GENERAL DONATIONS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **217.**
- 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) 2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTS AT LARGE INC ATTN: TERI SULLIVAN 908 S. 5TH STRE MILWAUKEE, WI 53204	33-1114575	501(C)(3)	8,100.	0.			GENERAL DONATIONS
BADER HILLEL ACADEMY 6789 GREEN BAY AVE GLENDALE, WI 53209	39-1025262	501(C)(3)	559,441.	0.			GENERAL DONATIONS
BADER HILLEL HIGH SCHOOL 6789 N. GREEN BAY AVE. GLENDALE, WI 53209	39-1170927	501(C)(3)	12,905.	0.			GENERAL DONATIONS
BENEDICT CENTER INC 1849 N DR MARTIN LUTHER KING DR SUI MILWAUKEE, WI 53212	39-1226475	501(C)(3)	8,850.	0.			GENERAL DONATIONS
BETHLEHEM CHABAD 493 DELAWARE AVE DELMAR, NY 12054	45-3828519	501(C)(3)	17,000.	0.			GENERAL DONATIONS
BIG BROTHERS AND BIG SISTERS OF METROPOLITAN MILWAUKEE - 788 N JEFFERSON STREET STE 600 - MILWAUKEE, WI 53202-3739	39-1239687	501(C)(3)	20,300.	0.			GENERAL DONATIONS
B'NAI B'RITH YOUTH ORG WI REGION BBYO - WIS. REGION BBYO 6255 N. SANTA MONICA BLVD. - MILWAUKEE, WI 53217	31-1794932	501(C)(3)	102,038.	0.			GENERAL DONATIONS
CENTER FOR JEWISH LIFE INC 2233 W MEQUON ROAD MEQUON, WI 53092	33-1004575	501(C)(3)	14,742.	0.			GENERAL DONATIONS
CHABAD OF DOWNTOWN LTD PO BOX 510525 MILWAUKEE, WI 53203	39-1672482	501(C)(3)	27,880.	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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CHABAD OF HAMILTON HEIGHTS 3647 BROADWAY APT. 6A NEW YORK, NY 10031	11-3587172	501(C)(3)	11,000.	0.			GENERAL DONATIONS
CHABAD OF LEHIGH 306 WYANDOTTE STREET BETHLEHEM, PA 18015-1865	11-3587172	501(C)(3)	57,500.	0.			GENERAL DONATIONS
CHABAD OF THE EAST SIDE 3030 E KENWOOD BLVD MILWAUKEE, WI 53211	39-1170927	501(C)(3)	8,200.	0.			GENERAL DONATIONS
CHARITY EX 798 MONTGOMERY ST, 2ND FLOOR BROOKLYN, NY 11213	83-3231449	501(C)(3)	27,500.	0.			GENERAL DONATIONS
CHEDER CHABAD OF BALTIMORE 5713 PARK HEIGHTS AVENUE BALTIMORE, MD 21215	26-3435681	501(C)(3)	30,000.	0.			GENERAL DONATIONS
CHICAGO BOTANICAL GARDEN 1000 LAKE COOK RD GLENCOE, IL 60022-1168	36-2225482	501(C)(3)	6,000.	0.			GENERAL DONATIONS
CHILDREN'S HOSPITAL OF WISCONSIN FOUNDATION INC. - P.O. BOX 1997, M.S. 3050 - MILWAUKEE, WI 53201	39-1500075	501(C)(3)	22,400.	0.			GENERAL DONATIONS
CHILDREN'S HOSPITAL OF WISCONSIN INC - PO BOX 1997 MS 3050 - MILWAUKEE, WI 53201-9770	39-0812532	501(C)(3)	115,000.	0.			GENERAL DONATIONS
CLAL-THE NATIONAL JEWISH CENTER FOR LEARNING AND LEADERSHIP - 440 PARK AVENUE SOUTH, 4TH FLOOR - NEW YORK, NY 10016-8012	23-7390358	501(C)(3)	10,000.	0.			GENERAL DONATIONS

Schedule I (Form 990)



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COA YOUTH & FAMILY CENTER 909 E. NORTH AVENUE MILWAUKEE, WI 53212	39-0806339	501(C)(3)	156,959.	0.			GENERAL DONATIONS
COLLEGE OF THE DESERT FOUNDATION 43-500 MONTEREY AVENUE PALM DESERT, CA 92260	95-3829219	501(C)(3)	9,600.	0.			GENERAL DONATIONS
COMMITTEE FOR ACCURACY IN MIDDLE EAST REPORTING IN AMERICA - P O BOX 35040 - BOSTON, MA 02135	52-1332702	501(C)(3)	5,500.	0.			GENERAL DONATIONS
COMMUNITY ADVOCATES INC 728 N JAMES LOVELL STREET MILWAUKEE, WI 53233	39-1249426	501(C)(3)	7,000.	0.			GENERAL DONATIONS
CONGREGATION AGUDAS ACHIM CHABAD 2233 W MEQUON ROAD MEQUON, WI 53092	39-1735636	501(C)(3)	29,562.	0.			GENERAL DONATIONS
CONGREGATION BETH EPHRAIM 113 PARKER AVENUE MAPLEWOOD, NJ 07040	22-3143283	501(C)(3)	30,000.	0.			GENERAL DONATIONS
CONGREGATION BETH ISRAEL NER TAMID 6880 N. GREEN BAY AVENUE MILWAUKEE, WI 53209	39-0878010	501(C)(3)	229,539.	0.			GENERAL DONATIONS
CONGREGATION BETH JEHUDAH ATTN: BEN ZION TWERSKI 3100 NORTH 52ND STREET - MILWAUKEE, WI 53216	39-0855384	501(C)(3)	76,540.	0.			GENERAL DONATIONS
CONGREGATION B'NAI ISRAEL 3830 NW 16TH BLVD GAINESVILLE, FL 32605-3552	59-1592633	501(C)(3)	33,817.	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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CONGREGATION CNESES ISRAEL C/O OF KAREN JONES 132 SCOUT WAY DE PERE, WI 54115		501(C)(3)	7,000.	0.			GENERAL DONATIONS
CONGREGATION EMANU-EL B'NE JESHURUN - 2020 W. BROWN DEER ROAD - RIVER HILLS, WI 53217-2000	39-0863230	501(C)(3)	491,007.	0.			GENERAL DONATIONS
CONGREGATION EMANU-EL OF WAUKESHA 830 W MORELAND BLVD WAUKESHA, WI 53188	39-1036201	501(C)(3)	11,500.	0.			GENERAL DONATIONS
CONGREGATION SHALOM 7630 N SANTA MONICA BLVD MILWAUKEE, WI 53217	13-1663143	501(C)(3)	71,279.	0.			GENERAL DONATIONS
CONGREGATION SINAI 8223 N. PORT WASHINGTON ROAD MILWAUKEE, WI 53217-2651	39-0892487	501(C)(3)	109,385.	0.			GENERAL DONATIONS
CU BOULDER HILLEL 2795 COLORADO AVE BOULDER, CO 80302-6809	83-3395525	501(C)(3)	30,000.	0.			GENERAL DONATIONS
DBA ARZA - ASSOCIATION OF REFORM ZIONISTS OF AMERICA - 633 THIRD AVENUE, FLOOR 7 - NEW YORK, NY 10017	13-1663143	501(C)(3)	121,655.	0.			GENERAL DONATIONS
DESERT COMMUNITY FOUNDATION TAMARISK EMPLOYEE SCHOLARSHIP FUND 70-240 FRANK SINATRA DRIVE - RANCHO MIRAG	95-4725924	501(C)(3)	5,550.	0.			GENERAL DONATIONS
DIX HILLS JEWISH CHAI CENTER 501 VANDERBILT PARKWAY DIX HILLS, NY 11746	11-3587172	501(C)(3)	15,984.	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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DOCTORS WITHOUT BORDERS-MEDECIN SANS FRONTIERE - PO BOX 5030 - HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	11,265.	0.			GENERAL DONATIONS
EISENHOWER HEALTH SERVICES 39000 BOB HOPE DRIVE RANCHO MIRAGE, CA 92270-3221	95-6130458	501(C)(3)	10,000.	0.			GENERAL DONATIONS
EISENHOWER MEDICAL CENTER FOUNDATION - 39000 BOB HOPE DRIVE - RANCHO MIRAGE, CA 92270-3770	95-6130458	501(C)(3)	5,050.	0.			GENERAL DONATIONS
ELI AND BESSIE COHEN CAMPS THE COHEN CAMPS 888 WORCESTER STREET, STE 350 - WELLESLEY, MA 02482	04-6152862	501(C)(3)	10,000.	0.			GENERAL DONATIONS
EMBER FOUNDATION 3553 W PETERSON AVE STE 208 CHICAGO, IL 60659	20-8674232	501(C)(3)	8,000.	0.			GENERAL DONATIONS
FEEDING AMERICA EASTERN WISCONSIN 1700 W FOND DU LAC AVENUE MILWAUKEE, WI 53205-1299	39-1384593	501(C)(3)	13,800.	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
FIRST STAGE CHILDREN'S THEATER 325 W. WALNUT STREET MILWAUKEE, WI 53212	39-1634828	501(C)(3)	5,680.	0.			GENERAL DONATIONS
FOUNDATION FOR INDIVIDUAL RIGHTS IN EDUCATION - 510 WALNUT ST. SUITE 1250 - PHILADELPHIA, PA 19106	04-3467254	501(C)(3)	17,000.	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.)

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FRIENDS OF CHABAD OF HEBRON 1178 E 23RD ST BROOKLYN, NY 11210-4519	26-1592721	501(C)(3)	7,500.	0.			GENERAL DONATIONS
FRIENDS OF LUBAVITCH INC 3109 N LAKE DRIVE MILWAUKEE, WI 53211-9940	39-1170927	501(C)(3)	5,360.	0.			GENERAL DONATIONS
FRIENDS OF MAYANOT INSTITUTE INC. 228 PARK AVENUE SOUTH STE 96553 NEW YORK, NY 10003	11-3348050	501(C)(3)	15,000.	0.			GENERAL DONATIONS
FRIENDS OF SCHLITZ AUDUBON NATURE CENTER - 1111 E. BROWN DEER ROAD - MILWAUKEE, WI 53217	39-1231819	501(C)(3)	12,700.	0.			GENERAL DONATIONS
FRIENDS OF THE FORUM C/O EMPIRE CAGING PO BOX 365 - HARTDALE, NY 10530-0365	20-8943695	501(C)(3)	10,000.	0.			GENERAL DONATIONS
GATES OF ZION INC MEVASERET C/O TREETOP DEVELOPMENT 500 FRANK W BURR BLVD STE 47 - TEANECK, NJ	81-3125165	501(C)(3)	6,000.	0.			GENERAL DONATIONS
GIGIS PLAYHOUSE INC 8685 N PORT WASHINGTON RD FOX POINT, WI 53217-0000	46-5021867	501(C)(3)	20,540.	0.			GENERAL DONATIONS
GILDAS CLUB MADISON WISCONSIN 7907 UW HEALTH CT MIDDLETON, WI 53562-5531	06-1662883	501(C)(3)	29,500.	0.			GENERAL DONATIONS
GOLF FORE WOLFE & A CURE, INC W134 N6625 LILLY CREEK DRIVE MEMONONEE FALLS, WI 53051	20-4530754	501(C)(3)	11,500.	0.			GENERAL DONATIONS

Schedule I (Form 990)

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GRAND AVENUE CLUB INC. 210 E. MICHIGAN STREET MILWAUKEE, WI 53202	39-1708177	501(C)(3)	40,090.	0.			GENERAL DONATIONS
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CTR - ATTN: TOMMY JOSTAD 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217	39-0806234	501(C)(3)	1,813,095.	0.			GENERAL DONATIONS
HEAR WISCONSIN 10243 W NATIONAL AVE WEST ALLIS, WI 53227	39-0826101	501(C)(3)	13,950.	0.			GENERAL DONATIONS
HILLEL MADISON FOUNDATION ATTN: GREG STEINBERGER 611 LANGDON MADISON, WI 53703	39-2035142	501(C)(3)	112,875.	0.			GENERAL DONATIONS
HILLEL MILWAUKEE 3053 N STOWELL AVENUE MILWAUKEE, WI 53211-3352	39-1445185	501(C)(3)	245,599.	0.			GENERAL DONATIONS
HILLEL UNIVERSITY OF MINNESOTA 1521 UNIVERSITY AVENUE SE MINNEAPOLIS, MN 55414	41-6038613	501(C)(3)	20,000.	0.			GENERAL DONATIONS
HOLLIDAY PARK FOUNDATION, INC. 6363 SPRING MILL ROAD INDIANAPOLIS, IN 46260	35-1816648	501(C)(3)	10,000.	0.			GENERAL DONATIONS
HUNGER TASK FORCE MILWAUKEE 201 S. HAWLEY CT. MILWAUKEE, WI 53214	39-1345847	501(C)(3)	292,450.	0.			GENERAL DONATIONS
INTERNATIONAL CRANE FOUNDATION E-11376 SHADY LANE RD PO BOX 447 BARABOO, WI 53913-0447	39-1187711	501(C)(3)	5,100.	0.			GENERAL DONATIONS

Schedule I (Form 990)

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J STREET EDUCATION FUND INC. PO BOX 66073 WASHINGTON, DC 20035	20-2777557	501(C)(3)	30,000.	0.			GENERAL DONATIONS
JCC GLOBAL USA, INC. 345 MEADOWVIEW AVE HEWLETT, NY 11557	20-0812055	501(C)(3)	25,000.	0.			GENERAL DONATIONS
JEWISH BEGINNINGS LUBAVITCH PRESCHOOL - C/O ACCOUNTING 6789 GREEN BAY AVE - GLENDALE, WI 53209	39-1732588	501(C)(3)	134,693.	0.			GENERAL DONATIONS
JEWISH COMMUNITY FOOD PANTRY 6255 N SANTA MONICA BLVD MILWAUKEE, WI 53217	39-0806234	501(C)(3)	173,530.	0.			GENERAL DONATIONS
JEWISH EXPERIENCE OF MADISON MILWAUKEE - 3453 N 54TH STREET - MILWAUKEE, WI 53216	20-2142497	501(C)(3)	20,453.	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)	6,200.	0.			GENERAL DONATIONS
JEWISH FAMILY SERVICES 1300 N. JACKSON STREET MILWAUKEE, WI 53202	39-0806291	501(C)(3)	1,038,267.	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 METROPOLITAN CHICAGO - 30 S WELLS ST - CHICAGO, IL 60606	36-2167761	501(C)(3)	150,180.	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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JEWISH FEDERATION OF METROPOLITAN DETROIT - 6735 TELEGRAPH ROAD #30 - BLOOMFIELD HILLS, MI 48301	38-1360585	501(C)(3)	5,400.	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)	11,100.	0.			GENERAL DONATIONS
JEWISH HOME & CARE CENTER FOUNDATION - 1414 N PROSPECT AVENUE - MILWAUKEE, WI 53202-3089	39-1555857	501(C)(3)	506,356.	0.			GENERAL DONATIONS
JEWISH NATIONAL FUND 6000 E. EVANS AVE. BLDG 2 SUITE 221 DENVER, CO 80222	13-1659627	501(C)(3)	20,750.	0.			GENERAL DONATIONS
JEWISH NATIONAL FUND MILWAUKEE 60 REVERE DRIVE, SUITE 725 NORTHBROOK, IL 60062-1580	13-1659627	501(C)(3)	6,729.	0.			GENERAL DONATIONS
JEWISH UNITED FUND OF METRO CHICAGO - 30 S WELLS ST - CHICAGO, IL 60606	36-2167034	501(C)(3)	35,868.	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
KBY CONGREGATIONS TOGETHER INC PO BOX 23170 BROOKLYN, NY 11202	57-1199898	501(C)(3)	131,880.	0.			GENERAL DONATIONS
LANGE FOUNDATION 2106 S. SEPULVEDA BLVD. LOS ANGELES, CA 90025	95-4407687	501(C)(3)	5,250.	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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAW FORWARD INC PO BOX 326 MADISON, WI 53701-0326	84-2803392	501(C)(3)	7,000.	0.			GENERAL DONATIONS
LAWRENCE UNIVERSITY DEVELOPMENT OFFICE 711 E BOLDT WAY APPLETON, WI 54911	39-0806297	501(C)(3)	11,250.	0.			GENERAL DONATIONS
LUBAVITCH OF WISCONSIN ATTN: RABBI MENDEL SHMOTKIN C/O CHABAD OF GLENDALE 6791 N. GREEN BAY AVE - G	39-1170927	501(C)(3)	253,489.	0.			GENERAL DONATIONS
LUNGEVITY FOUNDATION 435 N LASALLE STREET STE 310 CHICAGO, IL 60654	36-4433410	501(C)(3)	10,850.	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
MACC FUND 10000 INNOVATION DR STE 135 MILWAUKEE, WI 53226	39-1270290	501(C)(3)	70,500.	0.			GENERAL DONATIONS
MAIMONIDES HEBREW DAY SCHOOL 404 PARTRIDGE ST ALBANY, NY 12208-2816	22-2318286	501(C)(3)	6,000.	0.			GENERAL DONATIONS
MAKE A WISH FOUNDATION WISCONSIN 11020 WEST PLANK COURT, SUITE 200 WAUWATOSA, WI 53226	39-1543541	501(C)(3)	52,186.	0.			GENERAL DONATIONS
MANOFF FOUNDATION 37 FIELDSTONE CIRCLE STAMFORD, CT 06902	84-3745735	501(C)(3)	25,000.	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.)

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MARQUETTE UNIVERSITY LAW SCHOOL 1215 W MICHIGAN STREET MILWAUKEE, WI 53233	39-0806251	501(C)(3)	29,500.	0.			GENERAL DONATIONS
MAZON A JEWISH RESPONSE TO HUNGER 10850 WILSHIRE BLVD STE 400 LOS ANGELES, CA 90024	22-2624532	501(C)(3)	31,970.	0.			GENERAL DONATIONS
MCCALLUM THEATRE 73000 FRED WARING DR PALM DESERT, CA 92260-2800	95-2834871	501(C)(3)	27,100.	0.			GENERAL DONATIONS
MEDICAL COLLEGE OF WISCONSIN OFFICE OF DEVELOPMENT PO BOX 26509 WAUWATOSA, WI 53226	39-0806261	501(C)(3)	9,750.	0.			GENERAL DONATIONS
MEOOWZRESQ INC 960 N TUSTIN ST #200 ORANGE, CA 92867-5956	26-3035880	501(C)(3)	5,250.	0.			GENERAL DONATIONS
MEQUON JEWISH PRESCHOOL INC. 11112 N CROWN COURT MEQUON, WI 53092	39-1966107	501(C)(3)	14,928.	0.			GENERAL DONATIONS
MILWAUKEE ALLIANCE FOR JEWISH RECONNECTION (MAJOR) - 3322 N 51 BLVD - MILWAUKEE, WI 53216	80-0207872	501(C)(3)	15,600.	0.			GENERAL DONATIONS
MILWAUKEE ART MUSEUM INC. 626 E. WISCONSIN AVE., FLOOR 16 MILWAUKEE, WI 53202-4616	39-0806316	501(C)(3)	50,234.	0.			GENERAL DONATIONS
MILWAUKEE CENTER FOR INDEPENDENCE 2020 W WELLS STREET MILWAUKEE, WI 53233	39-0806257	501(C)(3)	27,418.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE COLLEGE PREPARATORY SCHOOL - 2449 N 36TH STREET - MILWAUKEE, WI 53210	39-1881295	501(C)(3)	7,200.	0.			GENERAL DONATIONS
MILWAUKEE INSTITUTE OF ART & DESIGN INC - 273 E ERIE STREET - MILWAUKEE, WI 53202	39-1201561	501(C)(3)	12,500.	0.			GENERAL DONATIONS
MILWAUKEE JEWISH DAY SCHOOL 6401 N SANTA MONICA BLVD MILWAUKEE, WI 53217-4353	39-1384843	501(C)(3)	1,380,503.	0.			GENERAL DONATIONS
MILWAUKEE JEWISH FREE LOAN ASSOCIATION - 409 E. SILVER SPRING DRIVE - MILWAUKEE, WI 53217	26-4557997	501(C)(3)	64,860.	0.			GENERAL DONATIONS
MILWAUKEE PBS (MPTV 10/36, WMVS, WMVT) - C/O MATC FOUNDATION INC. 1036 N. 8TH ST - MILWAUKEE, WI 53233	39-1341603	501(C)(3)	16,147.	0.			GENERAL DONATIONS
MILWAUKEE PUBLIC MUSEUM INC. ATTN: ACCOUNTS RECEIVABLE 800 W. WE MILWAUKEE, WI 53233	39-1723105	501(C)(3)	7,870.	0.			GENERAL DONATIONS
MILWAUKEE REPERTORY THEATER INC. ATTN: CHUCK ROZEWICZ 108 E. WELLS STREET - MILWAUKEE, WI 53202	39-0946025	501(C)(3)	27,911.	0.			GENERAL DONATIONS
MILWAUKEE SYMPHONY ORCHESTRA 212 WEST WISCONSIN AVE. MILWAUKEE, WI 53203	39-6023436	501(C)(3)	43,636.	0.			GENERAL DONATIONS
MILWAUKEE URBAN LEAGUE 435 W. NORTH AVENUE MILWAUKEE, WI 53208	39-0826861	501(C)(3)	8,400.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSEUM OF WISCONSIN ART 205 VETERANS AVENUE WEST BEND, WI 53095	39-1017647	501(C)(3)	5,150.	0.			GENERAL DONATIONS
NAMI - GREATER MILWAUKEE 1915 N DOCTOR MARTIN LUTHER KING JR MILWAUKEE, WI 53212	43-1201653	501(C)(3)	8,600.	0.			GENERAL DONATIONS
NEXT ACT THEATRE PO BOX 394 MILWAUKEE, WI 53201	39-1553360	501(C)(3)	5,750.	0.			GENERAL DONATIONS
NORTHWESTERN UNIVERSITY 420 E SUPERIOR ST RUBLOFF BUILDING, 9TH FLOOR - CHICAGO, IL 60611	36-2167817	501(C)(3)	41,000.	0.			GENERAL DONATIONS
NORTHWESTERN UNIVERSITY-SCH OF COMMUNICATIONS - 1201 DAVIS STREET - EVANSTON, IL 60208-4410	36-2167817	501(C)(3)	27,118.	0.			GENERAL DONATIONS
OBERLIN COLLEGE THE DEWY WARD '34 ALUMNI CENTER 65 EAST COLLEGE STREET SUITE 4 - OBERLIN, OH	34-0714363	501(C)(3)	5,200.	0.			GENERAL DONATIONS
OHOLEI YOSEF YITZCHAK LUBAVITCH 14100 W 9 MILE RD OAK PARK, MI 48237-2621	38-3253099	501(C)(3)	15,320.	0.			GENERAL DONATIONS
OREGON JEWISH COMMUNITY FOUNDATION DEPT LA 25298 PASADENA, CA 91185-5298	93-1019725	501(C)(3)	150,000.	0.			GENERAL DONATIONS
OUR NEXT GENERATION 3421 W LISBON AVENUE MILWAUKEE, WI 53208	39-1761838	501(C)(3)	115,300.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PALM SPRINGS FRIENDS OF THE PHILHARMONIC - PO BOX 12770 - PALM DESERT, CA 92255-2770	23-7369948	501(C)(3)	11,760.	0.			GENERAL DONATIONS
PATHFINDERS 4200 N HOLTON ST STE 400 MILWAUKEE, WI 53212	39-1185304	501(C)(3)	5,400.	0.			GENERAL DONATIONS
PENFIELD CHILDREN'S CENTER 833 N 26TH STREET MILWAUKEE, WI 53233-1599	39-1093701	501(C)(3)	5,200.	0.			GENERAL DONATIONS
PLANNED PARENTHOOD FEDERATION OF AMERICA - ATTN: ONLINE SERVICES PO BOX 97166 - WASHINGTON, DC 20090-7166	13-1644147	501(C)(3)	10,990.	0.			GENERAL DONATIONS
PLANNED PARENTHOOD OF WISCONSIN INC - 302 N. JACKSON ST. - MILWAUKEE, WI 53202	39-0863391	501(C)(3)	33,957.	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
PUBLIC ALLIES 735 N WATER STREET SUITE 550 MILWAUKEE, WI 53202	52-1759564	501(C)(3)	20,500.	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)	100,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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)	5,200.	0.			GENERAL DONATIONS
RTNA OF SOUTHERN CALIFORNIA ATTN: SCHOLARSHIP FUND 6520 PLATT AVE. #445 - WEST HILLS, CA 91307	51-0187894	501(C)(3)	10,000.	0.			GENERAL DONATIONS
RUACH INC ATTN: JOSH RICHMAN 6815 W CAPITOL D MILWAUKEE, WI 53216	20-3268560	501(C)(3)	30,149.	0.			GENERAL DONATIONS
SAN FRANCISCO JEWISH FILM FESTIVAL 145 9TH ST STE 200 SAN FRANCISCO, CA 94103-2637	94-2854068	501(C)(3)	9,500.	0.			GENERAL DONATIONS
SCHOOL OF THE ART INSTITUTE CHICAGO - 116 S. MICHIGAN AVE, 5TH FLOOR - CHICAGO, IL 60603	36-2167725	501(C)(3)	5,200.	0.			GENERAL DONATIONS
SCHWAB CHARITABLE PO BOX 628298 ORLANDO, FL 32862	26-1997839	501(C)(3)	142,155.	0.			GENERAL DONATIONS
SHELTER TRANSPORT ANIMAL RESCUE TEAM - PO BOX 4792 - VALLEY VILLAGE, CA 91617	45-4258426	501(C)(3)	5,500.	0.			GENERAL DONATIONS
SODA: STUDENT ORGAN DONATION ADVOCATES - 315 BRAESWICK DR - LAKE ST LOUIS, MO 63367-2554	83-3491318	501(C)(3)	15,000.	0.			GENERAL DONATIONS
SOJOURNER FAMILY PEACE CENTER 619 W. WALNUT STREET MILWAUKEE, WI 53212	39-1276210	501(C)(3)	8,350.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEVE & SHARI SADEK FAMILY CAMP INTERLAKEN JCC - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217-4353	39-0806234	501(C)(3)	42,550.	0.			GENERAL DONATIONS
SUSAN G KOMEN SE WISCONSIN 2025 W. OKLAHOMA AVE STE 116 MILWAUKEE, WI 53215	75-1835298	501(C)(3)	12,500.	0.			GENERAL DONATIONS
TEMPLE EMANUEL 10101 CONNECTICUT AVE KENSINGTON, MD 20895-3803	52-0642790	501(C)(3)	8,433.	0.			GENERAL DONATIONS
TEMPLE MENORAH 9363 N 76TH STREET MILWAUKEE, WI 53223	39-1016320	501(C)(3)	19,345.	0.			GENERAL DONATIONS
TEMPLE SHALOM OF NEWTON 175 TEMPLE STREET WEST NEWTON, MA 02465		501(C)(3)	9,360.	0.			GENERAL DONATIONS
THE BARBARA SINATRA CHILDREN'S CENTER AT EISENHOWER - 39000 BOB HOPE DRIVE - RANCHO MIRAGE, CA 92270	33-0136550	501(C)(3)	19,590.	0.			GENERAL DONATIONS
THE FRIENDSHIP CIRCLE, INC. 8649 N. PORT WASHINGTON ROAD FOX POINT, WI 53217	39-1819245	501(C)(3)	25,928.	0.			GENERAL DONATIONS
THE INSTITUTE FOR THE ADVANCEMENT OF EDUCATION IN JAFFA - 171-06 76TH AVE - FLUSHING, NY 11366	11-2697261	501(C)(3)	25,100.	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)	5,500.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SHUL BAYSIDE 8825 N LAKE DRIVE BAYSIDE, WI 53217-1939	20-0210844	501(C)(3)	11,800.	0.			GENERAL DONATIONS
TIDES FOUNDATION PO BOX 29903 SAN FRANCISCO, CA 94129-0903	51-0198509	501(C)(3)	6,000.	0.			GENERAL DONATIONS
TIKKUN HA-IR OF MILWAUKEE PO BOX 090287 MILWAUKEE, WI 53209	77-0596241	501(C)(3)	48,656.	0.			GENERAL DONATIONS
TORAH ACADEMY OF MILWAUKEE 6800 N GREEN BAY AVENUE GLENDALE, WI 53209	93-0869475	501(C)(3)	67,254.	0.			GENERAL DONATIONS
TREEPEOPLE 12601 MULHOLLAND DRIVE BEVERLY HILLS, CA 90210	23-7314838	501(C)(3)	7,500.	0.			GENERAL DONATIONS
UNITED PERFORMING ARTS FUND 301 W. WISCONSIN AVE STE 600 MILWAUKEE, WI 53203-2232	39-6100399	501(C)(3)	53,240.	0.			GENERAL DONATIONS
UNITED WAY OF GREATER MILWAUKEE 225 W VINE STREET MILWAUKEE, WI 53212-3935	39-0806190	501(C)(3)	147,890.	0.			GENERAL DONATIONS
UNIV OF CHICAGO RENAISSANCE SOCIETY - 5811 SOUTH ELLIS AVENUE - CHICAGO, IL 60637	36-6109822	501(C)(3)	11,000.	0.			GENERAL DONATIONS
UNIVERSITY OF WISCONSIN FOUNDATION U.S. BANK LOCKBOX BOX 78807 MILWAUKEE, WI 53278-0807	39-0743975	501(C)(3)	224,122.	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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UNIVERSITY SCHOOL OF MILWAUKEE 2100 W FAIRY CHASM ROAD MILWAUKEE, WI 53217	39-6076442	501(C)(3)	48,600.	0.			GENERAL DONATIONS
URBAN ECOLOGY CENTER INC. 1500 E. PARK PLACE MILWAUKEE, WI 53211	39-1712663	501(C)(3)	8,005.	0.			GENERAL DONATIONS
US HOLOCAUST MEMORIAL MUSEUM MIDWEST REGION - PO BOX 1852 - HIGHLAND PARK, IL 60035	52-1309391	501(C)(3)	50,000.	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 THE BARBARA HOCHBERG CENTER FOR JEWISH LIFE 611 LANGDON STREET - MADISON, WI	39-2035142	501(C)(3)	16,119.	0.			GENERAL DONATIONS
UWM FOUNDATION, INC. 1440 E NORTH AVENUE MILWAUKEE, WI 53202	23-7337744	501(C)(3)	102,589.	0.			GENERAL DONATIONS
VISION FORWARD ASSOCIATION 912 N HAWLEY ROAD MILWAUKEE, WI 53213	39-2040359	501(C)(3)	115,100.	0.			GENERAL DONATIONS
WASHINGTON INSTITUTE FOR NEAR EAST POLICY - 1111 19TH ST NW STE 500 - WASHINGTON, DC 20036-3617	52-1376034	501(C)(3)	110,000.	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

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIAM J BRENNAN JR CENTER FOR JUSTICE - 120 BROADWAY SUITE 1750 - NEW YORK, NY 10271	13-3839293	501(C)(3)	40,500.	0.			GENERAL DONATIONS
WINGS OF RESCUE PO BOX 6045 LA QUINTA, CA 92248	45-3343408	501(C)(3)	5,250.	0.			GENERAL DONATIONS
WISCONSIN BLACK HISTORICAL SOCIETY 2620 W CENTER ST MILWAUKEE, WI 53206-1155	39-1626854	501(C)(3)	15,000.	0.			GENERAL DONATIONS
WISCONSIN INSTITUTE FOR TORAH STUDY (WITS) - 3288 N LAKE DRIVE - MILWAUKEE, WI 53211-3124	39-1366081	501(C)(3)	105,281.	0.			GENERAL DONATIONS
WUWM MILWAUKEE PUBLIC RADIO 89.7 FM - 111 E WISCONSIN AVE SUITE 700 - MILWAUKEE, WI 53202	20-1257939	501(C)(3)	7,768.	0.			GENERAL DONATIONS
YESHIVA ELEMENTARY SCHOOL OF MILW 5115 W KEEFE AVENUE MILWAUKEE, WI 53216	39-1631932	501(C)(3)	189,075.	0.			GENERAL DONATIONS
YESHIVA UNIVERSITY OFFICE OF STUDENT FINANCE, FURST HALL 121 500 WEST 185TH ST - NEW YORK, NY 1	13-1624225	501(C)(3)	112,023.	0.			GENERAL DONATIONS
ZIONIST ORGANIZATION OF AMERICA 633 THIRD AVE STE 31-B NEW YORK, NY 10017	13-5628475	501(C)(3)	5,400.	0.			GENERAL DONATIONS
HILLEL INTERNATIONAL 800 EIGHTH STREET NW WASHINGTON, DC 20001	52-1844823	501(C)(3)	5,333.	0.			GENERAL DONATIONS

Schedule I (Form 990)



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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**MILWAUKEE JEWISH FEDERATION, INC.**

Employer identification number

**39-0806312**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2021

**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 and/or 1099-NEC 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)	227,562.	0.	0.	7,050.	15,994.	250,606.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MITCHELL MOSER EXECUTIVE DIRECTOR - JEWISH COMMUNIT	(i)	206,920.	0.	0.	3,225.	30,071.	240,216.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) THOMAS OECHLER CHIEF FINANCIAL OFFICER	(i)	140,008.	0.	0.	4,697.	39,330.	184,035.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STEPHANIE WAGNER CHIEF IMPACT OFFICER	(i)	142,655.	0.	0.	4,434.	13,361.	160,450.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JULIE SCHACK VICE PRESIDENT OF PHILANTHROPY	(i)	150,749.	0.	0.	0.	0.	150,749.	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](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

Schedule K (Form 990) 2021

<b>Part III Private Business Use</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X						
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	X							
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		1.20	%			%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....			%			%		%
<b>6</b> Total of lines 4 and 5 .....		1.20	%			%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....	X							
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....			%			%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X							

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



Part IV Arbitrage (continued)	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? .....	X							
b Name of provider .....	US BANK N.A.							
c Term of hedge .....	10.0000000							
d Was the hedge superintegrated? .....		X						
e Was the hedge terminated? .....		X						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
b Name of provider .....								
c Term of GIC .....								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
6 Were any gross proceeds invested beyond an available temporary period? .....		X						
7 Has the organization established written procedures to monitor the requirements of section 148? .....	X							

Part V Procedures To Undertake Corrective Action	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

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

SCHEDULE 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

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **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	128	2,403,429.	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**

	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) 2021

**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)**

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 Form 990-EZ.

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

OMB No. 1545-0047

**2021**

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) 2021

132211 11-11-21

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

HISTORY OF THE COMMUNITY, AND MAINTAIN AN ADVERTISING MEDIUM FOR REACHING THE JEWISH POPULATION.

EXPENSES \$ 329,185. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER PROGRAMS INCLUDE PARTNERSHIP2GETHER AND THE SCHLICHUT PROGRAM, WHICH PLAY A KEY ROLE IN ENSURING ONGOING CULTURAL AND PERSONAL CONTACT BETWEEN THE MILWAUKEE JEWISH COMMUNITY AND ISRAEL, WITH A FOCUS ON THE REGION OF THE SOVEV KINNERET. MILWAUKEE JEWISH FEDERATION PROGRAM SERVICES ALSO INCLUDE THE COALITION FOR JEWISH LEARNING (CJL), THE EDUCATION PROGRAM OF THE MILWAUKEE JEWISH FEDERATION.

EXPENSES \$ 10,954,495. INCL GRANTS OF \$ 4,921,212. REVENUE \$ 2,387,688.

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
---	--

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:

THE PRESIDENT AND CEO'S COMPENSATION WAS DETERMINED THROUGH THE SEARCH

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

PROCESS IN 2018 TAX YEAR. 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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	10,999.		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	

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Schedule R (Form 990) 2021



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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MJF GOLDA MEIR HOUSING, INC. - 45-4756528 1360 N PROSPECT AVE MILWAUKEE, WI 53202	HOUSING	WI	MILWAUKEE JEWISH FEDERATION,	C CORP	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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

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



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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

NAME OF RELATED ORGANIZATION:

MJF GOLDA MEIR HOUSING, INC.

DIRECT CONTROLLING ENTITY: MILWAUKEE JEWISH FEDERATION, INC.

# 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](http://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](http://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.

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 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
Form 990-T (corporation)	07		

**MIKE SATTELL**

- 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 15, 2023**, 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, 2021**, and ending **JUN 30, 2022**.

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

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

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

Form **990-T**

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

OMB No. 1545-0047

**2021**

For calendar year 2021 or other tax year beginning JUL 1, 2021, and ending JUN 30, 2022

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

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

<b>A</b> <input type="checkbox"/> Check box if address changed.	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	<b>D</b> Employer identification number
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		MILWAUKEE JEWISH FEDERATION, INC.	39-0806312
		Number, street, and room or suite no. If a P.O. box, see instructions. <b>1360 N PROSPECT AVE</b> City or town, state or province, country, and ZIP or foreign postal code <b>MILWAUKEE, WI 53202</b>	<b>E</b> Group exemption number (see instructions)
<b>C</b> Book value of all assets at end of year		▶ <b>252,063,336.</b>	<b>F</b> <input type="checkbox"/> Check box if an amended return.

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

**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 ▶ **MIKE SATTELL** Telephone number ▶ **414-390-5700**

**Part I Total Unrelated Business Taxable Income**

<b>1</b> Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	<b>1</b>	<b>10,249.</b>
<b>2</b> Reserved .....	<b>2</b>	
<b>3</b> Add lines 1 and 2 .....	<b>3</b>	<b>10,249.</b>
<b>4</b> Charitable contributions (see instructions for limitation rules) .....	<b>4</b>	<b>0.</b>
<b>5</b> Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	<b>5</b>	<b>10,249.</b>
<b>6</b> Deduction for net operating loss. See instructions .....	<b>6</b>	
<b>7</b> Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	<b>7</b>	<b>10,249.</b>
<b>8</b> Specific deduction (generally \$1,000, but see instructions for exceptions) .....	<b>8</b>	<b>1,000.</b>
<b>9</b> <b>Trusts.</b> Section 199A deduction. See instructions .....	<b>9</b>	
<b>10</b> <b>Total deductions.</b> Add lines 8 and 9 .....	<b>10</b>	<b>1,000.</b>
<b>11</b> <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	<b>11</b>	<b>9,249.</b>

**Part II Tax Computation**

<b>1</b> <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	<b>1</b>	<b>1,942.</b>
<b>2</b> <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	<b>2</b>	
<b>3</b> <b>Proxy tax.</b> See instructions .....	<b>3</b>	
<b>4</b> Other tax amounts. See instructions .....	<b>4</b>	
<b>5</b> Alternative minimum tax (trusts only) .....	<b>5</b>	
<b>6</b> <b>Tax on noncompliant facility income.</b> See instructions .....	<b>6</b>	
<b>7</b> <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	<b>7</b>	<b>1,942.</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

<b>Part III Tax and Payments</b>			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
b Other credits (see instructions) .....	<b>1b</b>		
c General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
e <b>Total credits.</b> Add lines 1a through 1d .....		<b>1e</b>	
2 Subtract line 1e from Part II, line 7 .....		<b>2</b>	1,942.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....		<b>3</b>	
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....		<b>4</b>	1,942.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....		<b>5</b>	0.
6a Payments: A 2020 overpayment credited to 2021 .....	<b>6a</b>		
b 2021 estimated tax payments. Check if section 643(g) election applies .....	<b>6b</b>	1,320.	
c Tax deposited with Form 8868 .....	<b>6c</b>		
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
e Backup withholding (see instructions) .....	<b>6e</b>		
f Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....			
<input type="checkbox"/> Form 4136 .....			
<input type="checkbox"/> Other .....			
Total .....	<b>6g</b>		
7 <b>Total payments.</b> Add lines 6a through 6g .....		<b>7</b>	1,320.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....		<b>8</b>	
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....		<b>9</b>	622.
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....		<b>10</b>	
11 Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> .....		<b>11</b>	
			<b>Refunded</b>

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1 At any time during the 2021 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 .....		<b>Yes</b>	<b>No</b>
			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? .....			X
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year .....			
4 Enter available pre-2018 NOL carryovers here .....			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
511110	\$ 750.		
	\$		
6a Did the organization change its method of accounting? (see instructions) .....			X
b If 6a 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 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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.			
	<b>PRESIDENT &amp; CEO</b>		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
	Signature of officer	Date	Title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	KIRSTEN HOUGHTON			P01273230
	Firm's name	Firm's EIN		
	SVA CERTIFIED PUBLIC ACCTS SC 1221 JOHN Q. HAMMONS DRIVE MADISON, WI 53717	39-1203191		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](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1

OMB No. 1545-0047

2021

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

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

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

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	230,224.	176,229.	53,995.
<b>12</b> Other income (see instructions; attach statement)			
<b>13 Total.</b> Combine lines 3 through 12	230,224.	176,229.	53,995.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	
<b>3</b> Repairs and maintenance	<b>3</b>	
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement). See instructions	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	53,995.
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 1</b>	<b>14</b>	750.
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>	54,745.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	-750.
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>	0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	-750.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021



**Part III Cost of Goods Sold** Enter method of inventory valuation ▶

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

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.  
 A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.  
 A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 <b>Total dividends-received deductions</b> included in line 10	0.			

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

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



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		

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/21	750.	0.	750.	750.
NOL CARRYOVER AVAILABLE THIS YEAR			750.	750.

**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](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2  
OMB No. 1545-0047

**2021**

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

<b>A</b> Name of the organization <b>MILWAUKEE JEWISH FEDERATION, INC.</b>	<b>B</b> Employer identification number <b>39-0806312</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>900001</b>	<b>D</b> Sequence: <b>2</b> of <b>2</b>

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

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales _____				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance ▶	<b>1c</b>			
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 4</b> .....	<b>5</b>	10,999.		10,999.
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	10,999.		10,999.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....				
<b>2</b> Salaries and wages .....				
<b>3</b> Repairs and maintenance .....				
<b>4</b> Bad debts .....				
<b>5</b> Interest (attach statement). See instructions .....				
<b>6</b> Taxes and licenses .....				
<b>7</b> Depreciation (attach Form 4562). See instructions .....	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b>			<b>8b</b>
<b>9</b> Depletion .....				<b>9</b>
<b>10</b> Contributions to deferred compensation plans .....				<b>10</b>
<b>11</b> Employee benefit programs .....				<b>11</b>
<b>12</b> Excess exempt expenses (Part VIII) .....				<b>12</b>
<b>13</b> Excess readership costs (Part IX) .....				<b>13</b>
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 5</b> .....	<b>14</b>			750.
<b>15 Total deductions.</b> Add lines 1 through 14 .....	<b>15</b>			750.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....	<b>16</b>			10,249.
<b>17</b> Deduction for net operating loss. See instructions .....	<b>17</b>			0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....	<b>18</b>			10,249.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**Part III Cost of Goods Sold** Enter method of inventory valuation ▶

1 Inventory at beginning of year .....	1	
2 Purchases .....	2	
3 Cost of labor .....	3	
4 Additional section 263A costs (attach statement) .....	4	
5 Other costs (attach statement) .....	5	
6 <b>Total.</b> Add lines 1 through 5 .....	6	
7 Inventory at end of year .....	7	
8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) <span style="float: right;">▶</span> 0.				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) <span style="float: right;">▶</span> 0.				

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) <span style="float: right;">▶</span> 0.				
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) <span style="float: right;">▶</span> 0.				
11 <b>Total dividends-received deductions</b> included in line 10 <span style="float: right;">▶</span> 0.				

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

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





FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 4
DESCRIPTION		NET INCOME OR (LOSS)
COLORADO PROPERTIES PTRS - NET RENTAL REAL ESTATE INCOME		10,999.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		10,999.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
FORM 990T PREPARATION FEES		750.
TOTAL TO SCHEDULE A, PART II, LINE 14		750.



# 2021 Form IL-990-T

## Exempt Organization Income and Replacement Tax Return

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

If this return is not for calendar year 2021, enter your fiscal tax year here. Tax year beginning <u>JUL 1</u> , 20 <u>21</u> , ending <u>JUN 30</u> , 20 <u>22</u> <small>month day year month day year</small> <b>WARNING</b> This form is for tax years ending on or after December 31, 2021, and before December 31, 2022. For all other situations, see instructions to determine the correct form to use.	Enter the amount you are paying. \$ _____
---	--

### Step 1: Identify your exempt organization

**A** Enter your complete legal business name.  
 If you have a name change, check this box.   
 Name: MILWAUKEE JEWISH FEDERATION, INC.

**B** Enter your mailing address.  
 Check this box if either of the following apply:   
 • this is your **first return**, or  
 • you have an **address change**.  
 C/O: \_\_\_\_\_  
 Mailing address: 1360 N PROSPECT AVE  
 City: MILWAUKEE State: WI ZIP: 53202

**C** If this is the first or final return, check the applicable box(es).  
 First return  
 Final return (Enter the date of termination.        /        /       )  
mm dd yyyy

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

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

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

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

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

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

**J** Check this box if you are a 52/53 week filer.

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

(Whole dollars only)

1 Unrelated business taxable income or loss from U.S. Form 990-T. See Instructions. <b>Attach</b> a copy of your U.S. Form 990-T.	1	9,249 .00
2 Illinois income and replacement tax and surcharge deducted in arriving at Line 1.	2	.00
<b>3 Base income or loss.</b> Add Lines 1 and 2.	3	9,249 .00

<b>STOP</b>	<b>A</b> If the amount on Line 3 is derived inside Illinois only or if you are an Illinois resident trust, check this box and enter the amount from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must leave Step 3, Lines 4 through 11 blank.) <input type="checkbox"/>	
	<b>B</b> If any portion of the amount on Line 3 is derived outside Illinois, check this box and complete <u>all lines</u> of Step 3. (Do not leave Lines 6 through 8 blank.) See instructions. <input checked="" type="checkbox"/>	

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

4 Business income or loss included in Line 3 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	4	9,999 .00
5 Business income or loss. Subtract Line 4 from Line 3.	5	-750 .00
6 Total sales everywhere. This amount cannot be negative.	6	8,919 .
7 Total sales inside Illinois. This amount cannot be negative.	7	835 .
8 Apportionment factor. Divide Line 7 by Line 6. Round to six decimal places.	8	.093620
9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.	9	-70 .00
10 Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	10	0 .00
<b>11 Base income or loss allocable to Illinois.</b> Add Lines 9 and 10.	11	-70 .00

### Step 4: Figure your net replacement tax

12 Net income or loss from Line 3 or Line 11.	12	-70 .00
13 Replacement tax. <b>Corporations</b> multiply Line 12 by 2.5% (.025); <b>Trusts</b> multiply by 1.5% (.015).	13	.00
14 Recapture of investment credits. <b>Attach</b> Schedule 4255.	14	.00
15 Replacement tax before investment credits. Add Lines 13 and 14.	15	.00
16 Investment credits. <b>Attach</b> Form IL-477.	16	0 .00
<b>17 Net replacement tax.</b> Subtract Line 16 from Line 15. If the amount is negative, enter zero.	17	0 .00

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



Step 5: Figure your net income tax

Table with 2 columns: Description and Amount. Rows 18-23 showing net income tax calculation with amounts like -70.00 and 0.00.

Step 6: Figure your refund or balance due

Table with 2 columns: Description and Amount. Rows 24-33 showing refund/balance due calculation with amounts like .00 and .00.

Form box for 'Complete to direct deposit your refund' with fields for Routing Number, Account Number, and checkboxes for Checking or Savings.

35 Tax Due. If Line 28 is greater than Line 30, subtract Line 30 from Line 28. This is the amount you owe. 35 .00

If you owe tax on Line 35, make an electronic payment at Tax.Illinois.gov. If you must mail your payment, complete a payment voucher, Form IL-990-T-V. Write your FEIN, tax year ending, and "IL-990-T-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the front of this form.

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

Step 7: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Signature and preparer information table with fields for Sign Here, Signature, Date, Title, Phone, and Preparer Use Only.

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

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

For calendar year 2021 or tax year beginning 07 01 2021 and ending 06 30 2022

Complete form using BLACK INK. Due Date: 15th day of 5th month (4th month for certain trusts and IRAs) following close of taxable year.

Exempt Organization Name MILWAUKEE JEWISH FEDERATION, INC.

Number and Street 1360 N PROSPECT AVE Suite Number

City MILWAUKEE State WI ZIP (+ 4 digit suffix if known) 53202 A Federal Employer ID Number 39 0806312

D Check if applicable and attach explanation: 1 Amended return (Include Schedule AR) 2 First return - new corporation or entering Wisconsin 3 Final return - corporation dissolved or withdrew 4 Short period - change in accounting period 5 Short period - stock purchase or sale B Business Activity (NAICS) Code C State of Organization and Year WI 1938

Check if applicable and see instructions:

E X If you have an extension of time to file, enter extended due date 06 15 2023

F If you have related entity expenses and are required to file Schedule RT with this return

G If you changed your organization name



H Internal Revenue Service adjustments became final during the year Enter years adjusted

I Check type of organization:

1 X Corporation 2 Trust - due 4th month 3 Trust - due 5th month

J Name of Trustee if Taxable as Trust

ENTER NEGATIVE NUMBERS LIKE THIS -1000 NOT LIKE THIS (1000) NO COMMAS; NO CENTS

Organizations Taxable as Corporations (Trusts do not fill in lines 1 through 13)

Table with 13 rows for corporations, including lines 1-13 for taxable income, deductions, and net tax.

Organizations Taxable as Trusts (Corporations do not fill in lines 14 through 23)

Table with 9 rows for trusts, including lines 14-19 for taxable income and tax.

DO NOT STAPLE OR BIND

PAPER CLIP check or money order here

<b>20</b>	Nonrefundable credits (from Schedule CR)	<b>20</b>	_____
<b>21</b>	Net income tax paid to other states	<b>21</b>	_____
<b>22</b>	Add lines 20 and 21	<b>22</b>	_____
<b>23</b>	Subtract line 22 from line 19. If line 22 is greater than line 19, enter zero (0). This is net tax	<b>23</b>	_____
<b>24</b>	Tax from line 13 or 23	<b>24</b>	<u>731</u>
<b>25</b>	Economic development surcharge (see instructions)	<b>25</b>	_____
<b>26</b>	Endangered resources donation (decreases refund or increases amount owed)	<b>26</b>	_____
<b>27</b>	Veterans trust fund donation (decreases refund or increases amount owed)	<b>27</b>	_____
<b>28</b>	Add lines 24 through 27	<b>28</b>	<u>731</u>
<b>29</b>	Estimated tax payments less refund from Form 4466W	<b>29</b>	_____
<b>30</b>	Wisconsin tax withheld	<b>30</b>	_____
<b>31</b>	Refundable credits (from Schedule CR)	<b>31</b>	_____
<b>32</b>	Amended Return Only - amount previously paid	<b>32</b>	_____
<b>33</b>	Add lines 29 through 32	<b>33</b>	_____
<b>34</b>	Amended Return Only - amount previously refunded	<b>34</b>	_____
<b>35</b>	Subtract line 34 from line 33	<b>35</b>	_____
<b>36</b>	Interest, penalty, and late fee due (from Form U line 17 or 26, or Schedule U, line 15 or 29). If you annualized income on Form U or Schedule U, check (✓) the space after the arrow	<b>36</b>	_____
<b>37</b>	<b>Amount due.</b> If the total of lines 28 and 36 is larger than line 35, subtract line 35 from the total of lines 28 and 36	<b>37</b>	<u>731</u>
<b>38</b>	<b>Overpayment.</b> If line 35 is larger than the total of lines 28 and 36, subtract the total of lines 28 and 36 from line 35	<b>38</b>	_____
<b>39</b>	Enter amount of line 38 you want credited on 2022 estimated tax	<b>39</b>	_____
<b>40</b>	Subtract line 39 from line 38. <b>This is your refund</b>	<b>40</b>	_____
<b>41</b>	Enter total gross receipts from all unrelated trade or business activities	<b>41</b>	<u>236869</u>

**Additional Information Required**

- 1 Person to contact concerning this return: MIKE SATTELL Phone #: 4143905700 Fax #: \_\_\_\_\_
- 2 City and state where books and records are located for audit purposes: MILWAUKEE, WI
- 3 Are you the sole owner of any limited liability companies (LLCs)?  Yes  No If yes, complete Schedule DE and include with this return. Did you include the incomes of these entities in this return?  Yes  No
- 4 Did you purchase any taxable tangible personal property or taxable services for storage, use, or consumption in Wisconsin without payment of a state sales or use tax?  Yes  No If yes, you may owe Wisconsin use tax. See instructions for how to report use tax. (You will not be liable for Wisconsin use tax if you hold a Wisconsin Certificate of Exempt Status.)
- 5 List the locations of your Wisconsin operations: MILWAUKEE

**Third Party Designee** Do you want to allow another person to discuss this return with the department?  Yes Complete the following.  No

Print Designee's Name  Phone Number ▼  Personal Identification Number (PIN) ▼

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Signature of Officer or Trustee	Title <b>PRESIDENT &amp; CEO</b>	Date
Preparer's Signature	Preparer's Federal Employer ID Number <b>39 1203191</b>	Date

**You must file a copy of your federal Form 990-T or 4720, including attachments, with your Form 4T.**

If you are not filing your return electronically, make your check payable to and mail your return to ►

Wisconsin Department of Revenue  
PO Box 8908  
Madison WI 53708-8908



Part 1 - Additions:

<b>1</b>	Interest income (less related expenses) from state and municipal obligations .....	<b>1</b>	_____	.
<b>2</b>	State and local franchise or income taxes .....	<b>2</b>	_____	.
<b>3</b>	Capital gain/loss adjustment .....	<b>3</b>	_____	.
<b>4</b>	Federal net operating loss carryover .....	<b>4</b>	_____	.
<b>5</b>	Related entity expenses (from Sch. RT, Part I or Sch. 2K-1, 3K-1, or 5K-1) .....	<b>5</b>	_____	.
<b>6</b>	Reserved for future use .....	<b>6</b>	_____	.
<b>7</b>	Transitional adjustments .....	<b>7</b>	_____	.
<b>8</b>	Credit computed (see instructions):			
<b>a</b>	Business development credit .....	<b>8a</b>	_____	.
<b>b</b>	Community rehabilitation program credit .....	<b>8b</b>	_____	.
<b>c</b>	Development zones credits .....	<b>8c</b>	_____	.
<b>d</b>	Economic development tax credit .....	<b>8d</b>	_____	.
<b>e</b>	Electronics and information technology manufacturing zone credit .....	<b>8e</b>	_____	.
<b>f</b>	Employee college savings account contribution credit .....	<b>8f</b>	_____	.
<b>g</b>	Enterprise zone jobs credit .....	<b>8g</b>	_____	.
<b>h</b>	Farmland preservation credit .....	<b>8h</b>	_____	.
<b>i</b>	Jobs tax credit .....	<b>8i</b>	_____	.
<b>j</b>	Manufacturing and agriculture credit (computed in 2020) .....	<b>8j</b>	_____	.
<b>k</b>	Manufacturing investment credit .....	<b>8k</b>	_____	.
<b>l</b>	Research expense credit .....	<b>8l</b>	_____	.
<b>m</b>	Reserved for future use .....	<b>8m</b>	_____	.
<b>n</b>	Total credits (add lines 8a through 8m) .....	<b>8n</b>	_____	.
<b>9</b>	Other additions:			
<b>a</b>	_____	<b>9a</b>	_____	.
<b>b</b>	_____	<b>9b</b>	_____	.
<b>c</b>	_____	<b>9c</b>	_____	.
<b>d</b>	Total other additions (add lines 9a through 9c) .....	<b>9d</b>	_____	.
<b>10</b>	Total additions (add lines 1 through 7, 8n, and 9d and enter on page 1) .....	<b>10</b>	_____	.

Part 2 - Subtractions:

<b>1</b>	Interest income (less related expenses) from United States government obligations .....	<b>1</b>	_____	.
<b>2</b>	Capital gain/loss adjustment .....	<b>2</b>	_____	.
<b>3</b>	Wisconsin net operating loss carryforward .....	<b>3</b>	_____	.
<b>4</b>	Deductible related entity expenses (from Sch. RT, Part II or Sch. 2K-1, 3K-1, or 5K-1) .....	<b>4</b>	_____	.
<b>5</b>	Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return) .....	<b>5</b>	_____	.
<b>6</b>	Transitional adjustments .....	<b>6</b>	_____	.
<b>7</b>	Other subtractions:			
<b>a</b>	_____	<b>7a</b>	_____	.
<b>b</b>	_____	<b>7b</b>	_____	.
<b>c</b>	_____	<b>7c</b>	_____	.
<b>d</b>	Total other subtractions (add lines 7a through 7c) .....	<b>7d</b>	_____	.
<b>8</b>	Total subtractions (Add lines 1 through 6 and 7d and enter on page 1) .....	<b>8</b>	_____	.



Schedule **DE**

# Disregarded Entity Schedule

# 2021

Wisconsin Department  
of Revenue

File with Wisconsin Form 1, 1NPR, 2, 3, 4, 4T, 5S, or 6

Name of Disregarded Entity Owner  
**MILWAUKEE JEWISH FEDERATION, INC.**

Identifying Number  
**39 0806312**

## Disregarded Entities:

	Name of Disregarded Entity	FEIN or SSN
1	MJF HOLDINGS OF MILWAUKEE	20 1088480
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
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17		
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20		

