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A For the 2008 calendar year, or tax year beginning 06-01-2008, and ending 05-31-2009				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE SHIFFMAN FAMILY SUPPORT FOUNDATION		D Employer identification number 38-2824407
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 2030 6735 TELEGRAPH RD		E Telephone number (248) 642-4260
Name change				
Initial return		City or town, state or country, and ZIP + 4 BLOOMFIELD HILLS, MI 48301		F Group Exemption Number
Termination				
Amended return				
Application pending				

* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		G Accounting method ☐ Cash ☒ Accrual Other (specify) ▶	
I Website: ▶ N/A		H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
J Organization type (check only one)— ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527			
K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.			
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ		▶ \$ 3,487	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)	
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Revenue	1	Contributions, gifts, grants, and similar amounts received	1	2,500	
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3		
	4	Investment income	4	987	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c		
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐			
	a	Gross revenue (not including \$_____ of contributions reported on line 1)	6a		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
Expenses	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	8	Other revenue (describe ☐ _____)	8		
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ☐	9	3,487	
	10	Grants and similar amounts paid (attach schedule) ☐	10	150,500	
	11	Benefits paid to or for members	11		
	12	Salaries, other compensation, and employee benefits	12		
	13	Professional fees and other payments to independent contractors	13	600	
	14	Occupancy, rent, utilities, and maintenance	14		
	15	Printing, publications, postage, and shipping	15		
	16	Other expenses (describe ☐ _____)	16	18,099	
	17	Total expenses (add lines 10 through 16) ☐	17	169,199	
	Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-165,712
		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	193,573
20		Other changes in net assets or fund balances (attach explanation) ☐	20	-9,780	
21		Net assets or fund balances at end of year (combine lines 18 through 20) ☐	21	18,081	

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO SUPPORT THE JEWISH COMMUNITY			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28 GRANTS AND AWARDS ARE GIVEN TO CHARITABLE ORGANIZATIONS (Grants \$ 150,500) If this amount includes foreign grants, check here . . . ☐		28a	150,500
29 (Grants \$) If this amount includes foreign grants, check here . . . ☐		29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . ☐		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . ☐		31a	
32 Total program service expenses (add lines 28a through 31a)		32	150,500

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part VI.)

Yes

No

33

Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

33

No

34

Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes

34

No

35

If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

a

Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

35a

No

b

If "Yes," has it filed a tax return on **Form 990-T** for this year?

35b

36

Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N 

36

Yes

37a

Enter amount of political expenditures, direct or indirect, as described in the instructions 

37a

0

b

Did the organization file **Form 1120-POL** for this year?

37b

38a

Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

38a

No

b

If "Yes," complete Schedule L, Part II and enter the total amount involved

38b

39

501(c)(7) organizations. Enter

a

Initiation fees and capital contributions included on line 9

39a

b

Gross receipts, included on line 9, for public use of club facilities

39b

40a

Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911  0 , section 4912  0 , section 4955  0

b

Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.

40b

No

c

Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 

0

d

Enter amount of tax on line 40c reimbursed by the organization 

0

e

All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

40e

No

41

List the states with which a copy of this return is filed  MI

42a

The books are in care of  DOROTHY BENYAS Telephone no  (248) 642-4260

6735 TELEGRAPH RD

Located at  BLOOMFIELD HILLS, MI ZIP + 4  48301

b

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)?

Yes

No

42b

No

If "Yes," enter the name of the foreign country 

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**.

c

At any time during the calendar year, did the organization maintain an office outside of the U S ?

42c

No

If "Yes," enter the name of the foreign country 

43

Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here  

and enter the amount of tax-exempt interest received or accrued during the tax year 

43

44

Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.

Yes

No

44

No

45

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.

45

No

Form 990-EZ (2008)

Part VI

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
b	If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None "				
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None "		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

Please 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 officer) is based on all information of which preparer has any knowledge.	
	*****	2009-12-22
	Signature of officer	Date
	DOROTHY BENYAS treasurer	
	Type or print name and title	

Paid Preparer's Use Only	Preparer's signature Michael F Fenberg	Date 2009-12-22	Check if self-employed	Preparer's PTIN (See Gen Inst X)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
	BAKER TILLY VIRCHOW KRAUSE LLP One Towne Square Suite 600 Southfield, MI 48076			Phone no (248) 372-7300

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes☐ No

SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue
Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization THE SHIFFMAN FAMILY SUPPORT FOUNDATION	Employer identification number 38-2824407
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only one organization)

- 1

☐

A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
- 2

☐

A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
- 4

☐

A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II)
- 8

☐

A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
- 11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a

☒

Type I

b

☐

Type II

c

☐

Type III - Functionally Integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii)

a family member of a person described in (i) above?
- (iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
JEWISH FEDERATION OF METROPOLITAN DETROIT	381359214	7	Yes		Yes		Yes		0
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						☐

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. 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		☐
b 33 1/3% Test - 2007. If the organization did not check the 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		☐
17a 10% Facts and Circumstances Test - 2008. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		☐
b 10% Facts and Circumstances Test - 2007. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		☐
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		☐

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% Tests - 2008. 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% Tests - 2007. 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 **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

SCHEDULE N (Form 990 or 990-EZ)	Liquidation, Termination, Dissolution or Significant Disposition of Assets To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 31 or 32 or Form 990-EZ, line 36. ▶ Attach certified copies of any articles of dissolution, resolutions or plans. ▶ Attach to Form 990 or 990-EZ.	OMB No 1545-0047
		2008
		Open to Public Inspection

Name of the organization THE SHIFFMAN FAMILY SUPPORT FOUNDATION	Employer identification number 38-2824407
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Part I

Liquidation, Termination or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. (Use Schedule N-1 if additional space is needed.)

1	(a)Description of asset(s) distributed or transaction expenses paid	(b)Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses	(d)Method of determining FMV for asset(s) distributed or transaction expenses	(e)EIN of recipient	(f)Name and address of recipient	(g)IRC Code section recipient(s) (if tax-exempt) or type of entity
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2	Did or will any officer, director, trustee, or key employee of the organization		Yes	No
a	Become a director or trustee of a successor or transferee organization?	2a		
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		
c	Become a direct or indirect owner of a successor or transferee organization?	2c		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III			

Part I Liquidation, Termination or Dissolution *(continued)*

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-		Yes	No
3	Did the organization distribute its assets in accordance with its governing instruments? If "No," describe in Part III	3	
4a	Did the organization request or receive a determination letter from EO Determinations that the organization's exempt status was terminated?	4a	
b	(If "Yes," provide the date of the letter _____ -)		
5a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	5a	
b	If "Yes," did the organization provide such notice?	5b	
6	Did the organization discharge or pay all liabilities in accordance with state laws?	6	
7a	Did the organization have any tax-exempt bonds outstanding during the year?	7a	
b	Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?	7b	
c	If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.		

Part II Sale, Exchange, Disposition or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC Code section of recipient(s) (if tax-exempt) or type of entity
	us stock index pool	12-05-2008	38,000	cash transfer	38-1360585	united jewish foundation 6735 telegraph road bloomfield hillss, MI 48301	501(c)(3)
	us stock index pool	06-06-2008	100,000	cash distribution	13-0887640	jewish theological seminary 6735 telegraph road suite 310 bloomfield hillss, MI 48301	501(c)(3)
	us stock index pool	11-11-2008	2,500	cash distribution	13-1628141	jesna 111 8th ave 11th floor new york, NY 10011	501(c)(3)
	us stock index pool	06-19-2008	10,000	cash distribution	38-1358212	providence health foundation 22255 greenfield road suite 2 southfield, MI 48075	501(c)(3)

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization		
a	Become a director or trustee of a successor or transferee organization?	2a	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b	
c	Become a direct or indirect owner of a successor or transferee organization?	2c	
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d	
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.		

Part III **Supplemental Information.** Complete this part to provide the information required by Part I, lines 2e, 7c; or Part II, line 2e; and any additional information.

Explanation

Additional Data

Software ID:

Software Version:

EIN: 38-2824407

Name: THE SHIFFMAN FAMILY SUPPORT FOUNDATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
GARY SHIFFMAN PO BOX 2030 6735 TELEGRAPH RD BLOOMFIELD HILLS,MI 48301	PRESIDENT 0 50	0	0	0
LOIS SHIFFMAN PO BOX 2030 6735 TELEGRAPH RD BLOOMFIELD HILLS,MI 48301	VICE PRESIDENT 0 50	0	0	0
ROBERT P ARONSON PO BOX 2030 6735 TELEGRAPH RD BLOOMFIELD HILLS,MI 48301	SECRETARY 0 50	0	0	0
DOROTHY BENYAS PO BOX 2030 6735 TELEGRAPH RD BLOOMFIELD HILLS,MI 48301	TREASURER 0 50	0	0	0
JOEL S GOLDEN PO BOX 2030 6735 TELEGRAPH RD BLOOMFIELD HILLS,MI 48301	DIRECTOR 0 50	0	0	0
AUDREY SHIFFMAN PO BOX 2030 6735 TELEGRAPH RD BLOOMFIELD HILLS,MI 48301	DIRECTOR 0 50	0	0	0
GAIL SHIFFMAN HENNES PO BOX 2030 6735 TELEGRAPH RD BLOOMFIELD HILLS,MI 48301	DIRECTOR 0 50	0	0	0
BRIAN HERMELIN PO BOX 2030 6735 TELEGRAPH RD BLOOMFIELD HILLS,MI 48301	DIRECTOR 0 50	0	0	0
ARTHUR A WEISS PO BOX 2030 6735 TELEGRAPH RD BLOOMFIELD HILLS,MI 48301	DIRECTOR 0 50	0	0	0

TY 2008 Grants and Similar Amounts Paid Schedule**Name:** THE SHIFFMAN FAMILY SUPPORT FOUNDATION**EIN:** 38-2824407

Item No.	1
Class of Activity	interfund transfer
Donee's Name	united jewish foundation
Donee's Address	6735 telegraph road bloomfield hills, MI 48301
Amount (FMV)	38,000
Purpose of Payment to Affiliate	
Relationship	related organization
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-12

Item No.	2
Class of Activity	TO SUPPORT JEWISH EDUCATION
Donee's Name	JESNA
Donee's Address	111 8TH AVE 11TH FL NEW YORK, NY 10011
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-11

Item No.	3
Class of Activity	TO SUPPORT EDUCATION
Donee's Name	JEWISH THEOLOGICAL SEMINARY
Donee's Address	6735 TELEGRAPH RD STE 310 BLOOMFIELD HILLS, MI 48301
Amount (FMV)	100,000
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-06

Item No.	4
Class of Activity	TO SUPPORT PROVIDENCE HOPSITAL
Donee's Name	PROVIDENCE HEALTH FOUNDATION
Donee's Address	22255 GREENFIELD RD suite 228 SOUTHFIELD, MI 48075
Amount (FMV)	10,000
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-06

TY 2008 Other Assets Schedule

Name: THE SHIFFMAN FAMILY SUPPORT FOUNDATION

EIN: 38-2824407

Description	Beginning of Year Amount	End of Year Amount
us stock index pool	188,573	22,081

TY 2008 Other Changes in Net Assets Schedule

Name: THE SHIFFMAN FAMILY SUPPORT FOUNDATION

EIN: 38-2824407

Description	Amount
realized and unrealized losses on investments	-27,859
allocation of administrative expenses from jew ish federation	
of metropolitan detroit	18,079

TY 2008 Other Expenses Schedule

Name: THE SHIFFMAN FAMILY SUPPORT FOUNDATION

EIN: 38-2824407

Description	Amount
filing fees	20
administrative expenses	18,079

TY 2008 Other Liabilities Schedule

Name: THE SHIFFMAN FAMILY SUPPORT FOUNDATION

EIN: 38-2824407

Description	Beginning of Year Amount	End of Year Amount
interfund payable	6,000	4,000

**TY 2008 Transfers Personal Benefits
Contracts Declaration**

Name: THE SHIFFMAN FAMILY SUPPORT FOUNDATION

EIN: 38-2824407

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.