

A For the **2023** calendar year, or tax year beginning **MAR 1, 2023** and ending **FEB 29, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JEWISH FEDERATION OF MADISON, INC.		D Employer identification number 39-0867186
	Doing business as		E Telephone number (608) 278-1808
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	6434 ENTERPRISE LANE		
	City or town, state or province, country, and ZIP or foreign postal code MADISON, WI 53719-1117		G Gross receipts \$ 4,413,896.
F Name and address of principal officer: ALAN KLUGMAN SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number 8008	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.JEWISHMADISON.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1940	M State of legal domicile: WI

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO INSPIRE, BUILD, AND SUSTAIN VIBRANT JEWISH LIFE BY FOSTERING DIVERSE OPPORTUNITIES TO CONNECT AT		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	32
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	32
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	193
	6 Total number of volunteers (estimate if necessary)	6	70
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,012,748.	1,480,425.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,460,488.	1,660,587.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-92,434.	75,939.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,565.	7,120.
		2,384,367.	3,224,071.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	408,696.	532,513.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,307,654.	1,450,692.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	17,694.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	990,336.	927,046.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,706,686.	2,910,251.
	19 Revenue less expenses. Subtract line 18 from line 12	-322,319.	313,820.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	7,303,660.	7,915,686.
	22 Net assets or fund balances. Subtract line 21 from line 20	358,213.	262,085.
		6,945,447.	7,653,601.

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer		Date	
	ALAN KLUGMAN, EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	PAULINE VOSBERG		09/25/24	P01543296
Preparer Use Only	Firm's name	Firm's EIN		
	ARROW CPAS LLC	92-0431676		
	Firm's address	Phone no. (608) 442-3838		
	6411 MINERAL POINT RD, SUITE 111			
	MADISON, WI 53705-4342			

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

☒**1** Briefly describe the organization's mission:

TO INSPIRE, BUILD, AND SUSTAIN VIBRANT JEWISH LIFE BY FOSTERING
DIVERSE OPPORTUNITIES TO CONNECT AT EVERY AGE AND MOBILIZING OUR
COMMUNITY IN COMMON PURPOSE, IN MADISON, ISRAEL, AND AROUND THE WORLD.

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 ☒ 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 ☒ 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 \$ 505,080. including grants of \$) (Revenue \$ 548,218.)

THE HILDE L MOSSE GAN HAYELED PRESCHOOL IS THE EARLY CHILD-HOOD PROGRAM
OF THE JEWISH FEDERATION OF MADISON SERVING APPROX. 36 STUDENTS
YEAR-ROUND IN A 1)NURSERY SCHOOL PROGRAM; 2)SUMMER CAMP; 3)EXTENDED
TIME PROGRAM;4)INTERSESSION PROGRAM. SCHOLARSHIPS ARE PROVIDED BY
JEWISH FEDERATION OF MADISON BASED UPON FAMILY FINANCIAL NEED AS
DOCUMENTED ON CONFIDENTIAL SCHOLARSHIP APPLICATION FORMS. THE HILDE L
MOSSE GAN HA YELED PRESCHOOL IS LICENSED BY THE STATE OF WISCONSIN

4b (Code:) (Expenses \$ 752,702. including grants of \$) (Revenue \$ 1,011,508.)

CAMP SHALOM, FOUNDED 1954, IS THE OLDEST SUMMER DAY CAMP IN DANE
COUNTY. FOUNDED AND SPONSORED BY JEWISH FEDERATION OF MADISON, INC.,
CAMP SHALOM SERVES UP TO 1000 CHILDREN -KINDERGARTEN THROUGH NINTH
GRADE -EACH SUMMER IN THREE DAY CAMPING SESSIONS OPERATING OUT OF THE
IRWIN AND ROBERT GOODMAN JEWISH COMMUNITY CAMPUS IN THE TOWN OF VERONA.
SCHOLARSHIPS ARE AWARDED BASED UPON FAMILY FINANCIAL NEED AS DOCUMENTED
ON CONFIDENTIAL SCHOLARSHIP APPLICATION FORMS FILLED OUT BY THE
FAMILIES ATTENDING CAMP. CAMP SHALOM IS LICENSED BY THE STATE OF
WISCONSIN. CAMP SHALOM SERVES CHILDREN ENTERING GRADES KINDERGARTEN
THROUGH GRADE FIVE THE FOLLOWING FALL. CAMP NOAR BOGRIM SERVES
CHILDREN ENTERING GRADES SIX, SEVENTH, EIGHTH AND NINTH THE FOLLOWING
FALL. CAMP NOAR BOGRIM ALSO SERVES CHILDREN ENTERING GRADES SIX, SEVEN,

4c (Code:) (Expenses \$ 27,616. including grants of \$) (Revenue \$ 17,705.)

MIDRASHA HEBREW HIGH SCHOOL SERVES APPROXIMATELY 45 STUDENTS IN GRADES
8 THROUGH 12. HEBREW CLASSES AND JEWISH STUDIES TAKE PLACE ON WEDNESDAY
EVENINGS AND SUNDAY AFTERNOONS. PUBLIC HIGH SCHOOL FOREIGN LANGUAGE
CREDIT IS AVAILABLE FOR THE HEBREW CURRICULUM. THE FEDERATION PROVIDES
INCENTIVE AWARDS OF UP TO \$3000 FOR JEWISH EDUCATIONAL EXPERIENCES.
THE SCHOLARSHIPS PROVIDE FOR CONTINUING JEWISH STUDIES BASED UPON
APPLICATION MADE TO THE MIDRASHA COMMITTEE.

4d Other program services (Describe on Schedule O.)(Expenses \$ 1,134,304. including grants of \$ 532,513.) (Revenue \$ 90,276.)**4e** Total program service expenses 2,419,702.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 7	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	193
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

☒**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	32													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.														
b Enter the number of voting members included on line 1a, above, who are independent		32												
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?			2							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?				3										X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4									X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						5								X
6 Did the organization have members or stockholders?							6							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?								7a						X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									7b					X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										8a			X	
b Each committee with authority to act on behalf of the governing body?											8b		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												9		X

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a														X
b 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?		10b													
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			11a											X	
b 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					12a									X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						12b								X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done							12c							X	
13 Did the organization have a written whistleblower policy?								13						X	
14 Did the organization have a written document retention and destruction policy?									14					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										15a				X	
b Other officers or key employees of the organization											15b			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?												16a			X
b 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?													16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed WI

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ 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
SVETLANA GOVORUKHA - 608-278-1808
6434 ENTERPRISE LANE, MADISON, WI 53719

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) ALAN KLUGMAN EXECUTIVE DIRECTOR	40.00				X			130,000.	0.	0.
(2) FRED GANTS 1ST VICE PRESIDENT	1.00	X		X				0.	0.	0.
(3) DAN WEISS 2ND VICE PRESIDENT	1.00	X		X				0.	0.	0.
(4) LIVIA ASHER ASSISTANT TREASURER	1.00	X		X				0.	0.	0.
(5) DOUGLAS BERRY OFFICER - TREASURER	1.00	X		X				0.	0.	0.
(6) PAUL GROSSBERG DIRECTOR	1.00	X						0.	0.	0.
(7) JUDY PIEROTTI DIRECTOR	1.00	X						0.	0.	0.
(8) RANDY BLUMENSTEIN DIRECTOR	1.00	X						0.	0.	0.
(9) SARAH MINKOFF DIRECTOR	1.00	X						0.	0.	0.
(10) DAVID GORDON DIRECTOR	1.00	X						0.	0.	0.
(11) RON LUSKIN DIRECTOR	1.00	X						0.	0.	0.
(12) ROBYN SPERLING DIRECTOR	1.00	X						0.	0.	0.
(13) YOLANDA GORMAN DIRECTOR	1.00	X						0.	0.	0.
(14) NAN YOUNGERMAN DIRECTOR	1.00	X						0.	0.	0.
(15) BEN WEISMER DIRECTOR	1.00	X						0.	0.	0.
(16) MELANIE COHEN DIRECTOR	1.00	X						0.	0.	0.
(17) YARON NILI 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) LINDA REIVITZ DIRECTOR	1.00	X						0.	0.	0.
(19) AMY KRAUTHAMER-MALONEY DIRECTOR	1.00	X						0.	0.	0.
(20) STEVEN MORRISON EXECUTIVE DIRECTOR EMERITU	1.00	X						0.	0.	0.
(21) RABBI LAURIE ZIMMERMAN EX-OFFICIO	1.00	X						0.	0.	0.
(22) RABBI JON PROSNIT EX-OFFICIO	1.00	X						0.	0.	0.
(23) RABBI YONA MATUSOF EX-OFFICIO	1.00	X						0.	0.	0.
(24) RABBI BETSY FORESTER EX-OFFICIO	1.00	X						0.	0.	0.
(25) FRANCES WEINSTEIN HONORARY	1.00	X						0.	0.	0.
(26) HANNAH ROSENTHAL HONORARY	1.00	X						0.	0.	0.
1b Subtotal								130,000.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								130,000.	0.	0.

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

1

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

	Yes	No
3		X
4		X
5		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? *If "Yes," complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

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
NONE		

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

0

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JOE SHUMOW IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(28) JOEL MINKOFF OFFICER - AT LARGE	1.00	X		X				0.	0.	0.
(29) DEBORAH MINKOFF OFFICER - AT LARGE	1.00	X		X				0.	0.	0.
(30) JEREMY TUNIS OFFICER-AT LARGE	1.00	X		X				0.	0.	0.
(31) DIANE SEDER OFFICER-AT LARGE	1.00	X		X				0.	0.	0.
(32) LAINIE MINKOFF OFFICER-GENERAL SECRETARY	1.00	X		X				0.	0.	0.
(33) KATHY BLUMENFELD PAST PRESIDENT	1.00	X						0.	0.	0.
(34) ALICIA SCHIFF PAST PRESIDENT	1.00	X						0.	0.	0.
(35) WILLIAM HAUS PAST PRESIDENT	1.00	X						0.	0.	0.
(36) THOMAS PALAY PAST PRESIDENT	1.00	X						0.	0.	0.
(37) LESTER PINES PAST PRESIDENT	1.00	X						0.	0.	0.
(38) MARC SHOVERS PAST PRESIDENT	1.00	X						0.	0.	0.
(39) MARK LAUFMAN PAST PRESIDENT	1.00	X						0.	0.	0.
(40) JAMES STEIN PAST PRESIDENT	1.00	X						0.	0.	0.
(41) JAMES YOUNGERMAN PAST PRESIDENT	1.00	X						0.	0.	0.
(42) SASHA KERLOW PRESIDENT	10.00	X		X				0.	0.	0.
(43) ANN IMIG RECORDING SECRETARY	1.00	X		X				0.	0.	0.
(44) RITA GERMAN DIRECTOR	1.00	X						0.	0.	0.
(45) STORMY-KITO JUSTICE DIRECTOR	1.00	X						0.	0.	0.
(46) MARTA KARLOV DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

332201
04-01-23

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	449,237.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,031,188.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 413.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a FEDERATION CAMPS	Business Code	713990	1,011,508.	1,011,508.		
	b HILDE L. MOSSE GAN HAY		611600	548,218.	548,218.		
	c GOODMAN COMMUNITY CAMP		713990	83,066.	83,066.		
	d MIDRASHA HEBREW HIGH SCHOOL		611600	17,705.	17,705.		
	e JEWISH OUTREACH		611600	90.	90.		
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,660,587.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			147,461.		
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				
b Less: cost or other basis and sales expenses		7b	1,118,303.				
c Gain or (loss)		7c	1,189,825.				
d Net gain or (loss)			-71,522.				
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
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						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code	561000	4,620.	4,620.		
	b WEBSITE SPONSORSHIP		541800	2,500.	2,500.		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			7,120.			
	12 Total revenue. See instructions			3,224,071.	1,667,707.	0.	75,939.

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 ...	521,703.	521,703.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	10,810.	10,810.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	238,665.		238,665.	
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	958,953.	958,953.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	157,235.	98,796.	58,439.	
10 Payroll taxes	95,839.	78,679.	17,160.	
11 Fees for services (nonemployees):				
a Management				
b Legal	413.		413.	
c Accounting	25,990.		25,990.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	46,685.	28,991.		17,694.
12 Advertising and promotion	380.	380.		
13 Office expenses	15,576.		15,576.	
14 Information technology	30,386.		30,386.	
15 Royalties				
16 Occupancy	51,251.		51,251.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	333.		333.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	165,771.	160,138.	5,633.	
23 Insurance	50,288.	39,360.	10,928.	
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 TRANSPORTATION	107,074.	107,074.		
b PROGRAM EXPENSE	81,148.	81,148.		
c SMALL EQUIPMENT/REPAIRS	64,527.	64,527.		
d ONLINE REGISTRATION FEE	44,002.	44,002.		
e All other expenses	243,222.	225,141.	18,081.	
25 Total functional expenses. Add lines 1 through 24e	2,910,251.	2,419,702.	472,855.	17,694.
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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	212,626.	1	191,707.
	2 Savings and temporary cash investments	852,964.	2	1,307,779.
	3 Pledges and grants receivable, net	111,736.	3	128,022.
	4 Accounts receivable, net	12,580.	4	145,347.
	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	18,416.	9	7,662.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,079,914.		
	b Less: accumulated depreciation	10b 3,103,591.	10c	2,976,323.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	2,971,816.	12	3,147,831.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	46,751.	15	11,015.
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,303,660.	16	7,915,686.	
Liabilities	17 Accounts payable and accrued expenses	204,972.	17	197,923.
	18 Grants payable		18	
	19 Deferred revenue	124,455.	19	52,816.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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	28,786.	25	11,346.
	26 Total liabilities. Add lines 17 through 25	358,213.	26	262,085.
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	4,748,662.	27	5,361,194.
	28 Net assets with donor restrictions	2,196,785.	28	2,292,407.
	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	6,945,447.	32	7,653,601.
	33 Total liabilities and net assets/fund balances	7,303,660.	33	7,915,686.

Part XI Reconciliation of Net AssetsCheck 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	3,224,071.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,910,251.
3	Revenue less expenses. Subtract line 2 from line 1	3	313,820.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,945,447.
5	Net unrealized gains (losses) on investments	5	393,921.
6	Donated services and use of facilities	6	413.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,653,601.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
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? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2023)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

JEWISH FEDERATION OF MADISON, INC.

Employer identification number

39-0867186

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	6	
2 Aggregate value of contributions to (during year)	84.	
3 Aggregate value of grants from (during year)	70,990.	
4 Aggregate value at end of year	34,033.	
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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☒ Preservation for future generations

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	2,770,761.	2,770,761.	2,770,761.	2,770,661.	2,770,661.
b Contributions				100.	
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,770,761.	2,770,761.	2,770,761.	2,770,761.	2,770,661.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____%

b Permanent endowment _____%

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:

(i) Unrelated organizations? _____

(ii) Related organizations? _____

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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	725,234.			725,234.
b Buildings	3,941,449.		2,074,014.	1,867,435.
c Leasehold improvements	711,487.		518,035.	193,452.
d Equipment	701,744.		511,542.	190,202.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,976,323.

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) SCHWAB INVESTMENTS	1,598,006.	END-OF-YEAR MARKET VALUE
(B) JOHNSON FINANCIAL		
(C) INVESTMENTS	1,549,825.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	3,147,831.	

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) LEASE LIABILITY	11,346.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	11,346.

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	3,618,405.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	393,921.
b	Donated services and use of facilities	2b	413.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	394,334.
3	Subtract line 2e from line 1	3	3,224,071.
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	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,224,071.

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	2,910,251.
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	0.
3	Subtract line 2e from line 1	3	2,910,251.
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	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,910,251.

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 1A:

SIGNIFICANT AMOUNTS OF ARTWORK CREATED BY JEWISH ARTISTS AND/OR PRESENTING

A JEWISH ISSUE HAVE BEEN DONATED TO THE FEDERATION IN PRIOR YEARS;

HOWEVER, THESE PIECES HAVE NOT BEEN CAPITALIZED ON THE FINANCIAL

STATEMENTS BECAUSE THEY MEET ALL OF THE FOLLOWING CRITERIA: * ARE HELD FOR

EXHIBITION TO THE PUBLIC, FOR EDUCATIONAL PURPOSES, OR FOR RESEARCH IN

FURTHERANCE OF PUBLIC SERVICE AND NOT FINANCIAL GAIN, * ARE PROTECTED,

CARED FOR, AND PRESERVED, * ARE SUBJECT TO A POLICY REQUIRING ANY PROCEEDS

FROM THE SALE OF COLLECTION ITEMS TO BE REINVESTED IN OTHER COLLECTION

ITEMS.

PART III, LINE 4:

Part XIII Supplemental Information (continued)

THE ARTWORK COLLECTIONS ARE HELD FOR EXHIBITION AND EDUCATIONAL PURPOSES TO FURTHER KNOWLEDGE OF JEWISH ARTISTS AND PROVIDE ARTISTIC INTERPRETATION OF JEWISH ISSUES THROUGH HISTORY.

PART V, LINE 4:

ALL TEMPORARILY RESTRICTED ENDOWMENT FUNDS HAVE A DESIGNATION BY THE DONOR. ALL ENDOWMENTS FUNDS THAT HAVE A BOARD DESIGNATION ARE TO BE USED TO MEET THE EXEMPT PURPOSES OF THE ORGANIZATION WITH THE FURTHER ANNUAL SPENDING LIMITATION SET BY THE ENDOWMENT FUND POLICIES.

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE JEWISH FEDERATION OF MADISON, INC'S MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE PLAN AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE FEDERATION'S MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF FEBRUARY 29, 2024 THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. FOR US FEDERAL INCOME TAXES, THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION FOR THOSE TAX YEARS ENDING THE LATER OF 3 YEARS FROM THE CURRENT YEAR'S TAX RETURN DUE DATE, OR THE DATE THAT THE RETURN WAS ACTUALLY FILED. FOR WISCONSIN INCOME TAXES, THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS FOR THOSE TAX YEARS ENDING THE LATER OF 4 YEARS FROM THE CURRENT YEAR'S TAX RETURN DUE DATE, OR THE DATE THAT THE RETURN WAS ACTUALLY FILED

Part XIII Supplemental Information *(continued)*

SCHEDULE D PART XI LINE 4B.

OTHER ADJUSTMENT MADE TO REDUCE REVENUE BY THE AMOUNT OF LOSS FROM THE
DISPOSALS OF FIXED ASSETS.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization
JEWISH FEDERATION OF MADISON, INC.

Employer identification number
39-0867186

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
JEWISH FEDERATIONS OF NORTH AMERICA - 111 EIGHTH AVENUE - NEW YORK, NY 10011	13-1624240	501 (C) (3)	338,954.	0.			FURTHER THE MISSION TO MOBILIZE PHILANTHROPIC RESOURCES TO STRENGTHEN JEWISH ORGANIZATIONS
HILLEL FOUNDATION - UNIVERSITY OF WISCONSIN - 611 LANGDON STREET - MADISON, WI 53703	39-2035142	501 (C) (3)	36,825.	0.			HELP SUPPORT THE MANY UW-CAMPUS ORGANIZATIONS SERVING STUDENTS
JEWISH SOCIAL SERVICES 6434 ENTERPRISE LANE MADISON, WI 53719	39-1300430	501 (C) (3)	60,800.	0.			SUPPORT SOCIAL SERVICES TO REFUGEES AND COMMUNITY AT LARGE
UW CHABAD HOUSE 223 W. GILMAN ST MADISON, WI 53703	81-2195403	501 (C) (3)	7,600.	0.			SUPPORT PROGRAMS TO PROMOTE JEWISH KNOWLEDGE & AWARENESS & THE MEANS TO PRACTICE JEWISH
WISCONSIN JEWISH CONFERENCE 16 NORTH CARROLL STREET MADISON, WI 53703	39-0806312	501 (C) (3)	8,550.	0.			SUPPORT ITS ADVOCACY, REPRESENTATION AND CLEARING HOUSE FOR COMMUNITIES SUCH AS
TEMPLE BETH EL OF MADISON 2702 ARBOR DRIVE MADISON, WI 53711	39-6007966	501 (C) (3)	10,000.	0.			FOR ADDRESSING RACIAL DISPARITIES THROUGH SUMMER YOUTH INTERNSHIPS FOR LOW INCOME YOUTH OF

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

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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
DESIGNATED GRANTS	2	2,000.	0.	ACTUAL AMOUNTS OF GRANTS PAID OUT	
UJC MISSIONS & MTGS. SUBSIDY	1	8,810.	0.	FUNDS TO MOBILIZE PHILANTHROPIC RESOURCES TO STRENGTHEN JEWISH COMMUNITIES	

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:

DONATIONS ARE MADE TO OTHER 501(C)(3) ORGANIZATIONS. MANAGEMENT VERIFIES THAT THEIR EXEMPT STATUS IS STILL IN EXISTENCE ANNUALLY.

SCHOLARSHIPS ARE PROVIDED TO PEOPLE WHO COMPLETE APPLICATION FORMS, REQUESTING ASSISTANCE TO ALLOW THEIR CHILDREN TO ATTEND FEDERATION CAMPS.

MIDRASHA PROVIDES INCENTIVE AWARDS TO STUDENTS WHO GRADUATE FROM THE MIDRASHA PROGRAMS. THE APPLICATION IS MADE TO THE MIDRASHA DIRECTOR,

Part IV Supplemental Information

REQUESTING REIMBURSEMENT OF THE COST FOR PURSUING CONTINUING JEWISH STUDIES.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: UW CHABAD HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT PROGRAMS TO PROMOTE JEWISH KNOWLEDGE & AWARENESS & THE MEANS TO PRACTICE JEWISH HERITAGE

NAME OF ORGANIZATION OR GOVERNMENT: WISCONSIN JEWISH CONFERENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT ITS ADVOCACY, REPRESENTATION AND CLEARING HOUSE FOR COMMUNITIES SUCH AS MADISON

NAME OF ORGANIZATION OR GOVERNMENT: TEMPLE BETH EL OF MADISON

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR ADDRESSING RACIAL DISPARITIES THROUGH SUMMER YOUTH INTERNSHIPS FOR LOW INCOME YOUTH OF COLOR

NAME OF ORGANIZATION OR GOVERNMENT: RACE PLACE COALITION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PHILANTHROPIC RESOURCES TO STRENGTHEN JEWISH VALUES IN THE COMMUNITY TO FUND FOOD DRIVE FOR THE COMMUNITY

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

JEWISH FEDERATION OF MADISON, INC.

Employer identification number

39-0867186

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 type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input 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

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2023

Part III	Supplemental Information
-----------------	---------------------------------

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

JEWISH FEDERATION OF MADISON, INC.

Employer identification number

39-0867186

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

EVERY AGE AND MOBILIZING OUR COMMUNITY IN COMMON PURPOSE, IN MADISON,
ISRAEL, AND AROUND THE WORLD.

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

EIGHT AND NINE THE FOLLOWING FALL. CAMP SHALOM ALSO OFFERS A WINTER
SESSION AS WELL.

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

GOODMAN COMMUNITY CAMPUS

EXPENSES \$ 355,101. INCLUDING GRANTS OF \$ 0. REVENUE \$ 83,066.

OVERSEAS & NATIONAL AGENCIES & LOCAL AGENCIES & SERVICES

EXPENSES \$ 593,912. INCLUDING GRANTS OF \$ 532,513. REVENUE \$ 4,620.

JEWISH OUTREACH

EXPENSES \$ 101,986. INCLUDING GRANTS OF \$ 0. REVENUE \$ 90.

COMMUNICATIONS

EXPENSES \$ 83,305. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,500.

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

BOARD MEMBERS LAINIE AND SARAH MINKOFF ARE JOEL AND DEBORAH MINKOFF'S
DAUGHTER-IN-LAWS.

ANOTHER BOARD MEMBER SASHA KERLOW WORKS TOGETHER WITH JOEL MINKOFF.

Name of the organization

JEWISH FEDERATION OF MADISON, INC.

Employer identification number

39-0867186

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

THE EXECUTIVE DIRECTOR COMPARES FORM 990 TO THE AUDIT REPORT AND THEN PROVIDES BOTH THE AUDIT REPORT AND FORM 990 TO THE EXECUTIVE COMMITTEE AND/OR THE BOARD OF DIRECTORS FOR DISCUSSION AND APPROVAL. ONCE APPROVED, FORM 990 IS FILED WITH IRS.

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

A LETTER IS SENT ANNUALLY TO EACH BOARD MEMBER WHICH INCLUDES THE CONFLICT OF INTEREST POLICY AND A FORM WHICH REQUIRES THEIR SIGNATURE AND DATE INDICATING THEY HAVE READ, UNDERSTAND, AND ACCEPT THE POLICY.

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

SALARY SURVEYS ON KEY STAFF ARE REQUESTED ANNUALLY. RESULTING ANNUAL REPORT IS GIVEN TO THE ADMINISTRATIVE COMMITTEE FOR REVIEW TO BE SURE THAT SALARIES ARE IN LINE. THIS SURVEY IS THE JEWISH FEDERATION NORTH AMERICA ANNUAL SALARIES SURVEY AND HAS KEY EMPLOYEE SALARIES LISTED BY CITY SIZE, HIGH-LOW INFORMATION, AND OTHER DEMOGRAPHIC INFORMATION TO HELP MAKE ANNUAL SALARY DECISIONS.

FORM 990, PART VI, SECTION C, LINE 18:

UPON REQUEST TO THE ADMINISTRATIVE OFFICE OF THE ORGANIZATION, THE ORGANIZATION MAKES FORM 1023 AND FORM 990 AVAILABLE FOR PUBLIC INSPECTION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990. PART XI. LINE 2C

JEWSH FEDERATION OF MADISON, INC.

39-0867186

THE ORGANIZATION HAS A FINANCE COMMITTEE.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

JEWISH FEDERATION OF MADISON, INC.

Employer identification number
39-0867186

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

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
JEWISH SOCIAL SERVICES OF MADISON, INC. - 39-1300430, 6434 ENTERPRISE LANE, MADISON, WI 53719-1117	TO ENHANCE QUALITY OF LIFE FOR THOSE IN THE JEWISH COMMUNITY AND REFUGEES	WISCONSIN	501(C)(3)	509(A)(2)			X

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

Schedule R (Form 990) 2023

Part III

Part IV

Part IV

Schedule R (Form 990) 2023

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.

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	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) JEWISH SOCIAL SERVICES OF MADISON, INC.	N	23,956.	PERCENTAGE OF SHARED EXPENSES
(2) JEWISH SOCIAL SERVICES OF MADISON, INC.	B	60,800.	CASH DONATION
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII Supplemental Information

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.