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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2009

OMB No 1545-0047

Open to Public

TILEITIAI					04 2000			Inspection
			dar yea	r, or tax year beginning 06 C Name of organization	-01-2009 and ending 05-31-201	0	D Employer id	entification number
	eck if a dress ch		ease se IRS	UNITED JEWISH FOUNDATION	N		38-13605	8 5
_		lal	bel or int or	Doing Business As			E Telephone n	
	me cha	ty	pe. See				(248) 642-	4260
	tial retu minate	In	ecific struc- ons.	Number and street (or P O t 6735 TELEGRAPH ROAD	oox if mail is not delivered to street addre	ss) Room/suite	G Gross receipts	
	ended			City or town, state or country	, and 7IP + 4			
_		n pending		BLOOMFIELD HILLS, MI 4830				
i Abi	Jilcatioi	r penung				ı		
				ne and address of principa / benyas	lofficer		ıs a group retur ites?	n for
			6735 T	ELEGRAPH ROAD			ites.	j 163 j 140
			RLOOM	4FIELD HILLS,MI 48301		1	II affiliates inclu	
Ta	x-exem	npt status 🔽	501(c)) (3) 4 (insert no)	(a)(1) or		o," attach a list ip exemption n	t (see instructions) umber ►
J W	ebsit e	e: ► www je	wıshdet	roit org				
K For	n of or	ganization 🔽	Corporat	tion Trust Association (Other 🕨	L Year of fo	rmation 1899	M State of legal domicile MI
Pa	rt I	Summa	ry			l	<u>'</u>	
	1	•		_	r most significant activities			
پ		THE organ	ization (<u>DWNS, MANAGES AND IN</u>	NVESTS JEWISH COMMUNAL AS	SSETS to prov	ide for the futu	re
Governance								
Ě								
3	2	Check this	box ►	- if the organization discor	ntinued its operations or disposed	of more than	25% of its net	assets
	3	Number of	voting r	nembers of the governing	body (Part VI, line 1a)		3	90
Activities &	4	Number of	ındepen	ident voting members of th	e governing body (Part VI, line 11	o)	. 4	90
ĕ	5	Total numb	perofen	nployees (Part V , line 2a)			5	5
₹	6			olunteers (estimate if nece			(340
ă	7a				Part VIII, column (C), line 12		7	a 45,954
	ь	Net unrelat	ted busı	ness taxable income from	Form 990-T, line 34		7	b 44,954
						Prio	r Year	Current Year
	8	Contribut	ions and	d grants (Part VIII, line 1h		22,396,853	19,907,987	
활	9			revenue (Part VIII, line 2d		250,031	187,684	
Reveni	10	Investme	nt incor	ne (Part VIII, column (A),		9,606,684	12,542,705	
걆	11				5, 6d, 8c, 9c, 10c, and 11e)		-12,669,293	724,890
	12			dd lines 8 through 11 (mus		, ,	,	
					<u> </u>		19,584,275	33,363,266
	13				olumn (A), lines 1-3)		31,239,049	29,401,589
	14				lumn (A), line 4)			0
82	15	Salaries, 10)	other co	mpensation, employee be	nefits (Part IX, column (A), lines !	5-		0
Expenses	16a	•	nal fund	raising fees (Part IX, colu	mn (A), line 11e)			0
ੜ	b	Total fundra	aising exp	enses (Part IX, column (D), line	25) 1 ,048,925			
	17	Otherexp	oenses (Part IX, column (A), lines	11a-11d, 11f-24f)		7,308,468	6,575,802
	18	Total exp	enses A	Add lines 13–17 (must eq	ual Part IX, column (A), line 25)		38,547,517	35,977,391
	19	Revenue	less exp	enses Subtract line 18 fr	om line 12		-18,963,242	-2,614,125
Net Assets or Fund Balances							g of Current Year	End of Year
2 gg	20	Total ass	ets (Par	rt X, line 16)			322,532,272	331,046,094
ά. E	21						37,126,875	25,801,412
ž	22				21 from line 20		285,405,397	305,244,682
Pai	rt II	Signati	ure Blo	ock			<u> </u>	
		Under penal	Ities of pe	 rjury, I declare that I have exar	nined this return, including accompanying	schedules and s	tatements, and to	the best of my knowledge
		and belief, i	t is true, o	correct, and complete Declaration	on of preparer (other than officer) is base	d on all informat	ion of which prepa	rer has any knowledge
Sign		*****				2010	10.05	
Here			e of office	 er		Date	10-05	
		dorothy	honyas sl	hiof financial officer				
				hief financial officer ie and title				
		Drog			Date	Check If	Preparer's ident	ufving number
اد: D		Preparer's signature	Michae	el F Fenberg	2010-10-05	self-	(see instruction	
Paid	aror'c	, , , , , , , , , , , , , , , , , , ,	,	h p l = " · · · · ·		empolyed 🕨 🦵	1	
Use (arer's ∩nlv	ıf self-emplo	yed),	Baker Tilly Virchow Krause	ШР		EIN Þ	
USE (Only	address, and		One Towne Square Suite 6	00			
		<u> </u>		Southfield, MI 48076			Phone no 🕨 (248) 372-7300
May	the IR	S discuss t	hıs retu	·	above? (see instructions)			✓ Yes No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission $% \left(1\right) =\left(1\right) \left(1\right) \left($

Total program service expenses►\$

4e

The United Jewish Foundation of Metropolitan Detroit owns, manages and invests Jewish communal assets, including general and endowment funds, agency endowments, supporting foundations and real property. The Foundation is committed to ensuring that assets are available to promote the continuity of the Jewish people.

2				ervices during the year	which were not listed on	Yes ✓ No
	If "Yes," describe thes				,	
3	Did the organization c	ease conducting, or	make sıgnıfıcar	nt changes in how it cor		Yes ✓ No
	If "Yes," describe thes	se changes on Sched	ule O			
ļ	Section 501(c)(3) and	d 501(c)(4) organiza	tions and secti		argest program services by exp re required to report the amount ervice reported	
la	(Code) (Expenses \$	29,401,589	ıncludıng grants of \$	29,401,589) (Revenue \$)
	DISTRIBUTION OF ASSETS COMMUNITY LOCALLY and		ATION'S ANNUAL C	AMPAIGN AND TO OTHER QU	JALIFIED 501(C)(3) ORGANIZATIONS S	ERVING THE JEWISH
Ь	(Code) (Expenses \$	4,619,760	ıncludıng grants of \$) (Revenue \$)
	other program services					
ŀc	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
	,					
4d	Other program service	ces (Describe in Scl	nedule O)			

34,021,349

Dart TV	Chackli	ct of Do	auirad	Schedules
2 II T 1 A	CHECKII	SL UI KE	:uuii eu	ociieuuie:

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	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	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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? If "Yes," complete Schedule D, Part VII.			
	◆ 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? If "Yes," complete Schedule D, Part VIII.			
	◆ 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? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section $170(b)(1)(A)(II)^7$ If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
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</i> "Yes," complete Schedule G, Part I	17		Νο
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</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		Νo
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Outside Rogal and Outside Like I mings and Tax Compilation		Yes	No
a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in 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?	1 c	Yes	
а	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3Ь	Yes	
a	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	Yes	
b	If "Yes," enter the name of the foreign country ►CJ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	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?	6a		Νo
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	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		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νo
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		Νo
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
	Section 501(c)(7) organizations. Enter Initiation foes and capital contributions included on Part VIII. line 12			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
_	year 12b			

6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301

(248) 203-1475

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 90			
Ь	Enter the number of voting members that are independent			
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		100	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		Yes	No
100	Does the organization have local chapters, branches, or affiliates?	10a	165	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		NO
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
Č	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in 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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed MI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
	✓ Own website Another's website ✓ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıoı	n 🕨
	LINDA LIITZ			

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

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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i		sate any	/ curi	rent	or fo	rmer o	ffice	r, director, trustee	or key employee		
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(D) (E) Reportable Reportable compensation		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
See add'l data											

For	n 990 (2009)			Page 8
1 b	Total	281		134,705
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3	Yes	
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	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection 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			
	(A) Name and business address (B) Description of services		(C Comper	
		$\frac{1}{2}$		
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \(\mathbb{E}\)0			
		F	orm 99 0	(2009)

Form 9								Page 9
Part \	<u>/1111</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
## ##	1a	Federated camp	paigns 1a					
our ar	b	Membership du	es 1b					
ائ ^ر ⊞	C	Fundraising eve	ents 1c					
Contributions, gifts, grants and other similar amounts	d		rations 1d					
Sim.	e	Government grants		10.007.007				
ž ž	f	sımılar amounts no		19,907,987				
를 등 등 등	g		butions included in .489,754					
and	h	Total. Add lines	3 1a-1f	▶	19,907,987			
				Business Code				
Program Service Revenue	2a	RENTAL		900,099	187,684	187,684		
	ь							
	c							
	d							
	e							
200	f	All other progra	ım service revenue					
<u>Ā</u>	g	Total. Add lines	32a-2f		187,684			
	3		ome (including dividend	. F	2 /2 / 22 -			
	١.		ar amounts) tment of tax-exempt bond ;		9,121,925			9,121,925
	4 5		unent of tax-exempt bond p	proceeds				
		Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	661,622	,				
	b	Less rental expenses	548,308					
	c	Rental income or (loss)	113,314					
	d		me or (loss)		113,314			113,314
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	3,420,780					
	ь	Less cost or other basis and						
	l _	sales expenses Gain or (loss)	3,420,780					
	d		s)	▶	3,420,780			3,420,780
	8a	Gross income f						
Ĕ		events (not inc	luding					
Other Revenue								
•	[a					
₽	b c		penses b loss) from fundraising e	events 📂				
	9a		rom gaming activities					
	ь		a penses b					
	10a	Gross sales of returns and allo		vities				
	ь		a pods sold b					
	С		loss) from sales of inve	· · · · · · · · · · · · · · · · · · ·				
		Miscellaneous		Business Code 900,099	272 422			272 422
	11a	NPV adjustmer		900,099	373,423 120,130			373,423 120,130
	b	other operating		900,099	65,179			65,179
	C	All other revenu	_	900,099	52,844		45,954	6,890
	d e	Total. Add lines	ue s 11a-11d				75,534	3,090
	12		See Instructions		611,576			
	J			· · [33,363,266	187,684	45,954	13,221,641

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations mu	ıst complete all c	olumns.		
A	l other organizations must complete column (A) but are not required to	complete column			(5)
	ot include amounts reported on lines 6b, o, 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 governments and organizations in the U S See Part IV, line 21	29,401,589	29,401,589		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	10,921		10,921	
c	Accounting	76,334		76,334	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	16,621		16,621	
12	Advertising and promotion				
13	Office expenses	8,791		8,791	
14	Information technology				
15	Royalties				
16	Occupancy	615,836	591,486	24,350	
17	Travel	64,760	64,760		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,993		14,993	
20	Interest	196,959	143,953	53,006	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,615,236	3,597,604	17,632	
23	Insurance	52,346		52,346	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	JFMD FUND & ADMIN EXP	2,015,799		966,874	1,048,925
b	pledge debt	176,500		176,500	, -,
c	PROPERTY TAXES	147,908	127,129	20,779	
d	OTHER EXPENSES	62,028	45,750	16,278	
e	Rental Expenses Reporte	-548,308		-548,308	
f	All other expenses	49,078	49,078		
25	Total functional expenses. Add lines 1 through 24f	35,977,391	34,021,349	907,117	1,048,925
26	Joint costs. Check here F if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		. , .	, ,	

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	ı			1	
	2	Savings and temporary cash investments			26,922,854	2	20,257,103
	3	Pledges and grants receivable, net	•		14,236,085	3	13,247,430
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L			142,000	5	142,000
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II		n 4958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
8	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			1,956,856	9	2,075,327
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	124,495,865			
	ь	Less accumulated depreciation	10b	51,175,012	72,501,541	10c	73,320,853
	11	Investments—publicly traded securities			113,286,690	11	127,934,632
	12	Investments—other securities See Part IV , line 11			80,020,129	12	81,500,069
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			13,466,117	15	12,568,680
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			322,532,272	16	331,046,094
	17	Accounts payable and accrued expenses .			7,711,460	17	4,519,165
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			2,652,672	20	2,272,616
<u>, a</u>	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	,				
ä		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties		•	5,293,427	23	2,491,458
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			21,469,316	25	16,518,173
	26	Total liabilities. Add lines 17 through 25			37,126,875	26	25,801,412
\$ 0 0		Organizations that follow SFAS 117, check here ► ✓ and complet through 29, and lines 33 and 34.	plet e l	ines 27			
ang	27	Unrestricted net assets			115,937,923	27	123,698,950
Balance	28	Temporarily restricted net assets			27,954,125	28	37,991,415
	29	Permanently restricted net assets			141,513,349	29	143,554,317
Ē		Organizations that do not follow SFAS 117, check here ▶ ☐ a	nd con	nplete			
or Fund		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for	unds			32	
Ř	33	Total net assets or fund balances			285,405,397	33	305,244,682
_	34	Total liabilities and net assets/fund balances			322,532,272	34	331,046,094

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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 in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis 🔽 Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

Employer identification number

O NOT PROCESS

Provide the following information about the supported organization(s)

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

UNITED JEWISH FOUNDATION

Department of the Treasury Internal Revenue Service

h

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

38-1360585 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 1 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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 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 Type III - Other Type I ▼ Type II c Type III - Functionally integrated 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) 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 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) Yes No and (III) below, the governing body of the the supported organization? 11g(i) Νo (ii) a family member of a person described in (i) above? 11g(ii) Νo (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Νo

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization of (i) list your gover docum	ne tion in sted in erning	(v) Did you no organizat col (i) of suppo	tify the tion in fyour	(vi) Is th organizat col (i) org in the U	ie tion in janized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
see schedule o	381359214	7	Yes		Yes		Yes		10,393,870
Total									10,393,870

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averagest	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **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. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 38-1360585

Name: UNITED JEWISH FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	Inaepend	ient C	onti	acı	ors	<u> </u>				,
(A) Name and Title	(B) A verage hours		(C tion (hat a	che				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Mark Adler director	50	X						0	0	0
Karen Alpiner	50	x						0	0	0
director Peter Alter	50	^						Ü	0	O
director	50	X						0	0	0
Eugene Applebaum dırector	50	X						0	0	0
James Bellinson director	50	Х						0	0	0
mıchael e Berger dırector	50	X						0	0	0
Mandell I Berman director	50	X						0	0	0
dennis s bernard director	50	X						0	0	0
Frederick Blechman director	50	Х						0	0	0
Douglas a Bloom director	50	Х						0	0	0
Penny b Blumenstein director	50	X						0	0	0
Harvey Bronstein director	50	Χ						0	0	0
howard brown director	50	Χ						0	0	0
Ronald b Charfoos director	50	X						0	0	0
susie citrin director	50	X						0	0	0
A vern I Cohn dırector	50	X						0	0	0
robert s colburn dırector	50	Χ						0	0	0
Jeffrey m Davidson director	50	Х						0	0	0
scott a eisenberg director	50	Χ						0	0	0
Mıchael j Eızelman dırector	50	Χ						0	0	0
Douglas Etkın president	50	Χ						0	0	0
Phillip wm Fisher vice president	50	X						0	0	0
Elyse essick Foltyn vice president	50	Χ						0	0	0
jennifer friedman director	50	X						0	0	0
Conrad I Giles director	50	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B)	Posi	tion (velk s	.11		(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	A verage hours		tion i			111		compensation	compensation	amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
lynda giles director	50	×	•					0	0	0
gayle gold director	50	X						0	0	0
James Grosfeld director	50	Х						0	0	0
Nancy Grosfeld	50	X						0	0	0
director Margot Halperin director	50	x						0	0	0
davıd handleman dırector	50	х						0	0	0
Mark Hauser	50	X						0	0	0
director Nancy Heinrich	50	Х						0	0	0
director Doreen Hermelin director	50							0	0	
Michael p Horowitz director	50	х						0	0	0
Lawrence s Jackier director	50	Х						0	0	0
john e jacobs	50	X						0	0	0
director Ronald a Klein director	50							0	0	0
david kramer director	50	Х						0	0	0
Richard Krugel director	50	х						0	0	0
mark g landau dırector	50	Х						0	0	0
Lawrence s Lax director	50	Х						0	0	0
Matthew b Lester director	50	Х						0	0	0
Hannan Lıs dırector	50	Х						0	0	0
Beverly Liss director	50	Х						0	0	0
Mıchael w Maddın dırector	50	Х						0	0	0
kenneth e marblestone dırector	50	х						0	0	0
Florine Mark director	50	Х						0	0	0
Edward Meer director	50	Х						0	0	0
A llan Nachman dırector	50	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	Independ	dent C	ont	ract	tors	5				
(A) Name and Title	(B) Average hours per		((tion (hat a	(che			1	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Robert h Naftaly	50		,					0	0	0
director Larry m Nemer director	50	x						0	0	0
Pattı Nemer dırector	50	X						0	0	0
Terry Nosan director	50	X						0	0	0
Graham a O rley dırector	50	X						0	0	0
marcie orley director	50	X						0	0	0
David k Page director	50	Χ						0	0	0
Norman a Pappas director	50	X						0	0	0
Diane b Perlman director	50	Χ						0	0	0
Michael b Perlman vice president	50	Χ						0	0	0
Jack a Robinson director	50	X						0	0	0
Warren e Rose director	50	Χ						0	0	0
Benjamin f Rosenthal vice president	50	X						0	0	0
Marta Rosenthal director	50	Χ						0	0	0
Todd Sachse vice president	50	Χ						0	0	0
brian Satovsky director	50	Χ						0	0	0
amy schlussel director	50	Χ						0	0	0
jeffrey schlussel director	50	X						0	0	0
Mark e Schlussel dırector	50	Χ						0	0	0
David w Schostak director	50	X						0	0	0
Alan E Schwartz dırector	50	Χ						0	0	0
Jane f Sherman director	50	X						0	0	0
Gary a Shiffman director	50	X						0	0	0
Susie Sills director	50	X						0	0	0
Paul r Silverman director	50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours		(tion that a			П		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Erwin s Simon director	50	X						0	0	0
Robert Slatkın dırector	50	Х						0	0	0
Jeffrey p Straus director	50	X						0	0	0
Joel d Tauber director	50	X						0	0	0
Gary Torgow director	50	Х						0	0	0
brad urdan dırector	50	Х						0	0	0
Steven ı Vıctor dırector	50	Х						0	0	0
stewart c weiner director	50	Х						0	0	0
Steven Weisberg director	50	Х						0	0	0
trudi wineman director	50	Х						0	0	0
alan s zekelman treasurer	50	Х						0	0	0
George m Zeltzer dırector	50	Х						0	0	0
Paul mZlotoff vice president	50	Х						0	0	0
scott kaufman ceo/secretary	0 00			х				0	142,830	11,989
ANDREWECHT CHIEF DEVEL OFFICER	0 00			X				0	180,550	13,313
HOWARD NEISTEIN CHIEF ADMIN OFFICER	0 00			X				0	180,809	15,719
DOROTHY BENYAS CFO	0 00			X				0	180,250	15,457
robert aronson former CEO/secretary	0 00						X	0	347,842	78,227

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
JFMD FUND & ADMIN EXP	2,015,799		966,874	1,048,925
pledge debt	176,500		176,500	
PROPERTY TAXES	147,908	127,129	20,779	
OTHER EXPENSES	62,028	45,750	16,278	
Rental Expenses Reporte	-548,308		-548,308	

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As Filed Data -

DLN: 93493285008090

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

	ITED JEWISH FOUNDATION		p	loyer identification number	-1
				1360585	
Pa	organizations Maintaining Donor organization answered "Yes" to Form		ınds	or Accounts. Comple	te if the
		(a) Donor advised funds	(b) Funds and other accour	nts
1	Total number at end of year	522			1006
2	Aggregate contributions to (during year)	11,487,580		8,	420,406
3	Aggregate grants from (during year)	17,216,928		12,	230,41
4	Aggregate value at end of year	55,759,032		251,	234,018
5	Did the organization inform all donors and donor action funds are the organization's property, subject to the		or advı	sed 🔽 Yes	┌ No
6	Did the organization inform all grantees, donors, ar used only for charitable purposes and not for the b conferring impermissible private benefit	enefit of the donor or donor advisor, or for ar	y othe	r purpose 🔽 Yes	┌ No
Pa	rt III Conservation Easements. Complet	<u>e if the organization answered "Yes" to </u>	Forn	n 990, Part IV, line 7.	
2	Preservation of land for public use (e.g., recreation of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a que easement on the last day of the tax year	Preservation of a c	ertified	d historic structure	a
				Held at the End of the	Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easemen	nts	2b		
с	Number of conservation easements on a certified h	nistoric structure included in (a)	2c		
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d		
3	Number of conservation easements modified, trans	- sferred, released, extinguished, or terminate	d by th	e organization during	
	the taxable year 🕨				
4	Number of states where property subject to conse	rvation easement is located 🕨			
5	Does the organization have a written policy regard enforcement of the conservation easements it hold	ing the periodic monitoring, inspection, hand		violations, and Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, in	specting and enforcing conservation easem	ents dı	uring the year ►	
7	A mount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easements	during	the year ► \$	
8	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of sec	tion	☐ Yes	┌ No
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	of the footnote to the organization's financial			
Par	Complete if the organization answered	i ons of Art, Historical Treasures, o d "Yes" to Form 990, Part IV, line 8.	or Otl	ner Similar Assets.	
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	ld for public exhibition, education or researc	h in fu		е,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these items.	or public exhibition, education, or research in		•	
	(i) Revenues included in Form 990, Part VIII, line	1		► \$	
	(ii) Assets included in Form 990, Part X			- \$ _	
2	If the organization received or held works of art, hi	storical treasures, or other similar assets fo	r finan	cial gain, provide the	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

ar	Organizations Maintaining Co	<u>illections of Art</u>	, Hist	torica	<u>al Tre</u>	asures, or	<u>Othe</u>	<u>r Similar</u>	ASSE	ets (co	ntınued,
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e follo	wing tha	at are a signifi	cant ı	ise of its co	llectio	n	
а	Public exhibition		d		Loan or	exchange pro	grams	;			
ь	Scholarly research		e	Γ (Other						
c	Preservation for future generations										
	Provide a description of the organization's c Part XIV	ollections and expla	ın how	they	further t	the organization	on's e	xempt purpo	ose in		
i	During the year, did the organization solicit assets to be sold to raise funds rather than							nılar	Г	Yes	┌ No
aı	t IV Escrow and Custodial Arrang						ed "Y	es" to For	m 990),	
	Part IV, line 9, or reported an ar										
а	Is the organization an agent, trustee, custod included on Form 990, Part X?					ons or other as	sets	not	Γ	Yes	Г No
b	If "Yes," explain the arrangement in Part XI	∨ and complete the	followi	ng tab	ole			1			
_									A mou	unt	
- C	Beginning balance						1c				
d	Additions during the year						1d				
e -	Distributions during the year						1e				
f	Ending balance						1f				
•	Did the organization include an amount on F	orm 990, Part X, line	21?						Г	Yes	☐ No
	If "Yes," explain the arrangement in Part XI\										
a	rt V Endowment Funds. Complete	If the organization (a)Current Year		wered)Prior Y		to Form 990 (c)Two Years Ba				e)Four Ye	aare Bael
	Beginning of year balance	138,620,141	(D	-	886,641	(C) I WO TEALS DO	ack (C	i)Tillee feats	Dack (e	e)roui re	ears back
)	Contributions	1,882,929		•	841,004						
:	Investment earnings or losses	16,215,850			993,734						
1	Grants or scholarships	8,622,875		10,2	249,256						
2	Other expenditures for facilities										
	and programs										
F	Administrative expenses				864,514						
3	End of year balance	148,096,045		138,6	620,141						
	Provide the estimated percentage of the year	ir end balance held a	is								
a	Board designated or quasi-endowment 🕨	%									
Ь	Permanent endowment ► 78 000 % %)									
С	Term endowment ► 22 000 % %										
а	Are there endowment funds not in the posse	ssion of the organiza	ation t	hat ar	e held a	nd admınıster	ed for	the			
	organization by							ĺ	- (')	Yes	No
	(i) unrelated organizations			•					3a(i) 3a(ii)		No No
h	(ii) related organizations If "Yes" to 3a(ii), are the related organization						•		3a(11)		NO _
_	Describe in Part XIV the intended uses of the						•	• • •	- 55		
	rt VI Investments—Land, Building). Part X. line	e 10.				
	Description of investment			(a) C	ost or oth investme	er (b)Cost or	other	(c) Accumu		(d) Boo	ok value
	Land				2,884,8	330 7.5	93,372			10),478,202
b	Buildings				<u> </u>		50,627		12,768		7,937,859
	Leasehold improvements					<u> </u>	-	<u> </u>	-		<u> </u>
d	Equipment		.			2,4	40,385	1,96	52,244		478,141
e	Other		.			-	26,651	 		4	1,426,651

73,320,853

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		od of valuation f-year market value
Financial derivatives			•
Closely-held equity interests			
Other PARTNERSHIP INT & TRsts	102,277		С
INCOME ANNUITY ARBITRAGE	1,039,501		C
ALTERNATIVE INVESTMENTS	79,042,671		F_
DEBT INSTRUMENTS OF ISRAEL	295,793		С
certificates of deposit	1,019,827		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	81,500,069		
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		od of valuation f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.		<u> </u>	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount		
Federal Income Taxes	(=)/////odife		
CONSTITUENT AGENCIES DEPOSITS	10,497,795		
OTHER ORGANIZATIONS PAYABLE	2,417,779		
CHARITABLE gift ANNUITIES payable	2,139,146		
CONSTRUCTION line-of-credit	1,463,453		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	40 540 15-		
TOTAL (COIGITH (D) SHOULD EQUAL FORM 990, PAIL X, COI (B) IME 25)	16,518,173		

2 35,977,391 3 Excess or (deficity for the year Subtract line 2 from line 1 3 -2,614,125 5 Donated services and use of facilities 5 6 Investment expenses 6 7 7 Prior period adjustments 6 8 9,141,165 8 Other (Describe in Part XIV) 8 9,141,165 9 Total adjustments (net) Add lines 4 - 8 9 22,453,141 10 Excess or (deficity for the year per financial statements Combine lines 3 and 9 10 19,839,285 Prior XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gams, and other support per audited financial statements With Revenue per Return 1 Total revenue, gams, and other support per audited financial statements With Revenue per Return 1 Total revenue, gams, and other support per audited financial statements With Revenue per Return 1 Total revenue, gams, and other support per audited financial statements With Revenue per Return 1 Total revenue, gams, and other support per audited financial statements With Revenue per Return 1 Total revenue, gams, and other support per audited financial statements With Revenue per Return 1 Total revenue, gams, and other support per audited financial statements With Revenue per Return 1 Total revenue, gams, and other support per audited financial statements 2 2 4,237,500 4 13,312,245 5 335,355,040 3 3 33,911,574 4 4 4 4 4 4 4 4 4	1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	33,363,266
Net univalized gains (losses) on investments 5	2	Total expenses (Form 990, Part IX, column (A), line 25)	2	35,977,391
	3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,614,125
Prior period adjustments Prior period adjus	4	Net unrealized gains (losses) on investments	4	13,312,245
7	5	Donated services and use of facilities	5	
State Stat	6	Investment expenses	6	
9	7	Prior period adjustments	7	
Part	8	Other (Describe in Part XIV)	8	9,141,165
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 19,839,285 20 21 17 17 17 18 19 19 19 19 19 19 19	9		9	22,453,410
Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements	10		10	19,839,285
Total revenue, gains, and other support per audited financial statements	Par		er Re	
a Net unrealized gains on investments 2a 13,312,245 4 4 4 4 4 4 4 4 4 4 2a 13,312,245 4 4 4 4 4 2a 13,312,245 4 5 4 5 4 4 5 4 3 3,35,555,040 3 3,39,11,574 5 5 33,363,266 4 4 2 4 4 26,93,08 5 7 7 4 4 2<	1			
b Donated services and use of facilities 2b 4 4 25 4 237,500 4 428,7500 4 428,7500 4 428,7550,400 2 4237,500 2 2 35,555,040 3 35,555,040 3 35,555,040 3 33,911,574 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 548,308 4 548,308 4 548,308 4 548,308 4 548,308 4 548,308 4 548,308 6 548,308 6 7548,308 6 7548,308 7548,	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
c Recoveries of prior year grants 2c 4,237,500 4 2 4,237,500 4 2 4,237,500 4 2 35,555,040 3 35,555,040 3 35,555,040 3 33,911,574 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 5 4 5 4 5 4 5 4 5 4 6 7 5 7 2 4 7 5 7 33,33,31,574 4 4 4 4 4 4 4 4 4 4 5 4 8 4 5 4 8 4 5 4 8 4 5 4 8 4 5 4 6 7 5 33,363,266 8 7 8 8 8 8 8 8 8 8 8 9 9	а	Net unrealized gains on investments		
d Other (Describe in Part XIV) 2d 18,005,295 e Add lines 2a through 2d 35,555,040 3 Subtract line 2e from line 1 3 33,911,574 4 A mounts included on Form 990, Part VIII, line 12, but not on line 1 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a b Other (Describe in Part XIV) 4b -548,308 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 33,363,266 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and use of facilities 2a 44,269,416 a Donated services and use of facilities 2a 44,269,416 a Donated services and use of facilities 2a 44,269,416 b Prior year adjustments 2a 40 41,303,303,304 c Other (Describe in Part XIV) 2a 10,307,824 3	b	Donated services and use of facilities		
Subtract line 2e from line 1	c	Recoveries of prior year grants		
Subtract line 2e from line 1 Subtract line 2e from	d	Other (Describe in Part XIV)		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 4c -548,308 4c -548,308 4c -548,308 5 7548,308 4c -548,308 5 33,363,266 7548,308 7548,3	е	Add lines 2a through 2d	2e	35,555,040
Note	3	Subtract line 2e from line 1	3	33,911,574
b Other (Describe in Part XIV) 4b -548,308 4c -548,308 c Add lines 4a and 4b 4c -548,308 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 33,363,266 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 44,269,416 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a	4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	b	Other (Describe in Part XIV)		
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	С		4c	-548,308
Total expenses and losses per audited financial statements				<u> </u>
2 A mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities			per	
a Donated services and use of facilities	1		1	44,269,416
b Prior year adjustments	2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
c Other losses 2c 4 4 4 4 4a 5 5 77 73 75 75 75 75 75 77 73 77 73 75 77 73 77 73 75 75 75 75 75 77 73 77 73	а	Donated services and use of facilities		
d Other (Describe in Part XIV)	b	Prior year adjustments		
e Add lines 2a through 2d	c	Other losses		
3 Subtract line 2e from line 1	d	Other (Describe in Part XIV)		
A mounts 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 XIV)	e	Add lines 2a through 2d	2e	10,307,824
a Investment expenses not included on Form 990, Part VIII, line 7b	3	Subtract line 2e from line 1	3	33,961,592
b Other (Describe in Part XIV) 4b 2,015,799 c Add lines 4a and 4b 4c 4c 2,015,799 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 35,977,391	4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
c Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	b			
	c		4c	2,015,799
	_		5	35,977,391

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

 $Complete \ this \ part \ to \ provide \ the \ descriptions \ required \ for \ Part \ II, \ lines \ 3, 5, \ and \ 9, \ Part \ III, \ lines \ 1a \ and \ 4, \ Part \ IV, \ lines \ 1b \ and \ 2b, \ and \ 2b, \ and \ 3, \ 5, \ and \ 9, \ Part \ III, \ lines \ 1a \ and \ 4, \ Part \ IV, \ lines \ 1b \ and \ 2b, \ and \ 2b, \ and \ 3b, \ and \ 3$ Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	all endowment funds are used to support the mission of the organization
Part XI, Line 8 - Other Adjustments		ALLOCATION OF JFMD FUNDRAISING & ADMINISTRATIVE EXPENSES TO UJF INTERORGANIZATION APPROPRIATIONS NET INTERFUND TRANSFERS NOT INCLUDED ON RETURN recovery of grants
Part XII, Line 2d - Other Adjustments		SUPPORT FOUNDATION REVENUE CHARITABLE REMAINDER TRUST revenue INTERORGanization APPROPRIATIONS
Part XII, Line 4b - Other Adjustments		RENTAL EXPENSE
Part XIII, Line 2d - Other Adjustments		SUPPORT FOUNDATION EXPENSES RENTAL EXPENSE
Part XIII, Line 4b - Other Adjustments		JFMD FUNDRAISING/ADMIN EXP

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DLN: 93493285008090

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Inspection Employer identification number

UNITED JEWISH FOUNDATION						38-1360585	
Part I General Informatio	n on Grants and	l Assistance				•	
 Does the organization maintain in the selection criteria used to aw Describe in Part IV the organization 	ard the grants or as	sıstance [?]			_		▽ Yes
Form 990, Part IV, line Part IV and Schedule	e 21 for any recip	ent that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Addıtıonal Data Table					,		

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

Schedule I	(Form 990) 2009
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 2
	Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV	Supplemental	Information, Complete	e this part to provide t	he information require	d in Part I, line 2, and a	ny other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 In order to monitor our agencies, we receive at least semi-annual program and budget reports, as well as annual budget proposals

Software ID:

Software Version:

EIN: 38-1360585

Name: UNITED JEWISH FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADAT SHALOM SYNAGOGUE29901 MIDDLEBELT FARMINGTON HILLS, MI 48334	38-1437934	501(c)(3)	147,146				to support conservative judaism
AKIVA HEBREW DAY SCHOOL21100 W TWELVE MILE RD SOUTHFIELD,MI 48076	38-1750780	501(c)(3)	61,798				to support education
ALZHEIMER'S ASSOCIATION20300 CIVIC CENTER DRIVE 100 SOUTHFIELD,MI 48076	38-2919674	501(c)(3)	17,250				TO SUPPORT MEDICAL RESEARCH
AMerican COMMittee FOR THE WEIZMANN INSTITUTE OF SCIENCEPO BOX 19002 NEW YORK, NY 102770672	13-1623886	501(c)(3)	5,300				TO SUPPORT EDUCATION
American FRIENDS OF SAMI SHAMOON COLLEGE OF ENGINEERING5 WEST 36TH ST STE 402 NEW YORK, NY 10018	20-1163477	501(c)(3)	25,000				TO SUPPORT EDUCATION
AMERICAN FRIENDS OF THE ISRAEL MUSEUM500 FIFTH AVE NEWYORK, NY 10110	23-7182582	501(c)(3)	13,050				TO SUPPORT JEWISH EDUCATION
AMERICAN ISRAEL EDUCATION Foundation INC 120 W MADISON STE 500 CHICAGO,IL 60602	52-1623781	501(c)(3)	300,000				TO SUPPORT JEWISH EDUCATION
AMERICAN JEWISH COMMITTEE165 EAST 56TH ST NEW YORK, NY 100222746	13-5563393	501(c)(3)	45,550				TO ENHANCE THE JEWISH WAY OF LIFE
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC711 3RD AVE 10TH FLOOR NEW YORK, NY 100174014	13-1656634	501(c)(3)	403,800				TO ENHANCE THE JEWISH WAY OF LIFE
AMERICAN RED MAGEN DAVID FOR ISRAEL23470 RIVERVIEW DR SOUTHFIELD, MI 480342051	23-7231942	501(c)(3)	8,050				TO PROVIDE SUPPORT TO ISRAEL

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization if applicable arant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 13-0434195 AMERICAN SOCIETY FOR 501(c)(3) TO SUPPORT HIGHER TECHNION30230 EDUCATION 124,540 ORCHARD LAKE RD FARMINGTON HILLS, MI 48334 ANTI-DEFAMATION 13-1818723 501(c)(3) TO FIGHT DISCRIMINATION LEAGUE25800 48,600 NORTHWESTERN HWY SOUTHFIELD, MI 48075 94-1704765 501(c)(3) TO SUPPORT THE ASIAN ART MUSEUM FOUNDATION OF SAN ARTS 10,000 FRANCISCO 200 LARKIN STREET SAN FRANCISCO, CA 94102 AUXILIARY FOR JEWISH 36-2562579 501(c)(3) TO SUPPORT JEWISH **ELDERLY** HOME & AGING SERVICES 6,150 6710 WEST MAPLE ROAD WEST BLOOMFIELD, MI 48322 AVENTURA TURNBERRY 59-1673246 501(c)(3) TO SUPPORT THE JEWISH CenTeR BETH COMMUNITY 25,000 JACOB INC20400 NE 30TH AVE AVENTURA, FL 33180 BAIS CHABAD TORAH 38-2388299 501(c)(3) TO SUPPORT JEWISH CENTER5595 W MAPLE RD **EDUCATION** 8,907 WEST BLOOMFIELD, MI 48322 **BAR - ILAN UNIVERSITY** 13-6192275 501(c)(3) TO SUPPORT JEWISH 6735 TELEGRAPH RD EDUCATION 70,500 BLOOMFIELD HILLS, MI 48301 501(c)(3) BEAR HUG FOUNDATIONPO 38-3501554 TO SUPPORT BOX 2197 CHILDREN 10,250 BIRMINGHAM, MI 48012 BEAUMONT FOUNDATION 38-2707084 501(c)(3) TO SUPPORT PO BOX 5802 MEDICAL RESEARCH 18,726 TROY, MI 480079620 BETH MEDRASH GOVOHA 51-0137088 501(c)(3) TO SUPPORT **617 SIXTH STREET EDUCATION** 5,600 LAKEWOOD, NJ 08701

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (q) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance orassistance or government assistance (book, FMV, appraisal, other) BIRMINGHAM TEMPLE 38-1747980 501(c)(3) TO SUPPORT 28611 W 12 MILE RD JUDAISM 6,350 FARMINGTON HILLS, MI 48334 BIRTHRIGHT ISRAEL 13-4092050 501(c)(3) TO SUPPORT FOUNDATION33 EAST FOUNDATION 1,014,242 33RD STREET NEW YORK, NY 10016 B'NAI BRITH YOUTH 31-1794932 501(c)(3) TO SUPPORT THE ANNUAL CAMPAIGN ORGANIZATION6600 27,102 WEST MAPLE RD WEST BLOOMFIELD, MI 48322 BOYS TOWN JERUSALEM 11-5324002 501(c)(3) TO SUPPORT JEWISH Foundation OF AMERICA12 **EDUCATION** 25,000 W 31ST ST 300 NEW YORK, NY 100014415 BRAVO COLORADO AT 84-1074065 501(c)(3) TO SUPPORT THE ARTS VAIL-BEAVER CREEKPO 19,250 BOX 2270 VAIL, CO 81658 501(c)(3) CENTRAL FUND OF ISRAEL 13-2992985 TO SUPPORT ISRAEL 980 SIXTH AVENUE 12,500 NEW YORK, NY 10018 CHADWICK SCHOOL26800 95-0615438 501(c)(3) TO SUPPORT S A CADEMY DRIVE EDUCATION 8,500 **PALOS VERDES** PENINSULA, CA 90274 33-0739596 TO SUPPORT CHALLENGED ATHLETES 501(c)(3) FOUNDATIONPO BOX **SPORTSMANSHIP** 15,000 910769 SAN DIEGO, CA 92191 TO SUPPORT THE CHAMBER MUSIC SOCIETY 38-2794258 501(c)(3) OF DETROIT31731 ARTS 7,250 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334 CHAUTAUQUA 16-6028421 501(c)(3) TO SUPPORT THE FOUNDATION INCPO BOX ARTS AND 20,000 **EDUCATION** 28 CHAUTAUQUA, NY 14722

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (d) A mount of cash (a) Name and address of (b) EIN (c) IRC Code section (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant valuation organization if applicable arant cash non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) CHILD ABUSE & NEGLECT 38-2305297 501(c)(3) TO PROVIDE COUNCIL OF OAKLAND SUPPORT TO CHILD 15,000 COUNTY44765 OF ABUSE & WOODWARD AVE NEGLECT PONTIAC, MI 48341 CHILDREN'S HEALTH 20-2015631 501(c)(3) TO SUPPORT FOUNDATION 400 W MAIN MEDICAL RESEARCH 12,500 ST SUITE 210 ASPEN, CO 81611 CHILDREN'S HOSPITAL OF 38-1357994 501(c)(3) TO SUPPORT MEDICAL RESEARCH MICHIGANDEVELOPMENT 60,031 OFFICE DETROIT.MI 482012196 501(c)(3) TO SUPPORT JEWISH CHOCHMAS LEV BAIS YAAKOV SEMINARY1049 **EDUCATION** 13,200 EAST 13TH STREET BROOKLYN, NY 11230 CLAL440 PARK AVENUE S 501(c)(3) 23-7390358 TO SUPPORT JEWISH 4TH FL EDUCATION 18,000 NEW YORK, NY 100168012 COLLABORATION FOR 30-0132292 501(c)(3) TO SUPPORT EARLY CHILDHOOD CARE & **EDUCATION** 15,000 **EDUCATIONPO BOX 4105** OAK PARK.IL 60603 COMMUNITY FOUNDATION 38-2530980 501(c)(3) TO SUPPORT THE FOR SE MICHIGAN333 W COMMUNITY 11,000 FORT ST DETROIT, MI 48226 CONGREGATION BETH 38-6004801 501(c)(3) TO SUPPORT CONSERVATIVE AHM5075 W MAPLE RD 29,470 WEST BLOOMFIELD, MI JUDAISM 48322 CONGREGATION BETH EL 501(c)(3) TO SUPPORT PO BOX 2445 CONSERVATIVE 7,190 TRAVERSE CITY, MI JUDAISM 496852445 CONGREGATION BETH 38-1572145 501(c)(3) TO SUPPORT SHALOM14601 W LINCOLN CONSERVATIVE 6,836 JUDAISM OAK PARK, MI 48237

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant valuation organization ıf applıcable grant cash non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) TO SUPPORT CONGREGATION B'NAI 38-1357997 501(c)(3) MOSHE6800 DRAKE RD CONSERVATIVE 7,450 WEST BLOOMFIELD, MI JUDAISM 48322 CONGREGATION SHAAREY 38-1420140 501(c)(3) TO SUPPORT ZEDEK27375 BELL RD CONSERVATIVE 43,229 SOUTHFIELD, MI 48034 JUDAISM 38-2439322 to support reform CONGREGATION SHIR 501(c)(3) TIKVAH3900 Northfield judaism 15,984 Pkwy troy, MI 48084 CORNERSTONE SCHOOLS 38-2995984 501(c)(3) TO SUPPORT ASSOCIATION6861 E **EDUCATION** 52.500 NEVADA DETROIT, MI 482342934 CRANBROOK 38-2015048 501(c)(3) TO SUPPORT EDUCATIONAL **EDUCATION** 110,517 COMMUNITYPO BOX 801 BLOOMFIELD HILLS, MI 483030801 CROHN'S & COLITIS 13-6193105 501(c)(3) TO SUPPORT Foundation OF AMERICA MEDICAL RESEARCH 20,000 31313 NORTHWESTERN **HWY SUITE 204** FARMINGTON HILLS, MI 48334 DARTMOUTH COLLEGE 02-0222111 501(c)(3) TO SUPPORT 6068 BLUNT ALUMNI **EDUCATION** 22,800 CENTER HANOVER, NH 03755 84-0440359 501(c)(3) TO SUPPORT DENVER BOTANIC GARDEN ENVIRONMENTAL INC90 YORK ST 10,500 DENVER, CO 80206 AWARENESS AND PRESERVATION DESTINY FOUNDATION 386 38-3291795 501(c)(3) TO SUPPORT JEWISH ROUTE 59 **EDUCATION** 10,000 AIRMONT, NY 10952 DETROIT COUNTRY DAY 38-1359251 501(c)(3) TO SUPPORT SCHOOL22305 W **EDUCATION** 9,500 THIRTEEN MILE RD BEVERLY HILLS, MI 48025

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) DETROIT INSTITUTE OF 501(c)(3) TO SUPPORT THE 38-1359510 ARTS5200 WOODWARD ARTS 37,875 AVEDETROIT, MI 48202 38-1385132 501(c)(3) TO SUPPORT THE DETROIT SYMPHONY ORCHESTRA ARTS 136,650 ADMINISTRATIVE OFFICE DETROIT, MI 48201 DETROIT ZOOLOGICAL 38-6027356 501(c)(3) TO SUPPORT THE Z00 SOCIETY8450 W 10 MILE 13,750 ROAD ROYALOAK, MI 48067 EPISCOPAL COMMUNITY 95-1945256 501(c)(3) TO HELP THE NEEDY SERVICES165 EIGHTH 70,000 STREET SAN FRANCISCO, CA 94103 **EQUALITY ILLINOIS** 36-4359573 501(c)(3) TO SUPPORT **EDUCATION PROJECT LTD EDUCATION** 6,500 3318 N HALSTEAD STREET CHICAGO, IL 60657 FLINT INSTITUTE OF ARTS 38-1539984 501(c)(3) TO SUPPORT THE 1120 E KEARSLEY ST ARTS 20,000 FLINT, MI 48503 FOCUS HOPE1355 38-1948285 501(c)(3) TO PROVIDE FOOD OAKMAN BLVD AND EDUCATION TO 201,000 DETROIT, MI 482382881 THE NEEDY FOOD BANK COUNCIL OF 38-2515765 501(c)(3) TO FEED THE HUNGRY MICHIGAN501 N WALNUT 7,500 LANSING, MI 48933 FOOD LIFELINE 1702 NE 91-1090450 501(c)(3) TO FEED THE 150TH ST HUNGRY 15,000 SEATTLE, WA 98155 501(c)(3) FORGOTTEN HARVEST 38-2926476 TO FEED THE HUNGRY 21800 GREENFIELD 12,250 OAK PARK, MI 48237

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization if applicable arant cash valuation non-cash assistance orassistance or government assistance (book, FMV, appraisal, other) FOUNDATION FOR JEWISH 13-1927751 501(c)(3) TO SUPPORT THE CULTURE330 SEVENTH JEWISH COMMUNITY 6,024 AVENUE NEW YORK, NY 10001 FRANKEL JEWISH ACADEMY 38-3428219 501(c)(3) TO SUPPORT OF METRO DETROIT6600 **EDUCATION** 406,906 WEST MAPLE RD WEST BLOOMFIELD, MI 48322 FRED HUTCHINSON 91-1540426 501(c)(3) TO SUPPORT CANCER RESEARCH MEDICAL RESEARCH 10,000 CENTER1100 FAIRVIEW **AVE N J5-200** SEATTLE, WA 98109 FRESH AIR SOCIETY6735 38-1360545 501(c)(3) TO SUPPORT THE TELEGRAPH RD NEEDS OF CHILDREN 475,887 BLOOMFIELD HILLS, MI 48301 FRIENDS OF THE ISRAEL 13-3156445 501(c)(3) TO SUPPORT ISRAEL DEFENSE FORCES8451 DEFENSE FORCES 11,925 **BOULDER CT** WALLED LAKE, MI 48390 FRIENDS OF YEMIN ORDE 22-3090463 501(c)(3) TO SUPPORT CHILDREN IN 4501 CONNECTICUT AVE 105,000 NW ISRAEL WASHINGTON, DC 20008 FRIENDSHIP CIRCLE6892 38-3613944 501(c)(3) TO SUPPORT W MAPLE RD **FAMILIES WITH** 255,304 WEST BLOOMFIELD, MI SPECIAL NEEDS 48322 GLEANERS COMMUNITY 38-2156255 TO FEED THE 501(c)(3) FOOD BANKPO BOX 1380 HUNGRY 5,800 TROY, MI 480991380 HADASSAH HOUSE INC 38-6058400 501(c)(3) TO SUPPORT 5030 ORCHARD LAKE RD WOMEN'S CAUSES 7,308 W BLO OMFIELD, MI 48323 HADASSAH-GeaTeR 38-1396062 501(c)(3) TO SUPPORT DETROIT CHAPTER5030 WOMEN'S CAUSES 12,968 ORCHARD LAKE RD W BLOOMFIELD, MI 483232752

Form 990. Schedule I, Part II. Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant if applicable cash valuation non-cash assistance orassistance organization grant (book, FMV, appraisal, or government assistance other) HARVARD-WESTLAKE 95-1644019 501(c)(3) TO SUPPORT SCHOOL3700 COLDWATER **EDUCATION** 52,500 CANYON N HOLLYWOOD, CA 91604 **HEBREW FREE LOAN6735** 38-1359260 501(c)(3) TO PROVIDE INTEREST FREE TELEGRAPH RD 254,135 BLOOMFIELD HILLS, MI LOANS 48301 501(c)(3) HENRY FORD HEALTH 38-1357020 TO SUPPORT SYSTEMONE FORD PLACE **HEALTH CARE** 22,271 DETROIT.MI 482023450 HERITAGE FOUNDATION 23-7327730 501(c)(3) TO SUPPORT 214 MASSACHUSETTS AVE RESEARCH IN THE 10,000 ΝE COMMUNITY WASHINGTON, DC 200024999 HILLEL DAY SCHOOL32200 38-1586703 501(c)(3) to support education MIDDLEBELT ROAD 129,692 FARMINGTON HILLS, MI 48334 HILLEL OF COLORADO2390 52-1758791 501(c)(3) TO SUPPORT SRACEST EDUCATION 11,800 DENVER, CO 80210 52-1758804 501(c)(3) HILLEL OF METRO DETROIT TO SUPPORT 667 GROSBERG CENTER **EDUCATION** 20,200 DETROIT, MI 48202 HILLELS OF GEORGIA732 58-2051970 501(c)(3) TO SUPPORT GATEWOOD ROAD NE **EDUCATION** 6,000 ATLANTA, GA 30329 38-2402635 TO PRESERVE THE HOLOCAUST MEMORIAL 501(c)(3) PAST AND PROTECT CENTER28123 ORCHARD 10,350 LAKE RD THE FUTURE FARMINGTON HILLS, MI 483343738 501(c)(3) INSTITUTE FOR CLINICAL 36-3157451 TO SUPPORT SOCIAL WORK200 N **EDUCATION** 6,000 MICHIGAN AVE CHICAGO, IL 606015908

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
INSTITUTE FOR DAYANIM 25625 SOUTHFIELD ROAD souTHFIELD,MI 48075	20-0899773	501(c)(3)	8,640				TO SUPPORT EDUCATION		
ISRAEL 21C1221 VAN DYCK DRIVE SUNNYVALE,CA 94087	77-0571579	501(c)(3)	37,500				TO PROVIDE EDUCATION ABOUT ISRAEL		
ISRAEL EXPERIENCE1457 GRISWOLD STREET DETROIT,MI 48226		501(c)(3)	5,500				TO SUPPORT EDUCATION		
ISRAEL STRATEGIC ALTERNATIVE ENERGY FOUNDATION121 STEUART STREET SAN FRANCISCO, CA 94105	80-0263559	501(c)(3)	200,000				TO SUPPORT ENERGY RESEARCH		
JARC30301 NORTHWESTERN HWY SUITE 100 FARMINGTON HILLS, MI 48334	38-3690103	501(c)(3)	166,336				TO SUPPORT DISABLED INDIVIDUALS		
JET THEATRE6600 WEST MAPLE ROAD WEST BLOOMFIELD, MI 48322	38-2861818	501(c)(3)	53,000				TO SUPPORT THE ARTS		
JEWISH APARTMENTS & SERVICES15000 W TEN MILE RD OAK PARK, MI 48237	38-1873419	501(c)(3)	15,300				TO AIDE THE AGED		
JEWISH COMMUNITY CENTER6600 WEST MAPLE ROAD WEST BLOOMFIELD, MI 48322	38-1358397	501(c)(3)	752,130				to support the jewish community		
JEWISH COMMUNITY CENTER OF SAN FRANCISCO 3200 CALIFORNIA SAN FRANCISCO, CA 94118	94-3227260	501(c)(3)	127,500				TO SUPPORT THE COMMUNITY		
JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO 121 STEUART STREET SAN FRANCISCO, CA 94105	94-1156533	501(c)(3)	1,561,000				to support the community		

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
JEWISH COMMUNITY FOUNDATIONPO BOX 94474 PASADENA, CA 911094474	95-6111928	501(c)(3)	250,000				TO SUPPORT JEWISH COMMUNITY PROGRAMS		
JEWISH COMMUNITY FOUNDATION OF METROWEST901 ROUTE 10 WHIPPANY,NJ 079811156	22-1714130	501(c)(3)	25,000				TO SUPPORT JEWISH COMMUNITY PROGRAMS		
JEWISH COMMUNITY RELATIONS COUNCIL6735 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301	38-3011194	501(c)(3)	11,012				to support public affairs in the community		
JEWISH COUNCIL FOR PUBLIC AFFAIRS116 E 27TH ST NEW YORK, NY 10016	13-1624104	501(c)(3)	6,100				TO PROVIDE EDUCATION ABOUT ISRAELI ISSUES		
JEWISH FAMILY & CHILDREN'S SERVICES 2150 POST STREET SAN FRANCISCO,CA 94115	94-1156528	501(c)(3)	100,000				TO PROVIDE SUPPORT AND PROGRAMS FOR JEWISH FAMILIES		
JEWISH FAMILY SERVICE 6555 WEST MAPLE RD WEST BLOOMFIELD, MI 48322	38-0691329	501(c)(3)	880,427				to support jewish families		
JEWISH FEDERATION OF GRAND RAPIDS4127 EMBASSY DR SE GRAND RAPIDS,MI 49546	38-6099686	501(c)(3)	6,995				TO SUPPORT THE JEWISH COMMUNITY		
JEWISH FEDERATION OF GREATER LONG BEACH & W ORANGE COUNTY3801 EAST WILLOW STREET LONG BEACH,CA 90815	95-1647830	501(c)(3)	10,000				TO SUPPORT JEWISH COMMUNITY PROGRAMS		
JEWISH FEDERATION OF GREATER PHOENIX12701 N SCOTTSDALE RD SCOTTSDALE,AZ 852545453	86-0096784	501(c)(3)	5,500				TO SUPPORT THE COMMUNITY		
JEWISH FEDERATION OF METRO DETROIT6735 TELEGRAPH BLOOMFIELD HILLS, MI 48303	38-1359214	501(c)(3)	10,393,870				TO SUPPORT THE JEWISH COMMUNITY		

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Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (q) Description of (h) Purpose of grant ıfapplıcable valuation non-cash assistance organization arant cash or assistance or government assistance (book, FMV, appraisal, other) JEWISH VOCATIONAL & 94-2213100 501(c)(3) TO PROVIDE CAREER COUNSELING VOCATIONAL 10,000 SERVICE225 BUSH ST TRAINING AND SAN FRANCISCO, CA SUPPORT 94104 JEWISH VOCATIONAL 38-1358013 501(c)(3) to aid job research SERVICE29699 Southfield 356,574 Rd Southfield, MI 48076 23-1907729 JUVENILE DIABETES 501(c)(3) TO SUPPORT RESEARCH FOUNDATION MEDICAL RESEARCH 56,150 24359 NORTHWESTERN **HWY SUITE 225** SOUTHFIELD, MI 48075 TO SUPPORT KADIMA15999 W 12 MILE 38-2630596 501(c)(3) RD INDIVIDUALS WITH 144,540 SOUTHFIELD, MI 48076 SPECIAL NEEDS KARMANOS CANCER 38-1613280 501(c)(3) TO SUPPORT INSTITUTE4100 JOHN R MEDICAL RESEARCH 296,638 DETROIT, MI 48201 KOLLEL INSTITUTE OF GTR 38-2114751 501(c)(3) TO SUPPORT JEWISH DETROIT15230 WEST **EDUCATION** 21,050 LINCOLN RD OAK PARK, MI 48237 20-1931420 LIGHTBRIDGE HOSPICE 501(c)(3) TO SUPPORT THE COMMUNITY FOUNDATION TERMINALLY ILL 10,000 5280 CARROLL CANYON RD SAN DIEGO, CA 92121 LUBAVITCH FOUNDATION 38-2346125 501(c)(3) TO SUPPORT 14100 W 9 MILE RD ORTHODOX 10,350 OAK PARK, MI 48237 JUDAISM TO SUPPORT JEWISH MACHON L'TORAH15221 W 38-2484270 501(c)(3) LEARNING 10 MILE RD 10,850 OAK PARK, MI 48237 MAKE-A-WISH 38-2505812 501(c)(3) TO PROVIDE **FOUNDATION OF** SUPPORT TO THE 11,000 MICHIGAN28697 APPLE TERMINALLY ILL **BLOSSOM LANE** FARMINGTON HILLS, MI 48331

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization

(b) EIN

(c) IRC Code section If applicable

(d) A mount of cash organization

(e) A mount of non-cash assistance

(b) A mount of non-cash assistance

(c) IRC Code section organization

(d) A mount of cash organization

(e) A mount of non-cash assistance

(b) A mount of non-cash assistance

(c) IRC Code section organization

(d) A mount of cash organization

(e) A mount of non-cash assistance

(b) Code section organization

(c) IRC Code section organization

(d) A mount of cash organization

(e) A mount of non-cash assistance

(b) Code section organization

(d) A mount of cash organization

(d)

or government		п аррпсавте	grant	assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
MEMORIAL MEDICAL CENTER FOUNDATION 2801 ATLANTIC AVE LONG BEACH,CA 90806	95-6105984	501(c)(3)	50,000				TO SUPPORT HEALTH CARE
MERCER ISLAND BOYS & GIRLS CLUBPO BOX 83 MERCER ISLAND, WA 98040	91-0532600	501(c)(3)	50,500				TO SUPPORT CHILDREN
MERCER ISLAND SCHOOLS FOUNDATIONPO BOX 1243 MERCER ISLAND, WA 98040	91-1143444	501(c)(3)	6,000				TO SUPPORT EDUCATION
MICHIGAN FRIENDS OF THE IDFPO BOX 999 WALLED LAKE,MI 48390	13-3156445	501(c)(3)	24,310				TO SUPPORT THE ISRAELI SOLDIERS
MICHIGAN OPERA THEATRE1526 BROADWAY DETROIT,MI 48226	38-2052726	501(c)(3)	30,750				TO SUPPORT THE ARTS
MICHIGAN STATE UNIVERSITYA217 EAST FEE HALL EAST LANSING,MI 48224	38-6005984	501(c)(3)	32,000				TO SUPPORT EDUCATION
MICHIGAN STATE UNIVERSITY - HILLEL FOUNDATION360 CHARLES STREET EAST LANSING, MI 48824	38-3034766	501(c)(3)	72,355				TO SUPPORT EDUCATION
MOUNT SINAI MEDICAL CENTER Foundation INC 4300 ALTON RD MIAMI BEACH,FL 33140	59-1711400	501(c)(3)	7,000				TO SUPPORT MEDICAL RESEARCH
MPTF CORPPO BOX 51150 LOS ANGELES, CA 900519706	95-4597683	501(c)(3)	30,000				TO SUPPORT THE ARTS
MULTIPLE MYELOMA RESEARCH FOUNDATION 383 MAIN AVE NORWALK,CT 06851	06-1504413	501(c)(3)	3,000,500				TO SUPPORT MEDICAL RESEARCH

(h) Purpose of grant

or assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501(c)(3) TO SUPPORT THE MUSEUM TRUSTEE 22-2710588 ARTS ASSOCIATION 1001 N 6,000 ALVERNON WAY TUCSON, AZ 85711 NACHLAS BAIS YAAKOV 501(c)(3) TO SUPPORT JEWISH 1532 37TH ST STE 3F **EDUCATION** 8,000 BROOKLYN, NY 11218 13-6161110 501(c)(3) TO SUPPORT JEWISH NATIONAL RAMAH COMMISSION INC491 YOUTH CAMPS 25,000 LAWRENCE AVE W Toronto, ontario M5M 1C7 CA NCSY NATIONAL OFFICE11 13-5623717 501(c)(3) TO SUPPORT JEWISH BROADWAY CHILDREN 11,146 NEW YORK, NY 10004 38-6078765 501(c)(3) TO SUPPORT OAKLAND UNIVERSITY 2200 N SQUIRREL RD EDUCATION 5,500 ROCHESTER, MI 483094401 501(c)(3) OHR SOMAYACH26877 11-3083619 TO SUPPORT **EDUCATION** NORTHWESTERN HWY 10,750 SOUTHFIELD, MI 48034 501(c)(3) ORCHARDS CHILDREN'S 38-2712084 TO SUPPORT SERVICE30215 CHILDREN 8,150 SOUTHFIELD RD SOUTHFIELD, MI 48076 ORT AMERICA 6735 13-5562424 501(c)(3) TO SUPPORT JOB TELEGRAPH RD EDUCATION 28,983 BLOOMFIELD HILLS, MI 48301 PARTNERS IN HEALTHPO 04-3567502 501(c)(3) TO PROVIDE HEALTH CARE TO BOX 845578 10,000 BOSTON, MA 022845578 NEEDY COMMUNITIES PATH1455 NW LEARY WAY 91-1157127 501(c)(3) TO SUPPORT SEATTLE, WA 98107 HEALTH CARE 10,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant ıfapplıcable organization non-cash assistance orassistance grant cash valuation (book, FMV, appraisal, or government assistance other) 13-6104086 501(c)(3) TO SUPPORT PEFISRAEL ENDOWMENT FUND317 MADISON AVE PROGRAMS IN ISRAEL 100,000 UPPORT CTIONIST IUDAISM T YOUTH OGRAMS UPPORT IMENTAL ESS AND NOITAV JEWISH RAMSTO UDENTS JEWISH CATION UPPORT SEARCH

NEW YORK, NY 10017			100,000		PROGRAMS IN ISRAEL
RECONSTRUCTIONIST CONGREGATION OF DETROIT1409 NICOLET DETROIT,MI 48207		501(c)(3)	5,712		TO SUPPORT RECONSTRUCTIONIST JUDAISM
REVERE COMMUNITY PARTNERS FUNDCHICAGO COMMUNITY TRUST CHICAGO,IL 60601	84-1705851	501(c)(3)	8,000		TO SUPPORT YOUTH PROGRAMS
SAN FRANCISCO FRIENDS OF THE URBAN FORESTS BLDG 1007 PO BOX 29456 SAN FRANCISCO, CA 94129	94-2699528	501(c)(3)	10,000		TO SUPPORT ENVIRONMENTAL AWARENESS AND PRESERVATION
SAN FRANCISCO HILLEL33 BANBURY DR SAN FRANCISCO,CA 94132	94-3152892	501(c)(3)	10,000		TO SUPPORT JEWISH PROGRAMS TO COLLEGE STUDENTS
SEMINAR YERUSHALAYIM 4622 14TH AVE BROOKLYN,NY 11219		501(c)(3)	7,700		TO SUPPORT JEWISH EDUCATION
SINAI GUILD31995 NORTHWESTERN HWY SUITE 117 FARMINGTON HILLS, MI 48334	38-3343423	501(c)(3)	5,725		TO SUPPORT MEDICAL RESEARCH
SOCIAL VENTURE PARTNERS1601 2ND AVE seaTTLE,WA 981011539	91-1894424	501(c)(3)	5,700		TO SUPPORT THE COMMUNITY
ST JOHN HEALTH SYSTEM FoundationPO BOX 673271 DETROIT,MI 482673271	38-2769385	501(c)(3)	7,600		TO SUPPORT HEALTH CARE

10,000

27-0088281

STARR COMMONWEALTH

22400 W SEVEN MILE RD

DETROIT, MI 48219

501(c)(3)

TO SUPPORT

CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (q) Description of (h) Purpose of grant organization if applicable arant cash valuation non-cash assistance or assistance assistance (book, FMV, appraisal, or government other) 65-1232087 TO SUPPORT SUMMER ON THE HILL4662 501(c)(3) TEBBETT AVE **EDUCATION** 17,000 BRONX, NY 10471 TEMPLE BETH EL7400 38-1359595 501(c)(3) TO SUPPORT TELEGRAPH RD REFORM JUDAISM 29,200 BLOOMFIELD HILLS, MI 48301 TEMPLE ISRAEL5725 38-1490194 501(c)(3) TO SUPPORT WALNUT LAKE RD REFORM JUDAISM 87,872 WEST BLOOMFIELD, MI 48323 TEMPLE ISRAEL OF LONG 95-1684093 501(c)(3) TO SUPPORT BEACH269 LOMA JUDAISM 30,000 LONG BEACH, CA 90803 TEMPLE JUDEA OF PALM 59-2100649 501(c)(3) TO SUPPORT BEACH COUNTY4311 REFORM JUDAISM 8,000 HOODRD PALM BEACH GARDENS, FL 33410 TEMPLE SHIR SHALOM3999 38-2803191 501(c)(3) TO SUPPORT WALNUT LAKE RD REFORM JUDAISM 26,050 WEST BLOOMFIELD, MI 48323 TO SUPPORT THE TIPPING POINT 20-2121739 501(c)(3) NEEDY COMMUNITY660 3RD ST 75,000 SAN FRANCISCO, CA 94107 UNITED WAY FOR 20-3099071 TO SUPPORT THE 501(c)(3) ANNUAL CAMPAIGN SOUTHEASTERN 31,230 MICHIGAN1212 GRISWOLD ST DETROIT, MI 482269925 UNIVersity OF MICHIGAN -38-6119964 501(c)(3) TO SUPPORT HILLEL1429 HILL ST **EDUCATION** 29,250 ANN ARBOR, MI 481043105 UNIVERSITY OF 68-0000845 501(c)(3) TO SUPPORT CALIFORNIA SAN **EDUCATION** 250,000 FRANCISCO 500 PARNASSUS AVE SAN FRANCISCO, CA 94143

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF MICHIGAN 3003 S STATE ST ANN ARBOR, MI 481091288	38-6006309	501(c)(3)	313,055				TO SUPPORT EDUCATION		
UNIVERSITY OF MICHIGAN SCHOOL OF SOCIAL WORK 1080 SOUTH UNIVERSITY AVE ANN ARBOR, MI 481091106		501(c)(3)	9,116				TO SUPPORT EDUCATION		
V FOUNDATION106 TO WERVIEW CT CARY,NC 27513	13-3705951	501(c)(3)	50,000				TO SUPPORT CANCER RESEARCH		
VARIETY-THE CHILDREN'S CHARITY30161 SOUTHFIELD RD SOUTHFIELD,MI 48076	38-2140520	501(c)(3)	5,325				TO SUPPORT CHILDREN		
VILAR CENTER FOR THE ARTS FOUNDATIONPO BOX 3822 AVON,CO 81620	84-1316133	501(c)(3)	10,000				TO SUPPORT THE ARTS		
WALSH COLLEGE3838 LIVERNOIS RD TROY,MI 480079810	38-6090208	501(c)(3)	63,379				TO SUPPORT EDUCATION		
WASHINGTON UNIVERSITY CAMPUS BOX 1082 ST LOUIS,MO 631309989	43-0653611	501(c)(3)	7,000				TO SUPPORT EDUCATION		
WAYNE STATE UNIVERSITY DEVELOPMENT OFFICE DETROIT,MI 48202	38-6028429	501(c)(3)	38,000				TO SUPPORT EDUCATION		
WAYNE STATE UNIVERSITY-LAW SCHOOL LAW SCHOOL ADVANCEMENT DETROIT,MI 48202	38-6028430	501(c)(3)	28,000				TO SUPPORT EDUCATION		
WINTHROP P ROCKEFELLER Foundation CANCER INSTITUTE fund225 E Markham St LITTLE ROCK, AK 72201	71-0285871	501(c)(3)	1,000,000				TO SUPPORT MEDICAL RESEARCH		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
YAD EZRA2850 W ELEVEN MILE RD BERKLEY,MI 480723039	38-2904733	501(c)(3)	148,240				TO FEED THE HUNGRY		
YESHIVA BETH YEHUDAH 15751 W LINCOLN SOUTHFIELD,MI 48076	38-1437939	501(c)(3)	161,965				TO SUPPORT JEWISH EDUCATION		
YESHIVA GEDOLAH24600 GREENFIELD RD OAK PARK,MI 48237	38-2569760	501(c)(3)	14,500				TO SUPPORT JEWISH EDUCATION		
YESHIVAS DARCHEI TORAH21550 W TWELVE MILE RD SOUTHFIELD, MI 480765501	38-2842622	501(c)(3)	7,653				TO SUPPORT JEWISH EDUCATION		
ZIMMER CHILDREN'S MUSEUM6505 WILSHIRE BLVD 100 LOS ANGELES,CA 90048	20-1470992	501(c)(3)	16,250				TO SUPPORT THE ARTS		
DISTRIBUTIONS UNDER 50006735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301		501(c)(3)	600,863				TO SUPPORT THE COMMUNITY		

DLN: 93493285008090

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization Employer identification						
UN	ITED JEWISH FOUNDATION		38-1360585			
Pa	art I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to pro					
	First-class or charter travel	– Housing allowance or residence for	personal use			
	Travel for companions	Payments for business use of perso	onal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiat	ıon fees			
	Discretionary spending account	Personal services (e g , maid, chau	ffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organiza reimbursement orprovision of all the expenses described a		•	1b		
2	Did the organization require substantiation prior to reimbu officers, directors, trustees, and the CEO/Executive Direc			2		
3	Indicate which, if any, of the following the organization use organization's CEO/Executive Director Check all that ap	•	9			
	Compensation committee	Written employment contract				
	Independent compensation consultant	Compensation survey or study				
	Form 990 of other organizations	Approval by the board or compensa	ition committee			
4	During the year, did any person listed in Form 990, Part V or a related organization	III, Section A , line 1a with respect to t	he filing organization			
а	Receive a severance payment or change-of-control payme	ent?		4a		No
Ь	Participate in, or receive payment from, a supplemental no	onqualified retirement plan?		4b		Νo
С	Participate in, or receive payment from, an equity-based o	compensation arrangement?		4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provide	the applicable amounts for each item i	n Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must cor	mplete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, line 1 compensation contingent on the revenues of	a, did the organization pay or accrue a	ny			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line 1 compensation contingent on the net earnings of	a, did the organization pay or accrue a	ny			
а	The organization?			6a		Νo
Ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1 payments not described in lines 5 and 6? If "Yes," descri	· · · · · · · · · · · · · · · · · · ·	n-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, paid or subject to the initial contract exception described in Regs in Part III			8		No
9	If "Yes" to line 8 did the organization also follow the rebu	ttable presumption procedure describe	d in Regulations			

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

ANDREW ECHT (I) 142,830 0 0 0 11,989 154,819 0 ANDREW ECHT (I) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(=),(-),(-),(-),(-),(-),(-),(-),(-),(-),(-								
Compensation Comp	(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation				
ANDREW ECHT (I) 142,830 0 0 0 11,989 154,819 0 ANDREW ECHT (I) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			(1) base incentive reportable			benefits	(B)(ı)-(D)	Form 990 or	
HOWARD NEISTEIN	scott kaufman		0 142,830	0	0		l .	-	o 0
Corporation	ANDREW ECHT		_	•			l .	0 193,863	
(II) 180,250 0 0 15,457 195,707 0 robert aronson (I) 0	HOWARD NEISTEIN		1	0					
	DOROTHY BENYAS			0	0	-	_		0
	robert aronson		0 343,636	· ·	_			0 426,069	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule K

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

DLN: 93493285008090

OMB No 1545-0047

Schedule K (Form 990) 2009

Department of the Treasury

(Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection**

Internal Revenue Service Employer identification number Name of the organization UNITED JEWISH FOUNDATION 38-1360585 **Bond Issues** (h) O n (a) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes Yes No No michigan strategic fund 52-1417332 08-10-2007 2,146,887 see schedule o Х Х Proceeds C D Ε Α В Total proceeds of issue Gross proceeds in reserve funds 2 Proceeds in refunding or defeasance escrows 3 Other unspent proceeds Issuance costs from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds Year of substantial completion 8 Yes No Yes Yes No Yes No Yes No No Were the bonds issued as part of a current refunding issue? Χ 9 Were the bonds issued as part of an advance refunding issue? Х 10 Has the final allocation of proceeds been made? Х 11 Does the organization maintain adequate books and records to support the 12 Χ final allocation of proceeds? **Private Business Use** Part III В C Е Α D Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, Χ which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property Χ which may result in private business use?

Cat No 50193E

art III Private Business Use (Contin

				Α		В			С		D		E
			Yes	No	Yes	N	lo	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?			X									
3b	Are there any research agreements with respect to the financed prop which may result in private business use?	erty		X									
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	2		X									
4	Enter the percentage of financed property used in a private business by entities other than a section $501(c)(3)$ organization or a state or logovernment												
5	Enter the percentage of financed property used in a private business as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or loc government Total of lines 4 and 5												
6													
7 Dog	Has the organization adopted management practices and procedures ensure the post-issuance compliance of its tax-exempt bond liabilities. IV Arbitrage			X									
Fall	Aibitiage		Δ		В			С .		D		E	
	v	es	n No	Yes		o	Yes		ło	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	cs .	X	ies	•		163	'		165	140	ies	NO
			^										
2	Is the bond issue a variable rate issue?		Х										
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and												
	records?		X										
b	Name of provider												
c	Term of hedge												
4a	Were gross proceeds invested in a GIC?		×										
ь	Name of provider												
c	Term of GIC												
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?												
5	Were any gross proceeds invested beyond an available temporary period?		x										
6	Did the bond issue qualify for an exception to rebate?		X										

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DLN: 93493285008090

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schedule L

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name	of	t he	organizat ion
INITED	1F	WISH	FOLINDATION

Employer identification number

38-1360585

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

(a) Name of disqualified person 1

(b) Description of transaction

(c) Corrected?

Yes No

2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under
	section 4958
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose			(c)O riginal principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	То	From			Yes	No	Yes	No	Yes	No
ROBERT ARONSON SECOND MORTGAGE		X	142,000	142,000		Νο	Yes		Yes	

Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c)A mount of grant or type of assistance

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) A mount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

Yes No

See Additional Data Table

Software ID: Software Version:

EIN: 38-1360585

Name: UNITED JEWISH FOUNDATION

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of Interested person	(b) Relationship between interested person and the	(c) A mount of transaction \$	(d) Description of transaction	(e) Sharing o organization's revenues?		
	organization			Yes	No	
james bellinson	board member		part owner in level one bank		No	
dorothy benyas	chief financial officer		Member of Temple Beth El Ways & Means Committee		No	
howard brown	board member	12,000	ceo of planit jewish detroit		No	
mıchael eızelman	board member	2,141	legal services		No	
douglas etkın	board member	50,000	facility management services		No	
elyse foltyn	board member		spouse provides legal services		No	
gayle gold	board member	12,000	videography services		No	
mark hauser	board member	6,151	legal services		No	
nancy s heinrich	board member	1,063	legal services		No	
john e jacobs	board member	6,151	legal services		No	
hannan lıs	board member	5,000	JFMD & Agency Staff Weight Watchers meetings		No	
mıchael maddın	board member	6,151	legal services		No	
larry nemer	board member		Sister works in Alliance Department		No	
david page	board member	38,420	legal services		No	
norman pappas	board member		ınsurance broker		No	
benjamin rosenthal	board member	7,500	O wner of Madison Electric Company		No	
marta rosenthal	board member		husband owns madison electric company		No	
todd sachse	board member	6,000,000	Owner Sachse Construction		No	
alan e schwartz	board member	38,420	legal services		No	
brian siegel	board member	20,000	Joe Dumars Fieldhouse - hosts events for JFMD & agencies		No	
stewart weiner	board member	6,151	legal services		No	

DLN: 93493285008090

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization UNITED JEWISH FOUNDATION

Employer identification number

Pa	rt I Types of Property				38-1360585		
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of deto revenue	_	
1	Art-Works of art	прричини					
2	Art—Historical treasures .						
3	Art—Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities—Publicly traded .	Х	63	2,989,698	faır market value		
10	Securities—Closely held stock $\ .$						
11	Securities—Partnership, LLC, or trust interests						
12	Securities—Miscellaneous						
	Qualified conservation contribution—Historic structures						
14	Qualified conservation contribution—Other						
15	Real estate—Residential .						
16	Real estate—Commercial						
17	Real estate—Other	X	1	305,000	faır market value		
	Collectibles						
	Food inventory						
	Drugs and medical supplies .						
	Taxidermy						
	Historical artifacts						
	Scientific specimens						
	Archeological artifacts Other ► (israel bonds)	×	1	15,000	faır market value		
	leasehold			,			
26	Other \blacktriangleright ($\underline{\text{Improvements}}$)	Х	1	180,056	faır market value		
27	O ther ▶()						
28	Other ► ()						
29	Number of Forms 8283 received for which the organization compl				29		1
	B					Yes	No
30a	During the year, did the organiza						
	must hold for at least three year			on, and which is not require	d to be used		
	for exempt purposes for the enti				· · · · · <u> </u>	30a	No
	If "Yes," describe the arrangeme					_	
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions? I	31 Yes	+-
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i		32a	N o_
b	If "Yes," describe in Part II						_
33	If the organization did not report describe in Part II	revenuesı	n column (c) for a type of p	roperty for which column (a) is checked,		

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

OMB No 1545-0047

Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Name of the organization UNITED JEWISH FOUNDATION

Employer identification number

38-1360585

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		THE FOLLOWING BOARD MEMBERS HAVE FAMILY RELATIONSHIPS HAROLD BLUMENSTEIN AND PENNY BLUMENSTEIN SUZAN CURHAN AND IAW FENCE JACKIER DOUGLAS ETKIN AND PETER ALTER PHILLIP FISHER AND JANE SHERMAN DAVID FOLTYN AND ELYSE FOLTYN CONRAD L GILES AND LYNDA GILES JAMES GROSFELD AND NANCY GROSFELD JEROME HALPERIN AND MARGOT HALPERIN NANCY HEINRICH AND BRIAN SIEGEL ROBERT HEINRICH AND NANCY HEINRICH MICHAEL HOROWITZ AND BARBARA HOROWITZ david kramer and anessa kramer SHARON LIPTON AND DIANE PERLMAN HANNAN LIS AND LISA LIS HANNAN LIS AND FLORINE MARK LISA LIS AND FIORINE MARK ROBERT NAFTALY AND HOWARD BROWN LARRY NEMER AND PATTI NEMER GRAHAM ORLEY AND RANDALL ORLEY MARCIE ORLEY AND ROBERT ORLEY MARCIE ORLEY AND DOREEN HERMELIN ROBERT H ORLEY AND MARCIE ORLEY MICHAEL PERLMAN AND DIANE PERLMAN BENJAMIN ROSENTHAL AND MARTA ROSENTHAL NEIL SATOVSKY AND BRIAN SATOVSKY AMY SCHLUSSEL AND MARK SCHLUSSEL JEFFREY SCHLUSSEL AND AMY SCHLUSSEL THE FOLLOWING BOARD MEMBERS HAVE BUSINESS RELATIONSHIPS AMY SCHLUSSEL AND ROBERT SCHOSTAK AMY SCHLUSSEL AND DAVID SCHOSTAK AMY SCHLUSSEL AND BARD ROBERT SCHOSTAK AMY SCHLUSSEL AND HORNALD KLEIN AMY SCHLUSSEL AND GARY SHIFFMAN AMY SCHLUSSEL AND PAUL SILVERMAN MICHAEL EIZELMAN AND LAWRENCE JACKIER DANIEL GREENBERG AND HUGH GREENBERG DANIEL GREENBERG AND CAROLYN GREENBERG MICHAEL HOROWITZ AND BARBARA HOROWITZ
Form 990, Part VI, Section A, line 3		the organization delegated management duties to the jew ish federation of metropolitan detroit
Form 990, Part VI, Section B, line 11		the audit committee has the authority to approve the form 990 on behalf of the board of directors the form 990 is review ed internally by the finance director and chief financial officer the draft is then review ed and approved by the audit committee following audit committee approval, the form 990 is filed
Form 990, Part VI, Section B, line 12c		on an annual basis, board members of united jew ish foundation disclose in writing any potential conflicts of interest, this documentation is maintained on file at the time of voting, board members are asked to cite conflicts of interest, if any exist, and abstain from individual votes, this process is reported in the board meeting minutes.
Form 990, Part VI, Section B, line 15		a compensation committee determines compensation based on established goals and objectives the committee will also consider comparable salary data from other jew ish federations or non-profit organizations
Form 990, Part VI, Section C, line 19		these documents are available upon request
FORM 990, PART XI, LINE 2C		UNITED JEWISH FOUNDATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTING FIRM
		SCHEDULE A, PAGE 1, LINE H, COLUMN 1 NAME OF SUPPORTED ORGANIZATION JEWISH FEDERATION OF METROPOLITAN DETROIT

Identifier	Return Reference	Explanation
		SCHEDULE K, PART 1, LINE A, COLUMN H DESCRIPTION OF PURPOSE TO FINANCE THE ACQUISITION AND INSTALLATION OF VARIOUS ENERGY SAVING IMPROVEMENTS INCLUDING HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS, TEMPERATURE CONTROL SYSTEMS, BUILDING ENVELOPE AND INSULATION SYSTEMS, LIGHTING SYSTEMS AND VARIOUS PLUMBING DEVICES TO BE LOCATED AT THE JEWISH COMMUNITY CENTER JPM FACILITY IN THE CITY OF OAK PARK

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DLN: 93493285008090

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

38-3323875

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. ► Attach to Form 990.

Related Organizations and Unrelated Partnerships

Name of the organization UNITED JEWISH FOUNDATION

Employer identification number

38-1360585

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

(a)
Name, address, and EIN of disregarded entity

Primary activity

(c) Legal domicile (state or foreign country)

Total income

End-of-year assets

(f) Direct controlling entity

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
jewish federation of metropolitan detroit					
6735 telegraph road	supports jewish community	MI	501(c)(3)	7 1	N/A
bloomfield hills, MI 48301 38-1359214	community				
the jewish fund					
6735 telegraph road	supports jewish health care in the metro detroit	MI	501(c)(3)	11 1	N/A
bloomfield hills, MI 48301	area				

(j)

General or

managing

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

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

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

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

Part V	Transactions With Related Organizations	(Complete if the organization answered "Yo	es" on Form 990,	Part IV, line 34, 35, or 36.)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 [During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from other organization(s)	1 c	Yes	
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g		No
h	n Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	1	No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
n	n Sharing of facilities, equipment, mailing lists, or other assets	1n	1 Yes	
n	n Sharing of paid employees	1n	Yes	
o	Reimbursement paid to other organization for expenses	10	Yes	
p	Reimbursement paid by other organization for expenses	1р	Yes	
			1	
q	Other transfer of cash or property to other organization(s)	1 q		No
r	Other transfer of cash or property from other organization(s)	1r	1	No
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		-	
_	(b)		(c)	
	Name of other organization Transaction		(c)	od

(a) Name of other organization	Transaction type(a-r)	(c) Amount involved
(1) jewish federation of metropolitan detroit	I	335,000
(2) jewish federation of metropolitan detroit	В	7,244,290
(3) JEWish federation of metropolitan detroit	С	2,315,309
(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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

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Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Internal Revenue Service	•	See separate instruction	s. 🟲 Attach	to your tax	ret u	rn.		Sequence No 67
Name(s) shown on return		Business or a	activity to which	this form r	elate	s Ider	t if y in	g number
UNITED JEWISH FOUNDA	NOITA	Form 990 Pa	go 10				13605	
Part I Election	To Expense (Certain Property Un		179		30	13003	
Note: If y	ou have any li	isted property, comple	ete Part V befo	ore you co	mpl	ete Part I.		T
1 Maximum amount See	the instructions	s for a higher limit for cer	taın busınesses		•		1	250,000
2 Total cost of section 1	79 property plac	ced in service (see instru	ictions) .				2	
3 Threshold cost of sect	ion 179 property	y before reduction in limit	atıon (see ınstr	uctions)			3	800,000
4 Reduction in limitation	Subtract line 3	from line 2 If zero or les	s, enter -0-		•		4	
5 Dollar limitation for tax	year Subtract	line 4 from line 1 If zero	or less, enter - 0	O- If marri	ed fili	ng		
separately, see instruc	tions				•		5	
			(1) 0 1	/1				
6 (a) [Description of pr	roperty	1 ' '	(business ι only)	se	(c) Elected	cost	
6								
								_
7 Listed property Enter	the amount from	ı lıne 29		. 7				
8 Total elected cost of s	ection 179 prop	erty Add amounts in col	umn (c), lines 6	and 7 .			8	
9 Tentative deduction E	nter the smaller	of line 5 or line 8 .			•		. 9	
10 Carryover of disallowed		•					10	
11 Business income limitation	Enter the smaller of	business income (not less tha	n zero) or line 5 (se	ee instructions)		11	
12 Section 179 expense of	deduction Add I	ines 9 and 10, but do not	enter more tha	n line 11	•		12	
13 Carryover of disallowed	d deduction to 2	010 Add lines 9 and 10,	less line 12	. 🕨 13	:			
Note: Do not use Part.								
•	-	Allowance and Othe						y) (See instructions)
14 Special depreciation al tax year (see instruction		lified property (other than	i iistea property) placed in	servi	ce during the	14	
15 Property subject to see		election			_		15	
16 Other depreciation (inc					_		16	
		Do not include listed i	property.) (Se	e instruct	ions	.)		
•			ection A			,		
17 MACRS deductions for	assets placed ı	n service in tax years be	gınnıng before 2	009 .			17	
18 If you are electing t	o group any a	ssets placed in servic	e during the t	ax year ır	to o			
general asset accou					•	▶□		
Section B-Asse	ets Placed in	Service During 20	08 Tax Year	Using th	e Ge	eneral Dep	<u>recia</u>	tion System
	(b) Month and	(c) Basis for depreciation						
(a) Classification of property	year placed in	(business/investment	(d) Recovery period	(e) Conve	ntıor	(f) Metho	od	(g) Depreciation deduction
property	service	use	period					deddetion
19a 3-year property		only—see instructions)						
b 5-year property								
c 7 - year property								
d 10-year property								
e 15-year property								
f 20-year property			35			6.0		
g 25-year property			25 yrs	ММ		S/L S/L	-	
h Residential rental property			27 5 yrs 27 5 yrs	MM		S/L		
i Nonresidential real			39 yrs	ММ		S/L		
property			·	ММ		S/L		
Sect io	n C—Assets Plac	ced in Service During 200	9 Tax Year Using	g the Alter	nat iv	e Depreciatio	n Syst	em
20a Class life						S/L		
b 12-year			12 yrs			S/L		
c 40-year Part IV Summar	 y (see instruc	tions)	40 yrs	MM		S/L		
21 Listed property Enter	•	•					21	
22 Total. Add amounts fro			and 20 in colum	nn (a). and l	- ine 2	1 Enter here	-	
		urn Partnerships and S					22	3,615,236
23 For assets shown abov portion of the basis att		=	it year, enter the	e 2 3				
portion of the basis att	indianie to sec	HOH ZOJA COSES .	· · · ·	• • • •				L

Part V
Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

comp	lete only	24a, 24b, colui	mns (a	a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectio	n B, a	nd Se	ction (C if ap	oplicat	ile.	
Section A—Depre																	
24a Do you have eviden	ce to support	the business/investi	ment us	e claimed	d? ┌ Yes	. □ _{No}			24b lf	"Yes."	s the ev	/ idence	written?	Tye	sГNo)	
										,						-	
(a) Type of property (list vehicles first)	(b) Date placed II service	(c) Business/ In investment use percentage	(d) Cost or o	rother basis for dep			- 11	IDACOVANI		(g) Method/ Convention		(h) Depreciation/ deduction			(i) Elected section 179 cost		
25Special depreciation allow 50% in a qualified busir	•	lified listed property i	placed in	service (l during the	tax year	and u	sed mo	re tha	in 25							
26 Property used more	•	•	inacci	15.0						20							
Lot roperty asea more	thun 50 70	% %	111033	450			П				\top			\Box			
		%															
	orlassin	% %	C 11C A														
27 Floperty used 50 %	01 1633 111	%	35 USE				П		S/L	-	Т			\Box			
	%							S/L -									
		%			L				S/L		_			+			
28 Add amounts in co		_				ne 21,	page	1 .		2	8						
29 Add amounts in co	ılumn (ı), lır							•		•			29				
Complete this section	forvobicle				mation						r rolat	ad nar	con				
if you provided vehicles to	your employe	es, first answer the q	uestions	in Section	on C to see	e if you n	neet a	n exce	otion t	o comple	ting this	section	for thos	e vehic	les		
30 Total business/investment miles driven during the				(;		(b)		(c)			d)	(e)		(f)			
year (do not include commuting miles)				Vehi	cle 1	Vehicle 2		V e h i c l e :		le 3	3 Vehicle 4		Vehicle 5		Vehicle 6		
31 Total commuting n	niles driver	during the year	F														
32 Total other person			,,, <u> </u>														
·	•		⊢			<u> </u>		+									
33 Total miles driven through 32	· · ·	year Add lines 3	٠. ا														
34 Was the vehicle av	allable for	personal use		Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No	
during off-duty hou	ırs?		.														
35 Was the vehicle us owner or related pe	•	y by a more than	5%														
36 Is another vehicle		or personal use?	` .` -														
		estions for Em	volar	ers W	ho Pro	vide \	/ehi	cles	for	Use b	v The	ir Er	nplov	ees	<u> </u>	<u> </u>	
Answer these question 5% owners or related	ns to deterr	nine if you meet a									-				not moi	re tha	
37 Do you maintain a employees?	written poli	cy statement tha	t prohil	bits all	personal •	use of	vehic	les, ı	nc lud	ling cor	nmutır	ıg, by y	our.	Y	es	No	
38 Do you maintain a employees? See th																	
39 Do you treat all us								,, 01 1	, o o i		-						
40 Do you provide mo	re than five	vehicles to your	•			- ormatio	n fron	n you	emp	loyees	- about	the us	e of the	a -			
vehicles, and retai			العامل ما		la damar				•			•	•	\vdash			
Note: If your answ																	
Part VI Amortiz		5, 39, 40, 01 41 1	5 165,	40 110	Comple	te sect	.1011 6	101 11	ie co	vereu v	emcie	<u> </u>					
Part VI Amortiz		(b)				I				(6	.,						
(a)		Date		(c)			(d) Code			A morti	-		(f) A mortization for				
Description of c	osts	amortization			A mortizable amount			section		perio		A mortize this					
		begins 								perce	ntage		-				
42 A mortization of co	sts that be	gins during your 2	2009 ta	ax year	(see ins	truction	ıs)										
42 A months = 1 - 1		ann hafar	000 +-	V 146 - 5							43						
43 A mortization of co	sis that be	gan before your 2	UUY ta	x year		•	•		•	•	43						

44 Total. Add amounts in column (f) See the instructions for where to report . . .

44