

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization: MILWAUKEE JEWISH FEDERATION, INC. D Employer identification number: 39-0806312
E Telephone number: 414-390-5700
G Gross receipts \$: 101,425,098.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.MILWAUKEEJEWISH.ORG
K Form of organization:
L Year of formation: 1938
M State of legal domicile: WI

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: MIRYAM ROSENZWEIG, PRESIDENT & CEO
Paid: LYNN HESLINGA
Preparer Use Only: SVA CERTIFIED PUBLIC ACCTS SC

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 10,640,903. including grants of \$ 10,062,177.) (Revenue \$) 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 \$ 949,328. including grants of \$) (Revenue \$) 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 \$ 831,763. including grants of \$) (Revenue \$) 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 \$ 15,490,164. including grants of \$ 4,785,012.) (Revenue \$ 3,156,542.)

4e Total program service expenses 27,912,158.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and noncash contributions.

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, Description, Yes, No. Rows 1a-1c. Includes questions about 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 of the governing body at the end of the tax year (29); 1b Enter the number of voting members included on line 1a, above, who are independent (29); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe 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); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WI, IL
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, box 6 of 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 0.50			X				301,445.	0.	20,416.
(2) MITCHELL MOSER EXECUTIVE DIRECTOR - JCF	40.00			X				232,164.	0.	6,938.
(3) MICHAEL SATTELL CHIEF FINANCIAL OFFICER	40.00			X				204,308.	0.	18,527.
(4) JULIE SCHACK VICE PRESIDENT OF PHILANTHROPY	40.00			X				178,848.	0.	22,157.
(5) PATTI PORTH CONTROLLER	40.00					X		115,677.	0.	28,854.
(6) ARI FRIEDMAN DIRECTOR OF PROPERTIES AND SECURITY	40.00					X		112,337.	0.	31,014.
(7) CAROLINE SAUCIER KRAVIT CHIEF OPERATING OFFICER	40.00					X		116,083.	0.	23,924.
(8) JEFFREY JONES DIRECTOR OF COMMUNICATIONS	40.00					X		123,380.	0.	14,728.
(9) SAMANTHA ABRAMSON EXECUTIVE DIRECTOR - HERC	40.00					X		130,170.	0.	7,546.
(10) MICHAEL HARRYMAN CHIEF MARKETING & COMMUNICATIONS	40.00			X				124,745.	0.	3,018.
(11) EILEEN GRAVES VICE CHAIR	1.00	X		X				0.	0.	0.
(12) BRIAN PARRISH DIRECTOR	1.00	X						0.	0.	0.
(13) JAMIE MILLER DIRECTOR	1.00	X						0.	0.	0.
(14) JILL PLAVNICK VICE CHAIR	1.00	X		X				0.	0.	0.
(15) SUSIE HONIGBERG DIRECTOR	1.00	X						0.	0.	0.
(16) ADAM WITKOV DIRECTOR	1.00	X						0.	0.	0.
(17) MINDY PALAY DIRECTOR	1.00	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) RAISA KOLTUN DIRECTOR	1.00	X					0.	0.	0.	
(19) SUSAN LUBAR DIRECTOR	1.00	X					0.	0.	0.	
(20) CINDY LEVY SECRETARY	1.00	X		X			0.	0.	0.	
(21) ANN JACOBS DIRECTOR	1.00	X					0.	0.	0.	
(22) MOSHE KATZ VICE CHAIR	1.00	X		X			0.	0.	0.	
(23) CARYN STEINBERGER VICE CHAIR	1.00	X		X			0.	0.	0.	
(24) REBECCA GURALNICK DIRECTOR	1.00	X					0.	0.	0.	
(25) IDY GOODMAN DIRECTOR	1.00	X					0.	0.	0.	
(26) ALAN BORSUK DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							1,639,157.	0.	177,122.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,639,157.	0.	177,122.	

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 12

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SECURE RESOURCES UNLIMITED 379 W MAIN ST, WAUKESHA, WI 53186	SECURITY GUARD SERVICES	918,025.
CRUMDALE WHOLESALE ADVISORS LLC 806 GRUBBS MILL RD, BERWYN, PA 19312	INSURANCE	628,144.
WE ENERGIES 231 W. MICHIGAN STREET, MILWAUKEE, WI 53290	ELECTRIC AND GAS UTILITY	620,785.
GREAT LAKES SECURITY SERVICES 4315 N ADRIAN HWY, ADRIAN, MI 49221	SECURITY GUARD SERVICES	299,845.
BRUCE GENDELMAN COMPANY, INC, 2404 FLORIDA AVENUEE, WEST PALM BEACH, FL 33401	INSURANCE	208,626.

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 10

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	228,776.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	18,529,946.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 4,129,195.				
	h Total. Add lines 1a-1f		18,758,722.				
Program Service Revenue	2 a RENT FROM EXEMPT BUILDING	Business Code					
		532000	3,156,542.	3,156,542.			
	b NEWSPAPER ADVERTISING REVENUE	513110	225,441.		225,441.		
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		3,381,983.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,446,972.			4446972.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				74,444,976.			
	b Less: cost or other basis and sales expenses	7b	67,743,935.				
	c Gain or (loss)	7c	6,701,041.				
	d Net gain or (loss)		6,701,041.			6701041.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		346,900.				
			126,534.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			220,366.			220,366.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		10,822.				
			0.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			10,822.			10,822.	
Miscellaneous Revenue	11 a OTHER REVENUE	Business Code					
		900099	34,603.			34,603.	
	b CEMETERY INCOME	900099	120.			120.	
	c						
	d All other revenue						
e Total. Add lines 11a-11d		34,723.					
12 Total revenue. See instructions		33,554,629.	3,156,542.	225,441.	11413924.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	12,280,096.	12,280,096.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,567,093.	2,567,093.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,197,380.	437,044.	341,253.	419,083.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,328,226.	2,780,649.	1,075,760.	1,471,817.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	95,034.	31,516.	29,265.	34,253.
9 Other employee benefits	694,377.	316,926.	214,952.	162,499.
10 Payroll taxes	477,036.	233,277.	108,689.	135,070.
11 Fees for services (nonemployees):				
a Management				
b Legal	86,424.	74,822.	11,602.	
c Accounting	53,500.	5,480.	9,800.	38,220.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	612,181.	612,181.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	439,325.	386,746.	3,150.	49,429.
12 Advertising and promotion	134,625.	97,131.	9,645.	27,849.
13 Office expenses	301,513.	142,701.	54,590.	104,222.
14 Information technology	231,084.	127,201.	47,682.	56,201.
15 Royalties				
16 Occupancy	3,271,561.	3,111,175.	62,067.	98,319.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	135,675.	44,026.	55,763.	35,886.
20 Interest	2,099,835.	2,099,835.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,816,988.	1,816,988.		
23 Insurance	240,611.	214,862.	8,452.	17,297.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAMS AND EVENTS	524,154.	158,729.	10,768.	354,657.
b ANNUAL CAMPAIGN RESERVE	193,025.	193,025.		
c MISCELLANEOUS EXPENSES	117,836.	87,829.	28,498.	1,509.
d NEWSPAPER	87,524.	87,524.		
e All other expenses	5,302.	5,302.		
25 Total functional expenses. Add lines 1 through 24e	32,990,405.	27,912,158.	2,071,936.	3,006,311.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	438,521.	1	343,200.
	2 Savings and temporary cash investments	10,949,680.	2	10,145,794.
	3 Pledges and grants receivable, net	5,627,885.	3	3,974,779.
	4 Accounts receivable, net	558,795.	4	903,473.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	3,488,977.	7	3,472,652.
	8 Inventories for sale or use	545,841.	8	1,845,841.
	9 Prepaid expenses and deferred charges	112,007.	9	199,830.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 63,702,690.		
	b Less: accumulated depreciation	10b 41,840,733.		
	11 Investments - publicly traded securities	154,477,473.	11	169,429,716.
	12 Investments - other securities. See Part IV, line 11	65,938,216.	12	66,492,547.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,665,225.	15	1,472,937.
16 Total assets. Add lines 1 through 15 (must equal line 33)	267,011,215.	16	280,142,726.	
Liabilities	17 Accounts payable and accrued expenses	1,420,266.	17	2,247,585.
	18 Grants payable	4,488,466.	18	4,222,742.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	54,340,000.	20	54,340,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	5,308,541.	21	5,580,509.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	33,693,880.	25	37,464,624.
	26 Total liabilities. Add lines 17 through 25	99,251,153.	26	103,855,460.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	112,057,627.	27	116,566,246.
	28 Net assets with donor restrictions	55,702,435.	28	59,721,020.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	167,760,062.	32	176,287,266.
33 Total liabilities and net assets/fund balances	267,011,215.	33	280,142,726.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,554,629.
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,990,405.
3	Revenue less expenses. Subtract line 2 from line 1	3	564,224.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	167,760,062.
5	Net unrealized gains (losses) on investments	5	9,242,685.
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	-1,279,705.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	176,287,266.

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?		X
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			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	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		

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16616114.	17325450.	16473331.	20103039.	18758722.	89276656.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	16616114.	17325450.	16473331.	20103039.	18758722.	89276656.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8658044.
6 Public support. Subtract line 5 from line 4.						80618612.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	16616114.	17325450.	16473331.	20103039.	18758722.	89276656.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8275578.	3001679.	3203751.	2940465.	4446972.	21868445.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						111145101
12 Gross receipts from related activities, etc. (see instructions)					12	14,843,070.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	72.53 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	74.05 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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; 10c Add lines 10a and 10b; 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: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

Table with 3 columns: Question, Yes, No. Rows 1-10b containing questions about supported organizations, including their status, control, and support details.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Part VI

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

Lined area for supplemental information.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 MILWAUKEE JEWISH FEDERATION, INC.	Employer identification number 39-0806312
----------------------------------------------------------------------	---------------------------------------------------------

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>1,720,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>646,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>565,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>1,235,071.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>1,280,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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>1,300,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
7	COMMERCIAL PROPERTY _____ _____ _____	\$ <u>1,300,000.</u>	<u>12/31/24</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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

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

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization MILWAUKEE JEWISH FEDERATION, INC.	Employer identification number (EIN) 39-0806312
------------------------------------------------------------------	-----------------------------------------------------------

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN 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:	THEN 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:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 columns: (a) Yes/No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc., with a total amount of 530.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and taxable amount.

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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**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	450	
2 Aggregate value of contributions to (during year)	11,374,866.	
3 Aggregate value of grants from (during year)	6,661,123.	
4 Aggregate value at end of year		
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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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

(ii) Assets included in Form 990, Part X

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

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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 in 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	24,081,976.	23,053,080.	22,387,488.	24,616,251.	20,414,508.
b Contributions	247,261.	38,220.	140,463.	139,473.	50,457.
c Net investment earnings, gains, and losses	2,642,821.	2,288,781.	2,029,691.	-990,745.	5,474,475.
d Grants or scholarships	1,076,075.	1,011,828.	1,221,050.	1,075,984.	295,344.
e Other expenditures for facilities and programs					
f Administrative expenses	301,316.	286,277.	283,512.	301,507.	127,845.
g End of year balance	25,594,667.	24,081,976.	23,053,080.	22,387,488.	24,616,251.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 2.0000 %
 - b Permanent endowment 98.0000 %
 - 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? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,643,763.		2,643,763.
b Buildings		54,028,018.	35,315,454.	18,712,564.
c Leasehold improvements				
d Equipment		7,030,909.	6,525,279.	505,630.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				21,861,957.

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) PARTNERSHIP INTERESTS	323,633.	COST
(B) HEDGE FUNDS	10,790.	END-OF-YEAR MARKET VALUE
(C) OTHER ALTERNATIVE		
(D) INVESTMENTS	35,198,722.	END-OF-YEAR MARKET VALUE
(E) OTHER STRUCTURED PRODUCTS	23,788,338.	END-OF-YEAR MARKET VALUE
(F) PRIVATE EQUITY FUNDS	7,171,064.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	66,492,547.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

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 ANNUITIES	1,223,194.
(4) INTEREST RATE SWAP	1,116,842.
(5) AGENCY ENDOWMENT FUNDS	35,121,088.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	37,464,624.

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

PART III, LINE 4:

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

GOALS OF THE JEWISH MUSEUM ARE:

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

Part XIII Supplemental Information (continued)

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.

Multiple horizontal lines for supplemental information.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	36,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	32,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	29,800.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	23,298.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	17,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	15,980.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	13,600.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	10,105.	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 18

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	GENERAL SUPPORT	10,000.	CHECK	0.			
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	10,000.	CHECK	0.			
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	10,000.	CHECK	0.			
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	10,000.	CHECK	0.			
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	8,600.	CHECK	0.			
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	6,960.	CHECK	0.			
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	6,500.	CHECK	0.			
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	6,262.	CHECK	0.			
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	6,000.	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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ECONOMIC FORUM (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	346,900.		346,900.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	346,900.		346,900.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment	114,941.		114,941.
	9	Other direct expenses	6,553.		6,553.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			121,494.
	11	Net income summary. Subtract line 10 from line 3, column (d)			225,406.

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			
Direct Expenses	2	Cash prizes			
	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 the 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)*

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number
39-0806312

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217-4353	39-0806234	501(C)(3)	1,629,842.	0.			GENERAL DONATIONS
JEWISH FAMILY SERVICES 1300 N JACKSON ST MILWAUKEE, WI 53202-2602	39-0806291	501(C)(3)	1,044,856.	0.			GENERAL DONATIONS
MILWAUKEE JEWISH DAY SCHOOL 6401 N SANTA MONICA BLVD MILWAUKEE, WI 53217-4255	39-1384843	501(C)(3)	1,022,568.	0.			GENERAL DONATIONS
BADER HILLEL ACADEMY 6789 N GREEN BAY AVE GLENDALE, WI 53209-3472	39-1025262	501(C)(3)	497,416.	0.			GENERAL DONATIONS
YESHIVA ELEMENTARY SCHOOL 5115 W KEEFE AVE MILWAUKEE, WI 53216-2943	39-1631932	501(C)(3)	359,090.	0.			GENERAL DONATIONS
CONGREGATION EMANU-EL B'NE JESHURUN - 2020 W BROWN DEER RD - MILWAUKEE, WI 53217-2000	39-0863230	501(C)(3)	347,273.	0.			GENERAL DONATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **196.**

3 Enter total number of other organizations listed in the line 1 table **196.**

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

Schedule I (Form 990) (Rev. 12-2024)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH HOME & CARE CENTER FOUNDATION - ATTN TANYA MAZOR 1414 N PROSPECT AVE - MILWAUKEE, WI 53202-3018	39-1555857	501(C)(3)	313,804.	0.			GENERAL DONATIONS
LUBAVITCH OF WISCONSIN 3109 N LAKE DR WHITEFISH BAY, WI 53211-3123	39-1170927	501(C)(3)	290,006.	0.			GENERAL DONATIONS
UNIVERSITY OF WISCONSIN FOUNDATION U.S. BANK LOCKBOX BOX 78807 MILWAUKEE, WI 53278-0807	39-0743975	501(C)(3)	210,401.	0.			GENERAL DONATIONS
HILLEL MILWAUKEE HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE 3053 N STOWELL AVENUE - MILWAUK	39-1445185	501(C)(3)	209,422.	0.			GENERAL DONATIONS
KBY CONGREGATIONS TOGETHER INC PO BOX 23170 BROOKLYN, NY 11202-3170	57-1199898	501(C)(3)	200,578.	0.			GENERAL DONATIONS
CONGREGATION SHALOM 7630 N SANTA MONICA BLVD MILWAUKEE, WI 53217-3299	13-1663143	501(C)(3)	183,301.	0.			GENERAL DONATIONS
JEWISH BEGINNINGS LUBAVITCH PRESCHOOL - 6401 N SANTA MONICA BLVD - MILWAUKEE, WI 53217-4255	39-1732588	501(C)(3)	160,871.	0.			GENERAL DONATIONS
CONGREGATION BETH JEHUDAH 3100 N 52ND ST MILWAUKEE, WI 53216-3240	39-0855384	501(C)(3)	159,340.	0.			GENERAL DONATIONS
UW HILLEL FOUNDATION FOR JEWISH CAMPUS LIFE - THE BARBARA HOCHBERG CENTER FOR JEWISH LIFE 611 LANGDON STREET - MADISON, WI 53703-1198	39-2035142	501(C)(3)	141,881.	0.			GENERAL DONATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL OF WISCONSIN FOUNDATION INC. - PO BOX 1997 MAIL STATION 3050 - MILWAUKEE, WI 53201-1997	39-1500075	501(C)(3)	125,200.	0.			GENERAL DONATIONS
PLANNED PARENTHOOD OF WISCONSIN INC - 302 N. JACKSON ST. MILWAUKEE, WI 53202 - MILWAUKEE, WI 53202	39-0863391	501(C)(3)	125,055.	0.			GENERAL DONATIONS
JEWISH COMMUNITY FOOD PANTRY 6255 N SANTA MONICA BLVD MILWAUKEE, WI 53217-4353	39-0806234	501(C)(3)	123,920.	0.			GENERAL DONATIONS
B'NAI B'RITH YOUTH ORG WI REGION BBYO - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217-4353	31-1794932	501(C)(3)	122,241.	0.			GENERAL DONATIONS
COA YOUTH & FAMILY CENTER 909 E NORTH AVE MILWAUKEE, WI 53212	39-0806339	501(C)(3)	112,707.	0.			GENERAL DONATIONS
HUNGER TASK FORCE OF MILWAUKEE 5000 W ELECTRIC AVE MILWAUKEE, WI 53219-1693	39-1345847	501(C)(3)	112,450.	0.			GENERAL DONATIONS
UNITED WAY OF GREATER MILWAUKEE 225 W VINE ST MILWAUKEE, WI 53212-3935	39-0806190	501(C)(3)	110,750.	0.			GENERAL DONATIONS
CONGREGATION BETH ISRAEL NER TAMID 6880 N GREEN BAY AVE MILWAUKEE, WI 53209-2821	39-0878010	501(C)(3)	110,122.	0.			GENERAL DONATIONS
CAMP RAMAH IN WISCONSIN 67 E MADISON ST STE 1905 CHICAGO, IL 60603-3010	36-6009250	501(C)(3)	101,900.	0.			GENERAL DONATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR NEXT GENERATION 3421 W LISBON AVE MILWAUKEE, WI 53208-1949	39-1761838	501(C)(3)	101,200.	0.			GENERAL DONATIONS
VISION FORWARD ASSOCIATION 912 N HAWLEY RD MILWAUKEE, WI 53213-3222	39-2040359	501(C)(3)	100,100.	0.			GENERAL DONATIONS
RAMAH IN THE ROCKIES 300 S DAHLIA ST STE 205 DENVER, CO 80246-8132	20-4078988	501(C)(3)	100,000.	0.			GENERAL DONATIONS
GILDAS CLUB MADISON WISCONSIN 7907 UW HEALTH CT MIDDLETON, WI 53562-5531	06-1662883	501(C)(3)	92,700.	0.			GENERAL DONATIONS
US HOLOCAUST MEMORIAL MUSEUM ATTN: RA 'CHEL EDISON/SHARED SERVICES, OFFICE OF DEVELOPMENT 100 RAOUL WALLEN	52-1309391	501(C)(3)	84,457.	0.			GENERAL DONATIONS
CONGREGATION SINAI 8223 N PORT WASHINGTON RD MILWAUKEE, WI 53217-2651	39-0892487	501(C)(3)	81,499.	0.			GENERAL DONATIONS
CHABAD OF BERKSHIRE COUNTY INC. 450 SOUTH ST PITTSFIELD, MA 01201-8217	04-3580525	501(C)(3)	77,611.	0.			GENERAL DONATIONS
ANSHE SFARD KEHILLAT TORAH 6717 N GREEN BAY AVE GLENDALE, WI 53209-3422	39-1572032	501(C)(3)	71,508.	0.			GENERAL DONATIONS
MILWAUKEE JEWISH FREE LOAN ASSOCIATION - ATTN ANNA KOENIG 409 E SILVER SPRING DR - MILWAUKEE, WI 53217-5226	26-4557997	501(C)(3)	69,468.	0.			GENERAL DONATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH HOME AND CARE CENTER, INC 1414 N PROSPECT AVE MILWAUKEE, WI 53202-3018	39-0813421	501(C)(3)	65,935.	0.			GENERAL DONATIONS
TORAH ACADEMY OF MILWAUKEE 6800 N GREEN BAY AVE GLENDALE, WI 53209-2821	93-0869475	501(C)(3)	65,626.	0.			GENERAL DONATIONS
CU BOULDER HILLEL 2795 COLORADO AVE BOULDER, CO 80302-6809	83-3395525	501(C)(3)	60,000.	0.			GENERAL DONATIONS
FEEDING AMERICA EASTERN WISCONSIN 1700 W FOND DU LAC AVE MILWAUKEE, WI 53205-1299	39-1384593	501(C)(3)	57,850.	0.			GENERAL DONATIONS
MILWAUKEE ART MUSEUM INC. 626 E WISCONSIN AVE FLOOR 16 MILWAUKEE, WI 53202-4616	39-0806316	501(C)(3)	57,532.	0.			GENERAL DONATIONS
TIKKUN HA-IR OF MILWAUKEE PO BOX 090287 MILWAUKEE, WI 53209-0287	77-0596241	501(C)(3)	55,460.	0.			GENERAL DONATIONS
NORTHWESTERN UNIVERSITY 1201 DAVIS ST EVANSTON, IL 60201-4182	36-2167817	501(C)(3)	52,050.	0.			GENERAL DONATIONS
UNITED PERFORMING ARTS FUND 301 W WISCONSIN AVE STE 600 MILWAUKEE, WI 53203-2232	39-6100399	501(C)(3)	49,340.	0.			GENERAL DONATIONS
ASPEN COUNTRY DAY SCHOOL 300 MUSIC SCHOOL RD ASPEN, CO 80224-1227	23-7033239	501(C)(3)	47,500.	0.			GENERAL DONATIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODLAND PATTERN 720 E LOCUST ST MILWAUKEE, WI 53212-2547	39-1332252	501(C)(3)	45,000.	0.			GENERAL DONATIONS
BIG BROTHERS AND BIG SISTERS OF METROPOLITAN MILWAUKEE - 788 N JEFFERSON ST STE 600 - MILWAUKEE, WI 53202-3739	39-1239687	501(C)(3)	44,900.	0.			GENERAL DONATIONS
FRIENDSHIP CIRCLE OF WISCONSIN 8649 N PORT WASHINGTON RD FOX POINT, WI 53217-2203	39-1819245	501(C)(3)	44,665.	0.			GENERAL DONATIONS
ARTS AT LARGE, INC. 1100 S 5TH ST MILWAUKEE, WI 53204-2449	33-1114575	501(C)(3)	43,100.	0.			GENERAL DONATIONS
WISCONSIN INSTITUTE FOR TORAH STUDY - 3288 N LAKE DR - MILWAUKEE, WI 53211-3124	39-1366081	501(C)(3)	42,673.	0.			GENERAL DONATIONS
ACCELERATE CHANGE ATTENTION: DEVELOPMENT TEAM 68 HARRISON AVE STE 605 PMB 637337 - BOSTON, MA	82-3400062	501(C)(3)	41,000.	0.			GENERAL DONATIONS
MILWAUKEE REPERTORY THEATER ATTN CARA MCMULLIN 108 E WELLS ST MILWAUKEE, WI 53202-3504	39-0946025	501(C)(3)	40,509.	0.			GENERAL DONATIONS
PERRY HALL WHITE MARSH JEWISH CENTER - 117 QUEENSBERRY RD - ROSEDALE, MD 21237-1560	87-1988075	501(C)(3)	40,500.	0.			GENERAL DONATIONS
UMOM NEW DAY CENTERS 3333 E VAN BUREN ST PHOENIX, AZ 85008-6812	86-0521062	501(C)(3)	40,000.	0.			GENERAL DONATIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND AVENUE CLUB INC. 210 E MICHIGAN ST MILWAUKEE, WI 53202-4901	39-1708177	501(C)(3)	38,850.	0.			GENERAL DONATIONS
RUACH INC 6815 W CAPITOL DR STE 302 MILWAUKEE, WI 53216-2056	20-3268560	501(C)(3)	37,520.	0.			GENERAL DONATIONS
NATIONAL DIGITAL INCLUSION ALLIANCE - 3000 E MAIN ST # 50 - COLUMBUS, OH 43209-3717	82-2753773	501(C)(3)	36,000.	0.			GENERAL DONATIONS
WURTMAN FOUNDATION 60 WALNUT ST STE 4 WELLESLEY, MA 02481-2103	65-0881769	501(C)(3)	36,000.	0.			GENERAL DONATIONS
BADER HILLEL HIGH SCHOOL 6789 N GREEN BAY AVE GLENDALE, WI 53209-3472	39-1170927	501(C)(3)	35,728.	0.			GENERAL DONATIONS
ALL AMERICANS VOTE PO BOX 65705 WASHINGTON, DC 20035-5705	84-2048785	501(C)(3)	35,000.	0.			GENERAL DONATIONS
CHABAD OF LEHIGH 306 WYANDOTTE ST BETHLEHEM, PA 18015-1546	11-3587172	501(C)(3)	35,000.	0.			GENERAL DONATIONS
CONGREGATION B'NAI ISRAEL 3830 NW 16TH BLVD GAINESVILLE, FL 32605-3552	59-1592633	501(C)(3)	33,949.	0.			GENERAL DONATIONS
UNIVERSITY SCHOOL OF MILWAUKEE ATTN AVIS LEVERETTE 2100 W FAIRY CHASM RD - MILWAUKEE, WI 53217-1510	39-6076442	501(C)(3)	32,625.	0.			GENERAL DONATIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SHUL BAYSIDE 8825 N LAKE DR BAYSIDE, WI 53217-1939	20-0210844	501(C)(3)	32,200.	0.			GENERAL DONATIONS
CHABAD OF DOWNTOWN LTD PO BOX 510525 MILWAUKEE, WI 53203-0091	39-1672482	501(C)(3)	31,460.	0.			GENERAL DONATIONS
AMERICAN ACADEMY OF PEDIATRICS INC 345 PARK BLVD ITASCÀ, IL 60143-2644	36-2275597	501(C)(3)	31,000.	0.			GENERAL DONATIONS
FIDELITY INVESTMENTS CHARITABLE GIFT FUND - PO BOX 770001 - CINCINNATI, OH 45277-0053	11-0303001	501(C)(3)	30,000.	0.			GENERAL DONATIONS
UWM FOUNDATION 1440 E NORTH AVE MILWAUKEE, WI 53202-1031	23-7337744	501(C)(3)	29,853.	0.			GENERAL DONATIONS
STEVE & SHARI SADEK FAMILY CAMP INTERLAKEN JCC - 6255 N SANTA MONICA BLVD - MILWAUKEE, WI 53217-4353	39-0806234	501(C)(3)	29,143.	0.			GENERAL DONATIONS
CONGREGATION AGUDAS ACHIM CHABAD 2233 W MEQUON RD MEQUON, WI 53092-3138	39-1735636	501(C)(3)	28,923.	0.			GENERAL DONATIONS
MILWAUKEE SYMPHONY ORCHESTRA 212 W WISCONSIN AVE MILWAUKEE, WI 53203-2307	39-6023436	501(C)(3)	28,871.	0.			GENERAL DONATIONS
MILWAUKEE CENTER FOR INDEPENDENCE ATTN MYRA SANCHICK 2020 W WELLS ST MILWAUKEE, WI 53233-2720	39-0806257	501(C)(3)	26,407.	0.			GENERAL DONATIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLEL INTERNATIONAL PO BOX 92994 WASHINGTON, DC 20090-2994	52-1844823	501(C)(3)	26,350.	0.			GENERAL DONATIONS
NORTHWESTERN UNIVERSITY - SCH OF COMMUNICATIONS - 1201 DAVIS STREET - EVANSTON, IL 60208-4410	36-2167817	501(C)(3)	26,307.	0.			GENERAL DONATIONS
CONGREGATION BETH EPHRAIM 113 PARKER AVE MAPLEWOOD, NJ 07040-1727	22-3143283	501(C)(3)	26,218.	0.			GENERAL DONATIONS
JEWISH FEDERATION OF THE DESERT 69710 HIGHWAY 111 RANCHO MIRAGE, CA 92270-2856	23-7211881	501(C)(3)	25,450.	0.			GENERAL DONATIONS
WUWM MILWAUKEE PUBLIC RADIO 89.7 FM - 111 E WISCONSIN AVE STE 700 - MILWAUKEE, WI 53202-4822	20-1257939	501(C)(3)	25,245.	0.			GENERAL DONATIONS
TEMPLE EMANU-EL 151 MCINTOSH RD SARASOTA, FL 34232-1934	59-1145961	501(C)(3)	25,000.	0.			GENERAL DONATIONS
TUNELITTLE 785 OAK GROVE RD LOS ANGELES, CA 90071	99-4486818	501(C)(3)	25,000.	0.			GENERAL DONATIONS
JEWISH NATIONAL FUND MOUNTAIN STATES - 1355 S COLORADO BLVD STE C-205 - DENVER, CO 80222-3305	13-1659627	501(C)(3)	24,625.	0.			GENERAL DONATIONS
HILLEL UNIVERSITY OF MINNESOTA 1521 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414-2021	41-6038613	501(C)(3)	23,520.	0.			GENERAL DONATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN PUBLIC RADIO P.O. BOX 88025 MILWAUKEE, WI 53288-8025	23-7363536	501(C)(3)	22,230.	0.			GENERAL DONATIONS
JEWISH FEDERATION LOS ANGELES (FEDLA) - PO BOX 54269 - LOS ANGELES, CA 90054-0269	95-1643388	501(C)(3)	21,280.	0.			GENERAL DONATIONS
MENTAL HEALTH AMERICA WISCONSIN INC - 3910 W LISBON AVE - MILWAUKEE, WI 53208-1834	39-0827843	501(C)(3)	21,000.	0.			GENERAL DONATIONS
MAKE A WISH FOUNDATION WISCONSIN 11020 W PLANK CT STE 200 WAUWATOSA, WI 53226-3279	39-1543541	501(C)(3)	20,788.	0.			GENERAL DONATIONS
TIME SERVED PO BOX 615 TAYLORS, SC 29687-0012	93-1741808	501(C)(3)	20,480.	0.			GENERAL DONATIONS
LAW FORWARD INC 222 W WASHINGTON AVE STE 250 MADISON, WI 53703-2725	84-2803392	501(C)(3)	20,400.	0.			GENERAL DONATIONS
ABUNDANCE CAPITAL PO BOX 33 TRAVELERS REST, SC 29690-0033	87-2850443	501(C)(3)	20,000.	0.			GENERAL DONATIONS
CHEDER CHABAD OF BALTIMORE 5713 PARK HEIGHTS AVE BALTIMORE, MD 21215-3929	26-3435681	501(C)(3)	20,000.	0.			GENERAL DONATIONS
EISENHOWER HEALTH SERVICES 39000 BOB HOPE DR RANCHO MIRAGE, CA 92270-3221	95-6130458	501(C)(3)	20,000.	0.			GENERAL DONATIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLEL INDIANA UNIVERSITY 730 E 3RD ST BLOOMINGTON, IN 47401-3656	20-2804389	501(C)(3)	20,000.	0.			GENERAL DONATIONS
MCCALLUM THEATRE 73000 FRED WARING DR PALM DESERT, CA 92260-2800	95-2834871	501(C)(3)	20,000.	0.			GENERAL DONATIONS
PASTORS UNITED COMMUNITY ADVOCACY 2803 N TEUTONIA AVE MILWAUKEE, WI 53206-2661	90-0947280	501(C)(3)	20,000.	0.			GENERAL DONATIONS
TEMPLE MENORAH 9363 N 76TH ST MILWAUKEE, WI 53223-1003	39-1016320	501(C)(3)	19,751.	0.			GENERAL DONATIONS
ANTI DEFAMATION LEAGUE FOUNDATION 605 THIRD AVE NEW YORK, NY 10158	13-2887439	501(C)(3)	19,533.	0.			GENERAL DONATIONS
JEWISH NATIONAL FUND WISCONSIN 60 REVERE DR STE 725 NORTHBROOK, IL 60062-1599	13-1659627	501(C)(3)	19,305.	0.			GENERAL DONATIONS
ACLU FOUNDATION 125 BROAD ST FL 18 NEW YORK, NY 10004-2454	13-6213516	501(C)(3)	18,950.	0.			GENERAL DONATIONS
RANCHO MIRAGE WRITERS FESTIVAL C/O RANCHO MIRAGE PUBLIC LIBRARY 71100 HIGHWAY 111 - RANCHO MIRAGE, CA 92270	37-1754922	501(C)(3)	18,000.	0.			GENERAL DONATIONS
SOCIAL GOOD FUND PO BOX 5473 RICHMOND, CA 94805-0473	46-1323531	501(C)(3)	18,000.	0.			GENERAL DONATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE PBS (MPTV 10/36, WMVS, WMVT) - PO BOX 88401 - MILWAUKEE, WI 53288-0401	39-1341603	501(C)(3)	17,722.	0.			GENERAL DONATIONS
ACLU OF WISCONSIN FOUNDATION, INC. 207 E BUFFALO ST STE 325 MILWAUKEE, WI 53202-5774	23-7052345	501(C)(3)	17,100.	0.			GENERAL DONATIONS
MEQUON JEWISH PRESCHOOL INC. 11112 N CROWN CT MEQUON, WI 53092-3171	39-1966107	501(C)(3)	16,225.	0.			GENERAL DONATIONS
MAIMONIDES HEBREW DAY SCHOOL 404 PARTRIDGE ST ALBANY, NY 12208-2816	22-2318286	501(C)(3)	16,000.	0.			GENERAL DONATIONS
MILWAUKEE INSTITUTE OF ART & DESIGN INC - 273 E ERIE STREET - MILWAUKEE, WI 53202	39-1201561	501(C)(3)	16,000.	0.			GENERAL DONATIONS
BAIS CHABAD OF KALKASKA 6516 MORGANFORD RD CHARLOTTE, NC 28211-5403	45-2302915	501(C)(3)	15,950.	0.			GENERAL DONATIONS
YESHIVA BELS DOVID SHLOMO PO BOX 26005 WEST HAVEN, CT 06511	06-0943492	501(C)(3)	15,875.	0.			GENERAL DONATIONS
ART INSTITUTE OF CHICAGO 111 S MICHIGAN AVE MEMBERSHIP DEPARTMENT - CHICAGO, IL 60603-6110	36-2167725	501(C)(3)	15,580.	0.			GENERAL DONATIONS
FIRST STAGE MILWAUKEE 325 W WALNUT ST MILWAUKEE, WI 53212-3868	39-1634828	501(C)(3)	15,500.	0.			GENERAL DONATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE COLLEGE PREPARATORY SCHOOL - 2449 N 36TH ST - MILWAUKEE, WI 53210-3040	39-1881295	501(C)(3)	15,350.	0.			GENERAL DONATIONS
CHABAD OF WESLEYAN 132 CHURCH ST RABBI LEVI SCHECTMAN MIDDLETOWN, CT 06457-3626	11-3587172	501(C)(3)	15,313.	0.			GENERAL DONATIONS
JEWISH UNITED FUND OF METRO CHICAGO - 30 S WELLS ST BEN GURION WAY - CHICAGO, IL 60606-5054	36-2167034	501(C)(3)	15,150.	0.			GENERAL DONATIONS
NATIONAL COUNCIL JEWISH WOMEN HIPPI - C/O MARGIE MARGOLIES 7711 N LINKS WAY - MILWAUKEE, WI 53217-3232	39-0808465	501(C)(3)	15,100.	0.			GENERAL DONATIONS
DR HOWARD FULLER COLLEGIATE ACADEMY - 4030 N 29TH ST - MILWAUKEE, WI 53216-1816	30-0322248	501(C)(3)	15,000.	0.			GENERAL DONATIONS
CONGREGATION SHIR HADASH PO BOX 170632 MILWAUKEE, WI 53217-8051	39-1654370	501(C)(3)	14,770.	0.			GENERAL DONATIONS
NORTH SUBURBAN SYNAGOGUE BETH EL 1175 SHERIDAN RD HIGHLAND PARK, IL 60035-4159	36-2229590	501(C)(3)	14,765.	0.			GENERAL DONATIONS
ROHR FAMILY CHABAD AT THE UNIVERSITY OF WISCONSIN-MADISON - 223 W GILMAN ST - MADISON, WI 53703-1809	39-1732644	501(C)(3)	14,560.	0.			GENERAL DONATIONS
DISCOVERY WORLD 500 N HARBOR DR MILWAUKEE, WI 53202-5601	39-1691578	501(C)(3)	14,500.	0.			GENERAL DONATIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHABAD LUBAVITCH TORAH CENTER 6791 N GREEN BAY AVE GLENDALE, WI 53209-3422	39-1170927	501(C)(3)	13,650.	0.			GENERAL DONATIONS
JEWISH NATIONAL FUND 78 RANDALL AVE DEPT 100 ROCKVILLE CENTER, NY 11570	13-1659627	501(C)(3)	13,360.	0.			GENERAL DONATIONS
JEWISH FAMILY SERVICE OF THE DESERT - 490 S FARRELL DR STE C208 - PALM SPRINGS, CA 92262-7944	33-0613083	501(C)(3)	13,200.	0.			GENERAL DONATIONS
MEDICAL COLLEGE OF WISCONSIN PO BOX 26509 OFFICE OF INSTITUTIONAL ADVANCEMENT - MILWAUKEE, WI 53226-0509	39-0806261	501(C)(3)	13,000.	0.			GENERAL DONATIONS
YOUNG ISRAEL OF HOLLYWOOD BEACH/AHAVAT SHALOM - 315 MADISON ST - HOLLYWOOD, FL 33019-2106	59-2828625	501(C)(3)	12,935.	0.			GENERAL DONATIONS
MILWAUKEE URBAN LEAGUE ATTN: DR. EVE M HALL 435 W NORTH AV MILWAUKEE, WI 53212-3146	39-0826861	501(C)(3)	12,500.	0.			GENERAL DONATIONS
J STREET EDUCATION FUND INC. PO BOX 66073 WASHINGTON, DC 20035-6073	20-2777557	501(C)(3)	12,200.	0.			GENERAL DONATIONS
CHEDER CHABAD 7880 CUMMINGS LN BOCA RATON, FL 33433-4117	84-2269463	501(C)(3)	12,000.	0.			GENERAL DONATIONS
CAMP GAN ISRAEL OF MILWAUKEE 8825 N LAKE DR MILWAUKEE, WI 53217-1939	23-1996845	501(C)(3)	11,850.	0.			GENERAL DONATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL CRANE FOUNDATION PO BOX 447 E-11376 SHADY LANE RD BARABOO, WI 53913-0447	39-1187711	501(C)(3)	11,500.	0.			GENERAL DONATIONS
KESHET 610 ACADEMY DR NORTHBROOK, IL 60062-2421	47-0874376	501(C)(3)	11,100.	0.			GENERAL DONATIONS
NATIONAL COUNCIL OF JEWISH WOMEN - ST. LOUIS - 295 N LINDBERGH BLVD - SAINT LOUIS, MO 63141-7809	43-0722936	501(C)(3)	11,000.	0.			GENERAL DONATIONS
INTERFAITH CONFERENCE OF GREATER MILWAUKEE - 1905 W WISCONSIN AVE - MILWAUKEE, WI 53233-2001	39-1777946	501(C)(3)	10,880.	0.			GENERAL DONATIONS
JEWISH YOUTH FOUNDATION 8825 N LAKE DR MILWAUKEE, WI 53217-1939	81-4628343	501(C)(3)	10,300.	0.			GENERAL DONATIONS
ADLER PLANETARIUM 1300 S LAKE SHORE DR CHICAGO, IL 60605-2403	36-6210902	501(C)(3)	10,000.	0.			GENERAL DONATIONS
AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY - 3615 WISCONSIN AVE NW - WASHINGTON, DC 20016-3007	13-1958990	501(C)(3)	10,000.	0.			GENERAL DONATIONS
BETH EL SYNAGOGUE 5225 BARRY ST W ST LOUIS PARK, MN 55416-5445	41-0711587	501(C)(3)	10,000.	0.			GENERAL DONATIONS
CHABAD OF HAMILTON HEIGHTS 405 W 148TH ST NEW YORK, NY 10031-3902	11-3587172	501(C)(3)	10,000.	0.			GENERAL DONATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO DEBATE COMMISSION 67 E MADISON ST STE 1616 CHICAGO, IL 60603-3014	27-1183079	501(C)(3)	10,000.	0.			GENERAL DONATIONS
CHICAGO SINAI CONGREGATION 15 W DELAWARE PL CHICAGO, IL 60610-3306	36-2198046	501(C)(3)	10,000.	0.			GENERAL DONATIONS
COACHELLA VALLEY REPERTORY THEATRE 68510 E PALM CANYON DR CATHEDRAL CITY, CA 92234-1300	95-4304295	501(C)(3)	10,000.	0.			GENERAL DONATIONS
COLLEGE OF THE DESERT FOUNDATION 43500 MONTEREY AVE PALM DESERT, CA 92260-9305	95-3829219	501(C)(3)	10,000.	0.			GENERAL DONATIONS
FOUNDATION FOR INDIVIDUAL RIGHTS IN EDUCATION - 510 WALNUT ST STE 1250 - PHILADELPHIA, PA 19106-3622	04-3467254	501(C)(3)	10,000.	0.			GENERAL DONATIONS
FRIENDS OF THE FORUM C/O EMPIRE CAGING PO BOX 365 HARTSDALE, NY 10530-0365	20-8943695	501(C)(3)	10,000.	0.			GENERAL DONATIONS
GULF SHORE PLAYHOUSE 2640 GOLDEN GATE PKWY STE 211 NAPLES, FL 34105-3203	90-0178566	501(C)(3)	10,000.	0.			GENERAL DONATIONS
INTONATION MUSIC WORKSHOP 4434 S LAKE PARK AVE # 110 CHICAGO, IL 60653-3763	26-0799250	501(C)(3)	10,000.	0.			GENERAL DONATIONS
JCC GLOBAL USA, INC. 345 MEADOWVIEW AVE HEWLETT, NY 11557-1701	20-0812055	501(C)(3)	10,000.	0.			GENERAL DONATIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FEDERATION AND FAMILY SERVICES OF ORANGE COUNTY - 1 FEDERATION WAY STE 210 SAMUELI JEWISH CAMPUS - IRVINE, CA	95-2407026	501(C)(3)	10,000.	0.			GENERAL DONATIONS
LEGAL INSURRECTION FOUNDATION 18 MAPLE AVE # 280 BARRINGTON, RI 02806-3560	82-2279600	501(C)(3)	10,000.	0.			GENERAL DONATIONS
MACALESTER COLLEGE 1600 GRAND AVE DEVELOPMENT OFFICE SAINT PAUL, MN 55105-1899	41-0693962	501(C)(3)	10,000.	0.			GENERAL DONATIONS
MEL'S CHARITIES W61N297 WASHINGTON AVE STE 2 CEDARBURG, WI 53012-2737	35-2357385	501(C)(3)	10,000.	0.			GENERAL DONATIONS
NIA IMANI FAMILY INC 1353 N 25TH ST MILWAUKEE, WI 53205-2442	39-1808134	501(C)(3)	10,000.	0.			GENERAL DONATIONS
PALM SPRINGS CULTURAL CENTER 2300 E BARI STO RD PALM SPRINGS, CA 92262-7128	55-0914693	501(C)(3)	10,000.	0.			GENERAL DONATIONS
SOJOURNER FOUNDATION INC 619 W WALNUT ST MILWAUKEE, WI 53212-3839	46-5489434	501(C)(3)	10,000.	0.			GENERAL DONATIONS
TREEPEOPLE 12601 MULHOLLAND DR BEVERLY HILLS, CA 90210-1332	23-7314838	501(C)(3)	10,000.	0.			GENERAL DONATIONS
WISCONSIN MEDICAL SOCIETY FOUNDATION - PO BOX 1109 - MADISON, WI 53701-1109	39-6045649	501(C)(3)	10,000.	0.			GENERAL DONATIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S CENTER 505 N EAST AVE WAUKESHA, WI 53186-2417	39-1269698	501(C)(3)	10,000.	0.			GENERAL DONATIONS
RUNNING REBELS COMMUNITY ORGANIZATION - 225 W. CAPITOL DR - MILWAUKEE, WI 53212	39-3910464	501(C)(3)	9,895.	0.			GENERAL DONATIONS
URBAN ECOLOGY CENTER INC. 1500 E PARK PL MILWAUKEE, WI 53211-3587	39-1712663	501(C)(3)	9,715.	0.			GENERAL DONATIONS
CHABAD OF THE EAST SIDE 3030 E KENWOOD BLVD MILWAUKEE, WI 53211-3457	39-1170927	501(C)(3)	9,505.	0.			GENERAL DONATIONS
COMMUNITY ACTION CENTER 1651 JEFFERSON PKWY STE HS-200 NORTHFIELD, MN 55057-2760	41-0970984	501(C)(3)	9,500.	0.			GENERAL DONATIONS
CATHERINE COOK SCHOOL 226 W SCHILLER ST CHICAGO, IL 60610-1808	36-2836473	501(C)(3)	9,000.	0.			GENERAL DONATIONS
SOJOURNER FAMILY PEACE CENTER PO BOX 88987 MILWAUKEE, WI 53288-8987	39-1276210	501(C)(3)	8,500.	0.			GENERAL DONATIONS
SKYLIGHT MUSIC THEATRE CORP ATTN SUSAN HEYMANN 158 N BROADWAY MILWAUKEE, WI 53202-6037	39-0975374	501(C)(3)	8,421.	0.			GENERAL DONATIONS
JEWISH FEDERATION OF METROPOLITAN DETROIT - 6735 TELEGRAPH RD STE 30 - BLOOMFIELD HILLS, MI 48301-3142	38-1360585	501(C)(3)	8,400.	0.			GENERAL DONATIONS

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 EXPERIENCE OF MADISON MILWAUKEE - 3453 N 54TH ST - MILWAUKEE, WI 53216-2801	20-2142497	501(C)(3)	8,140.	0.			GENERAL DONATIONS
BLUE MOUNTAINS BIODIVERSITY PROJECT - 1560 CHAMBERS ST - EUGENE, OR 97402-3730	37-1831335	501(C)(3)	8,000.	0.			GENERAL DONATIONS
IOWA HILLEL AT THE UNIVERSITY OF IOWA - 122 E MARKET ST ASHLEY HOLT - IOWA CITY, IA 52245-1730	42-6084674	501(C)(3)	8,000.	0.			GENERAL DONATIONS
TIDES FOUNDATION PO BOX 889389 LOS ANGELES, CA 90088-9389	51-0198509	501(C)(3)	8,000.	0.			GENERAL DONATIONS
LAD LAKE PO BOX 158 W350 S1401 WATERVILLE RD DOUSMAN, WI 53118-0158	39-0806398	501(C)(3)	7,600.	0.			GENERAL DONATIONS
PALM SPRINGS FRIENDS OF THE PHILHARMONIC - PO BOX 12770 - PALM DESERT, CA 92255-2770	23-7369948	501(C)(3)	7,500.	0.			GENERAL DONATIONS
UNIV OF CHICAGO RENAISSANCE SOCIETY - 5811 S ELLIS AVE - CHICAGO, IL 60637-1404	36-6109822	501(C)(3)	7,500.	0.			GENERAL DONATIONS
MILWAUKEE PUBLIC MUSEUM 800 W WELLS ST MILWAUKEE, WI 53233-1404	39-1723105	501(C)(3)	6,900.	0.			GENERAL DONATIONS
CHABAD OF PARADISE VALLEY PO BOX 291 10645 N. TATUM BLVD., SUITE C200 - PHOENIX, AZ 85001-0291	85-3749404	501(C)(3)	6,750.	0.			GENERAL DONATIONS

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

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CAMP CHOMEISH/CHABAD LUBAVITCH FDN OF SOUTHERN CT - 11 JOHNSONVILLE RD - MOODUS, CT 06469-1013	22-3007518	501(C)(3)	6,600.	0.			GENERAL DONATIONS
NER TAMID SYNAGOGUE 12348 CASA AVENIDA POWAY, CA 92064-2010	33-0235087	501(C)(3)	6,500.	0.			GENERAL DONATIONS
WISCONSIN HUMANE SOCIETY 4500 W WISCONSIN AVE MILWAUKEE, WI 53208-3156	39-0810533	501(C)(3)	6,358.	0.			GENERAL DONATIONS
HADAR 190 AMSTERDAM AVE NEW YORK, NY 10023-5034	26-4412164	501(C)(3)	6,166.	0.			GENERAL DONATIONS
DESERT COMMUNITY FOUNDATION 75-105 MERLE DR STE 300 PALM DESERT, CA 92211-5211	95-4725924	501(C)(3)	6,150.	0.			GENERAL DONATIONS
NATIONAL COUNCIL OF JEWISH WOMEN - MILWAUKEE - 1824 W SUNNYDALE LN - MEQUON, WI 53092-5002	39-0808465	501(C)(3)	6,060.	0.			GENERAL DONATIONS
UNIVERSITY OF MICHIGAN 3003 S STATE ST # G395 WOLVERINE TOWER SUITE 8000 - ANN ARBOR, MI 48109-1276	38-6006309	501(C)(3)	6,050.	0.			GENERAL DONATIONS
PLANNED PARENTHOOD FEDERATION OF AMERICA - 123 WILLIAM ST FL 10 - NEW YORK, NY 10038-3844	13-1644147	501(C)(3)	6,035.	0.			GENERAL DONATIONS
COLEL CHABAD 806 EASTERN PKWY BROOKLYN, NY 11213-3511	11-3254483	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.)

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COMMONBOND COMMUNITIES PO BOX 581518 MINNEAPOLIS, MN 55458	41-1260469	501(C)(3)	6,000.	0.			GENERAL DONATIONS
MILWAUKEE WINTER CLUB LLC 2100 W FAIRY CHASM RD GLENDALE, WI 53217-1510	39-6076442	501(C)(3)	6,000.	0.			GENERAL DONATIONS
NICOLET FEAR C/O NICOLET HIGH SCHOOL 6701 N JEAN NICOLET RD - GLENDALE, WI 53217-3701	39-1528691	501(C)(3)	6,000.	0.			GENERAL DONATIONS
ONE FAMILY FUND 1029 TEANECK RD STE 3B TEANECK, NJ 07666-4514	11-3585917	501(C)(3)	6,000.	0.			GENERAL DONATIONS
RENAISSANCE THEATERWORKS INC. 158 N BROADWAY 5TH FL MILWAUKEE, WI 53202-6037	39-1783607	501(C)(3)	6,000.	0.			GENERAL DONATIONS
UNIVERSITY OF MINNESOTA OFFICE OF STUDENT FINANCE FISCAL UNIT 160	41-6038613	501(C)(3)	6,000.	0.			GENERAL DONATIONS
ACTS HOUSING 2414 W VLIET ST MILWAUKEE, WI 53205-1830	39-1837474	501(C)(3)	5,800.	0.			GENERAL DONATIONS
NATURE CONSERVANCY ATTN: TREASURY 4245 FAIRFAX DR Ø STE ARLINGTON, VA 22203-1637	53-0242652	501(C)(3)	5,700.	0.			GENERAL DONATIONS
ADVOCATES OF OZAUKEE INC. PO BOX 80166 SAUKVILLE, WI 53080-0166	39-1378449	501(C)(3)	5,500.	0.			GENERAL DONATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GROUP PSYCHOTHERAPY FOUNDATION C/O SUNTRUST LOCKBOX PO BOX 117572 AMERICAN GROUP PSYCHOTHERAPY ASSOCIATION	13-6161730	501(C)(3)	5,500.	0.			GENERAL DONATIONS
HEIFER PROJECT INTERNATIONAL 1 WORLD AVE LITTLE ROCK, AR 72202-2863	35-1019477	501(C)(3)	5,400.	0.			GENERAL DONATIONS
LITERACY SERVICES OF WISCONSIN 555 N PLANKINTON AVE MILWAUKEE, WI 53203-2910	39-1091203	501(C)(3)	5,250.	0.			GENERAL DONATIONS
MILWAUKEE PUBLIC SCHOOLS FOUNDATION INCORPORATED - 234 W GALENA ST - MILWAUKEE, WI 53212-3955	39-1929112	501(C)(3)	5,250.	0.			GENERAL DONATIONS
SECUREFUTURES (MAKE A DIFFERENCE) 710 N PLANKINTON AVE STE 1400 MILWAUKEE, WI 53203-2418	20-5203533	501(C)(3)	5,250.	0.			GENERAL DONATIONS
CAMP CHAVATZELETH 142 BROOME ST NEW YORK, NY 10002-4002	23-7240163	501(C)(3)	5,200.	0.			GENERAL DONATIONS
MARQUETTE UNIVERSITY LAW SCHOOL 1215 W MICHIGAN STREET MILWAUKEE, WI 53233	39-0806251	501(C)(3)	5,200.	0.			GENERAL DONATIONS
TEMPLE EMANUEL 10101 CONNECTICUT AVE KENSINGTON, MD 20895-3803	52-0642790	501(C)(3)	5,200.	0.			GENERAL DONATIONS
SODA: STUDENT ORGAN DONATION ADVOCATES - PO BOX 2237 - SAINT LOUIS, MO 63158-0237	83-3491318	501(C)(3)	5,100.	0.			GENERAL DONATIONS

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

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TEMPLE BETH SHALOM 670 HIGHLAND AVE NEEDHAM, MA 02494-2220	04-6006558	501(C)(3)	5,018.	0.			GENERAL DONATIONS

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

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

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

PART I, LINE 2:
 A VOLUNTEER COMMITTEE DETERMINES GRANTS TO BE MADE. MILWAUKEE JEWISH FEDERATION STAFF MONITOR THE ACTUAL DISTRIBUTION OF GRANTS AND THE USAGE OF THE GRANT FUNDS.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

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)	291,295.	9,720.	430.	9,214.	11,202.	321,861.
	(ii)	0.	0.	0.	0.	0.	0.
(2) MITCHELL MOSER EXECUTIVE DIRECTOR - JCF	(i)	224,783.	6,473.	908.	6,938.	0.	239,102.
	(ii)	0.	0.	0.	0.	0.	0.
(3) MICHAEL SATTELL CHIEF FINANCIAL OFFICER	(i)	197,039.	6,010.	1,259.	0.	18,527.	222,835.
	(ii)	0.	0.	0.	0.	0.	0.
(4) JULIE SCHACK VICE PRESIDENT OF PHILANTHROPY	(i)	170,344.	7,500.	1,004.	5,501.	16,656.	201,005.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

**SCHEDULE K
(Form 990)**
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
Open to Public Inspection

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

Part I	Bond Issues	(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
		COLORADO EDUCATIONAL AND A CULTURAL FACILITIES AUTH	84-0896727	NONE	12/03/12	54340000.	PROVIDE FUNDS TO REFUND TWO PRIOR		X		X		X
		B											
		C											
		D											

Part II	Proceeds	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue		54,340,000.						
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds		2,200,000.						
10	Capital expenditures from proceeds		46,440,000.						
11	Other spent proceeds		5,700,000.						
12	Other unspent proceeds								
13	Year of substantial completion								

		Yes		No		Yes		No	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule K (Form 990) (Rev. 12-2024)

Part III Private Business Use

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

Part IV Arbitrage

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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	152	2,829,195.	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	X	1	1,300,000.	APPRAISAL
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

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 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.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2024

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION TRACKS AND REPORTS THE ACTUAL NUMBER OF CONTRIBUTIONS RECEIVED.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**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
HISTORY OF THE COMMUNITY, AND MAINTAIN AN ADVERTISING MEDIUM FOR
REACHING THE JEWISH POPULATION.
EXPENSES \$ 421,687. 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 \$ 15,068,477. INCL GRANTS OF \$ 4,785,012. REVENUE \$ 3,156,542.

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

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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

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

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 WILL BE AVAILABLE FOR REVIEW TO ALL BOARD MEMBERS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:
THE MILWAUKEE JEWISH FEDERATION DOES REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. SPECIFICALLY, EACH YEAR ALL BOARD MEMBERS ARE PROVIDED A COPY OF THE POLICY AND A STATEMENT TO COMPLETE, SIGN AND RETURN TO THE FEDERATION OFFICE. A COMMITTEE REVIEWS THE STATEMENTS FOR ANY CONFLICTS AND ADDRESSES ANY CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:
DURING THE 2018 TAX YEAR, THE PRESIDENT AND CEO'S COMPENSATION WAS DETERMINED THROUGH THE SEARCH PROCESS. THE BOARD CHAIR WORKED WITH A LAY SEARCH COMMITTEE AND INDEPENDENT SEARCH FIRM. THE SEARCH FIRM COMPLETED A REVIEW OF COMPENSATION LEVELS FOR COMPARABLE POSITIONS NATIONALLY. FOR OTHER OFFICERS, THE CEO WILL WORK WITH THE SEARCH COMMITTEE AND SEARCH FIRM, FOLLOWING THE SAME PROCESSES.

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

FORM 990, PART VI, SECTION C, LINE 19:
THE AUDITED FINANCIAL STATEMENTS AND ANNUAL REPORT ARE AVAILABLE ON THE MILWAUKEE JEWISH FEDERATION'S WEBSITE. THE ANNUAL REPORT PROVIDES A SUMMARY OF INCOME AND COMMUNITY ALLOCATIONS. THE CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

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.

OMB No. 1545-0047

Open to Public Inspection

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

Name of the organization

MILWAUKEE JEWISH FEDERATION, INC.

Employer identification number
39-0806312

Part I 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	506.		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
WJCSI, LLC - 99-3803562 1360 N PROSPECT AVE MILWAUKEE, WI 53202	SECURITY SERVICES	WISCONSIN	501(C)(3)	LINE 12B, II	MILWAUKEE JEWISH FEDERATION, INC.		X

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

Schedule R (Form 990) (Rev. 1-2025)

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WJCSI, LLC		Q	62,588	COST OF SERVICES RENDERED
(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.

DETAIL CARRYOVER SCHEDULE

Type and Entity: ADVERTISING INCOME FRO POST-2017 NO

Section 382 Annual Limitation		Section 382 Carryover									
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A 2020	750.										
B 2022	750.										
C 2023	750.										
D 2024	10,914.										
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											
Detail Type	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
E											
S											
B											
C											
A											
B											
C											
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Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

MILWAUKEE JEWISH FEDERATION, INC.

EIN or SSN

39-0806312

Name and title of officer or person subject to tax

**MIRYAM ROSENZWEIG
PRESIDENT & CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ...	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ...	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>0.</u>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **SVA CERTIFIED PUBLIC ACCTS SC** to enter my PIN **06312**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

39020239120

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

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

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

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.

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.

Part I - Identification

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **MIKE SATTELL**
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**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 ____ or
 tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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

For calendar year 2024 or other tax year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

Form header section A-F containing organization name (MILWAUKEE JEWISH FEDERATION, INC.), address (1360 N PROSPECT AVE), and book value of assets (280,142,727).

Form header section G-L containing organization type (501(c) corporation), filing status, and contact information (MIKE SATTELL, 414-390-5700).

Table for Part I: Total Unrelated Business Taxable Income. Rows 1-11 showing calculations from 0 to 0.

Table for Part II: Tax Computation. Rows 1-7 showing tax amounts from 0 to 0.

Table for Part III: Tax and Payments. Rows 1a-4 showing foreign tax credit, total credits, and total tax amounts.

Part III Tax and Payments <i>(continued)</i>			
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information <i>(see instructions)</i>			
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			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 \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available 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	
	513110	\$ 2,250.	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	PRESIDENT & CEO	Title
				May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	LYNN HESLINGA			PTIN
	Firm's name	Firm's EIN		P01273410
	1221 JOHN Q. HAMMONS DRIVE		39-1203191	
	Firm's address	MADISON, WI 53717		Phone no. 6088318181

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

Department of the Treasury
Internal Revenue Service

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

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

1
OMB No. 1545-0047

2024

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

A Name of the organization MILWAUKEE JEWISH FEDERATION, INC.	B Employer identification number 39-0806312
C Unrelated business activity code (see instructions) 513110	D Sequence: 1 of 1

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance			
2 Cost of goods sold (Part III, line 8)	1c			
3 Gross profit. Subtract line 2 from line 1c	2			
	3			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11	225,441.	235,605.	-10,164.
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	225,441.	235,605.	-10,164.

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

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement). See instructions				
6 Taxes and licenses				
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			
9 Depletion				
10 Contributions to deferred compensation plans				
11 Employee benefit programs				
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				
14 Other deductions (attach statement)		SEE STATEMENT 1		750.
15 Total deductions. Add lines 1 through 14				750.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			-10,914.
17 Deduction for net operating loss. See instructions	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			-10,914.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

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	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. 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 2a and 2b (attach statement)				
5 Total deductions. 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 Total gross income (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 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

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

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

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. 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).
			0.	0.

Totals

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).
		0.		0.

Totals

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

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

Part IX Advertising Income

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

A WISCONSIN JEWISH CHRONICLE

B

C

D

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

	A	B	C	D
2 Gross advertising income	225,441.			
a Add columns A through D. Enter here and on Part I, line 11, column (A)				225,441.

3 Direct advertising costs by periodical	235,605.			
a Add columns A through D. Enter here and on Part I, line 11, column (B)				235,605.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8	-10,164.			
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 0.

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

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1 0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
FORM 990T PREPARATION FEES		750.
TOTAL TO SCHEDULE A, PART II, LINE 14		750.

FORM 990-T SCHEDULE A	DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	STATEMENT 2
	ADVERTISING INCOME FROM WISCONSIN JEWISH CHRONICLE	
	TO FORM 990-T, SCHEDULE A, LINE E	

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.
06/30/23	750.	0.	750.	750.
06/30/24	750.	0.	750.	750.
NOL CARRYOVER AVAILABLE THIS YEAR			2,250.	2,250.

Alternative Minimum Tax-Corporations

2024

Attach to your tax return.
 Go to www.irs.gov/Form4626 for instructions and the latest information.

Name of corporation MILWAUKEE JEWISH FEDERATION, INC.	Employer identification number (EIN) 39-0806312
---------------------------------------------------------------------	---------------------------------------------------------------

- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? Yes No
 If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? Yes No
 If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.)
If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
1 Net income or loss per applicable financial statement(s) (AFS) (see inst):			
a Consolidated net income or loss per the AFS of the corporation	1a		
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b		
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c		
d Adjustment for certain consolidating entries (see instructions)	1d		
e Specified additional net income or loss item B. Reserved for future use	1e		
f AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d	1f		
2 Adjustments (see instructions):			
a Financial statements covering different tax years	2a		
b Corporations that are not included on the taxpayer's consolidated return	2b		
c Aggregate pro-rata share of adjusted net income from controlled foreign corporations (CFCs) for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions for special rules if completing this form for an FPMG)	2c		
d Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)	2d		
e Certain taxes	2e		
f Patronage dividends and per-unit retain allocations (cooperatives only)	2f		
g Alaska native corporations	2g		
h Certain credits	2h		
i Mortgage servicing income	2i		
j Tax-exempt entities (organizations subject to tax under section 511)	2j		
k Depreciation	2k		
l Qualified wireless spectrum	2l		
m Covered transactions	2m		
n Adjustments related to bankruptcy and insolvency	2n		
o Certain insurance company adjustments	2o		
p Adjustment P - Reserved for future use	2p		
q Adjustment Q - Reserved for future use	2q		
r Adjustment R - Reserved for future use	2r		
s Adjustment S - Reserved for future use	2s		
z Other	2z		
3 Specified adjustment. Reserved for future use	3		
4 Total adjustments. Combine lines 2a through 2z	4		
5 AFSI. Combine lines 1f and 4	5		
6 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5			6
7 3-year average annual AFSI (see instructions)			7

Part I **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)*

- 8** Is line 7 more than \$1 billion?
 Yes. Continue to line 9.
 No. STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?
 Yes. Continue to line 10.
 No. Continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended	
10 AFSI for purposes of the \$100 million test before adjustments:				
a AFSI from line 5	10a			
b Aggregation differences (see instructions)	10b			
c Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b	10c			
11 Adjustments:				
a Income not effectively connected to a U.S. trade or business	11a			
b Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions)	11b			
c Reserved for future use - Other adjustments 1	11c			
d Reserved for future use - Other adjustments 2	11d			
12 Total adjustments. Combine lines 11a and 11b	12			
13 Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12	13			
14 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13				14
15 3-year average annual AFSI for purposes of the \$100 million test				15

- 16** Is line 15 \$100 million or more?
 Yes. Continue to Part II.
 No. STOP here. Attach to your tax return.

Part II Corporate Alternative Minimum Tax (CAMT)

1 Net income or loss per AFS (see instructions):		
a Consolidated net income or loss per the AFS of the corporation	1a	-11,914.
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
d Adjustment for certain consolidating entries (see instructions)	1d	
e Specified additional net income or loss item D. Reserved for future use	1e	
f AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	-11,914.
2 Adjustments (see instructions):		
a Financial statements covering different tax years	2a	
b Reserved for future use - Adjustment 2b	2b	
c Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
d The corporation's distributive share of adjusted financial statement income of partnerships	2d	
e Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3	2e	
f Amounts that are not effectively connected to a U.S. trade or business	2f	
g Certain taxes. Enter the amount from Part III, line 7	2g	
h Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
i Alaska native corporations	2i	
j Certain credits	2j	
k Mortgage servicing income	2k	
l Covered benefit plans described in section 56A(c)(11)(B)	2l	
m Tax-exempt entities (organizations subject to tax under section 511)	2m	
n Depreciation	2n	
o Qualified wireless spectrum	2o	
p Covered transactions	2p	
q Adjustments related to bankruptcy and insolvency	2q	
r Certain insurance company adjustments	2r	
s AFSI adjustment S - Reserved for future use	2s	
t AFSI adjustment T - Reserved for future use	2t	
u AFSI adjustment U - Reserved for future use	2u	
z Other	2z	
3 Total adjustments. Combine lines 2a through 2z	3	
4 AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4	-11,914.
5 Financial statement net operating loss (FSNOL) (see instructions)	5	
6 AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6	
7 Multiply line 6 by 15% (0.15)	7	
8 Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8	
9 Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-	9	
10 Regular tax liability (see instructions)	10	
11 Base erosion minimum tax (see instructions)	11	
12 Combine lines 10 and 11	12	
13 Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	

Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

1 Current income tax provision - Foreign	1	
2 Current income tax provision - Federal	2	
3 Deferred income tax provision - Foreign	3	
4 Deferred income tax provision - Federal	4	
5 Income taxes included in equity method investment income	5	
6a Adjustment A - Reserved for future use	6a	
b Adjustment B - Reserved for future use	6b	
c Adjustment C - Reserved for future use	6c	
d Adjustment D - Reserved for future use	6d	
e Adjustment E - Reserved for future use	6e	
f Adjustment F - Reserved for future use	6f	
g Adjustment G - Reserved for future use	6g	
h Adjustment H - Reserved for future use	6h	
z Income taxes in other places	6z	
7 Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7	

Part IV Corporate Alternative Minimum Tax - Foreign Tax Credit

Section I - CAMT Foreign Tax Credit

1	Domestic corporation CAMT foreign income taxes:			
a	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j)	1a		
b	Adjustment	1b		
c	Adjustment	1c		
d	Adjustment	1d		
e	Adjustment	1e		
f	Adjustment	1f		
g	Adjustment	1g		
2	Total domestic corporation CAMT foreign income taxes. Combine lines 1a through 1g.....			2
3	Allowable CFC CAMT foreign income taxes:			
a	Pro-rata share of CFC CAMT foreign income taxes from Part IV, Section II, line 11, column (n)	3a		
b	Other	3b		
c	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3c		
d	Total CFC CAMT foreign income taxes. Add lines 3a, 3b, and 3c			3d
e	Percentage specified in section 55(b)(2)(A)(i)	3e	15%	
f	Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3 (see instructions)	3f		
g	CFC CAMT FTC limitation (multiply line 3e by line 3f)			3g
h	Allowable CFC CAMT foreign income taxes (lesser of line 3d or line 3g)			3h
4	CAMT FTC Line 4 - Reserved for future use			4
5	CAMT FTC Line 5 - Reserved for future use			5
6	Total CAMT foreign income taxes. Combine lines 2 and 3h. Enter this amount on Part II, line 8.....			6