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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 06-01-2009 , and ending 05-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
SCHOSTAK FAMILY SUPPORT FOUNDATION

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 2030 6735 Telegraph Road

City or town, state or country, and ZIP + 4
Bloomfield Hills, MI 48301

D Employer identification number
38-3212496

E Telephone number
(248) 642-4260

F Group Exemption Number ▶

*** *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method ☐ Cash ☑ Accrual
Other (specify) ▶

I Website: ▶ N/A

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one)— ☑ 501(c) (3) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 112,540

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	112,540
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▶ ☐		
	a	Gross revenue (not including $ _of contributions reported on line 1) — 6a		
	b	Less direct expenses other than fundraising expenses — 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	112,540
Expenses	10	Grants and similar amounts paid (attach schedule)	10	327,148
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	525
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶)	16	17,389
	17	**Total expenses.** Add lines 10 through 16 ▶	17	345,062
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-232,522
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	782,595
	20	Other changes in net assets or fund balances (attach explanation)	20	17,369
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	567,442

Part II Balance Sheets—If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		22	
23	Land and buildings		23	
24	Other assets (describe ▶)	782,595	24	567,442
25	**Total assets**	782,595	25	567,442
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	782,595	27	567,442

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?
TO SUPPORT JEWISH ORGANIZATIONS

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 GRANTS AND AWARDS GIVEN TO CHARITABLE ORGANIZATIONS (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	327,148
29 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	
31 Other program services (attach schedule) . . . . . (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**31a**	
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶	**32**	327,148

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	**(b)** Title and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-.)**	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	Yes	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*Section 501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	*Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	*Section 501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No

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

42a The organization's books are in care of ▶ DOROTHY BENYAS Telephone no ▶ (248) 642-4260

Located at ▶ 6735 TELEGRAPH RD BLOOMFIELD HILLS, MI ZIP + 4 ▶ 48301

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44		No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	45		No

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
NONE				

50(f) Total number of other employees paid over $100,000 . . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation
NONE		

51(d) Total number of other independent contractors each receiving over $100,000 . . . . . ▶

Please Sign Here

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

****** — Signature of officer — 2010-10-07 — Date

dorothy benyas TREASURER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Michael F Fenberg	Date 2010-10-06	Check if self-empolyed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Baker Tilly Virchow Krause LLP One Towne Square Suite 600 Southfield, MI 48076			EIN ▶ Phone no ▶ (248) 372-7300

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ Yes ☐ No

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
SCHOSTAK FAMILY SUPPORT FOUNDATION

Employer identification number
38-3212496

Part I 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)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

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

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

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

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

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

a ☑ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		No
(ii) a family member of a person described in (i) above?	**11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		No

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
JEWISH FEDERATION OF METROPOLITAN DETROIT	381359214	7	Yes		Yes		Yes		84,897
Total									84,897

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
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)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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 purpose						
3 Gross receipts from activities that 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 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 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, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV **Supplemental Information.** 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

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SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution or Significant Disposition of Assets

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32 or Form 990-EZ, line 36.**
▶ **Attach certified copies of any articles of dissolution, resolutions or plans.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SCHOSTAK FAMILY SUPPORT FOUNDATION

Employer identification number
38-3212496

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

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

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

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

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

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

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
pooled investments	12-21-2009	84,897	cash transfer	38-1359214	jewish federation of metropolitan detroit 6735 telegraph road bloomfield hills, MI 48301	501(c)(3)
pooled investments	12-21-2009	23,927	CASH TRANSFER	38-3428219	FRANKEL JEWISH ACADEMY OF METRO DETROIT 6600 WEST MAPLE RD WEST BLOOMFIELD, MI 48322	501(c)(3)
POOLED INVESTMENTS	12-21-2009	12,544	CASH TRANSFER	38-1750780	AKIVA HEBREW DAY SCHOOL 21100 w 12 MILE ROAD SOUTHFIELD, MI 48076	501(c)(3)
POOLED INVESTMENTS	12-29-2009	112,800	CASH DISTRIBUTION	38-6006609	UNIVERSITY OF MICHIGAN 3003 S STATE ST ANN ARBOR, MI 48109	501(c)(3)
POOLED INVESTMENTS	12-29-2009	27,000	CASH DISTRIBUTION	38-1437934	ADAT SHALOM SYNAGOGUE 29901 MIDDLEBELT RD FARMINGTON HILLS, MI 48334	501(c)(3)
POOLED INVESTMENTS	12-29-2009	15,000	CASH DISTRIBUTION		AMERICAN FRIENDS OF NISHMAT 271 MADISON 3RD FLOOR NEW YORK, NY 10016	501(c)(3)

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

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492285008280

TY 2009 Grants and Similar Amounts Paid Schedule

Name: SCHOSTAK FAMILY SUPPORT FOUNDATION

EIN: 38-3212496

Item No.	1
Class of Activity	TO SUPPORT CONSERVATIVE JUDAISM
Donee's Name	ADAT SHALOM SYNAGOGUE
Donee's Address	29901 MIDDLEBELT FARMINGTON HILLS, MI 48334
Amount (FMV)	27,000
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	TO SUPPORT EDUCATION
Donee's Name	AISH HATORAH
Donee's Address	25800 NORTHWESTERN HWY suite 880 SOUTHFIELD, MI 48075
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	TO SUPPORT INDIVIDUALS WITH SPECIAL NEEDS
Donee's Name	ALEH
Donee's Address	9 TAFT LN SPRING VALLEY, NY 10977
Amount (FMV)	1,200
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	TO SUPPORT CHILDREN WITH DISABILITIES
Donee's Name	AMERICAN FRIENDS OF ALYN HOSPITAL
Donee's Address	51 E 42ND ST suite 308 NEW YORK, NY 10017
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	TO SUPPORT CONSERVATIVE JUDAISM
Donee's Name	AMERICAN FRIENDS OF NISHMAT
Donee's Address	271 MADISON 3rd floor NEW YORK, NY 10016
Amount (FMV)	15,000
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	TO SUPPORT MEDICAL RESEARCH
Donee's Name	BEAUMONT FOUNDATION
Donee's Address	3711 W THIRTEEN MILE RD ROYAL OAK, MI 48073
Amount (FMV)	0
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	to support the JEWISH COMMUNITY
Donee's Name	b'nai brith international
Donee's Address	6735 TELEGRAPH RD suite 304 bIOOMFIELD HILLS, MI 48301
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	TO SUPPORT THE ANNUAL CAMPAIGN
Donee's Name	B'NAI BRITH YOUTH ORGANIZATION
Donee's Address	6600 WEST MAPLE RD WEST BLOOMFIELD, MI 48322
Amount (FMV)	860
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	to support the arTS
Donee's Name	BIRMINGHAM-BLOOMFIELD SYMPHONY ORCHESTRA
Donee's Address	PO Box 1925 bırmıngham, MI 48012
Amount (FMV)	350
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	to support chILDREN
Donee's Name	BOY SCOUTS OF AMERICA COUNCIL
Donee's Address	1776 West Warren Ave detROIT, MI 48208
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	TO SUPPORT CHILDREN WHO ARE HOSPITALIZED
Donee's Name	CHASE RICHARDS FOUNDATION
Donee's Address	23920 LINDEN TERRACE CALABASAS, CA 91302
Amount (FMV)	0
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	TO SUPPORT THE ARTS
Donee's Name	DETROIT INSTITUTE OF ARTS
Donee's Address	5200 WOODWARD AVE DETROIT, MI 48202
Amount (FMV)	0
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	TO SUPPORT THE ZOO
Donee's Name	DETROIT ZOOLOGICAL SOCIETY
Donee's Address	8450 W 10 MILE ROAD ROYAL OAK, MI 48067
Amount (FMV)	0
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	TO SUPPORT FAMILIES WITH SPECIAL NEEDS
Donee's Name	FRIENDSHIP CIRCLE
Donee's Address	6892 W MAPLE RD WEST BLOOMFIELD, MI 48322
Amount (FMV)	7,500
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	15
Class of Activity	TO SUPPORT THE BOY SCOUTS
Donee's Name	GREAT SAUK TRAIL CONUNCIL BOY SCOUTS OF AMERICA
Donee's Address	1979 HURON PARKWAY ANN ARBOR, MI 48104
Amount (FMV)	0
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	16
Class of Activity	TO SUPPORT EDUCATION
Donee's Name	hıllel day school
Donee's Address	32200 MIDDLEBELT RD fARMINGTON HILLS, MI 48334
Amount (FMV)	600
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	17
Class of Activity	TO SUPPORT DISABLED ADULTS
Donee's Name	JARC
Donee's Address	30301 NORTHWESTERN HWY SUITE 100 FARMINGTON HILLS, MI 48334
Amount (FMV)	2,320
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	18
Class of Activity	TO SUPPORT THE JEWISH COMMUNITY
Donee's Name	JEWISH COMMUNITY CENTER
Donee's Address	6600 W MAPLE RD WEST BLOOMFIELD, MI 48322
Amount (FMV)	2,250
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	19
Class of Activity	to support the ANNUAL CAMPAIGN
Donee's Name	jewish federation of metropolitan detroit
Donee's Address	6735 TELEGRAPH RD bIOOMFIELD HILLS, MI 48301
Amount (FMV)	84,897
Purpose of Payment to Affiliate	
Relationship	supported organization
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	20
Class of Activity	TO SUPPORT THE ELDERLY
Donee's Name	JEWISH HOME & AGING SERVICES
Donee's Address	6710 WEST MAPLE ROAD WEST BLOOMFIELD, MI 48322
Amount (FMV)	0
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	21
Class of Activity	TO SUPPORT THE ELDERLY
Donee's Name	JEWISH HOSPICE & CHAPLAINCY NETWORK
Donee's Address	6555 WEST MAPLE RD WEST BLOOMFIELD, MI 48322
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	22
Class of Activity	TO SUPPORT EDUCATION
Donee's Name	JEWISH THEOLOGICAL SEMINARY
Donee's Address	6735 TELEGRAPH RD STE 310 BLOOMFIELD HILLS, MI 48301
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	23
Class of Activity	TO AID JOB RESEARCH
Donee's Name	JEWISH VOCATIONAL SERVICE
Donee's Address	29699 SOUTHFIELD RD SOUTHFIELD, MI 48076
Amount (FMV)	1,250
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	24
Class of Activity	TO SUPPORT MEDICAL RESEARCH
Donee's Name	JUVENILE DIABETES RESEARCH FOUNDATION
Donee's Address	24359 NORTHWESTERN HWY SUITE 225 SOUTHFIELD, MI 48075
Amount (FMV)	0
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	25
Class of Activity	TO SUPPORT INDIVIDUALS WITH SPECIAL NEEDS
Donee's Name	KADIMA
Donee's Address	15999 W TWELVE MILE RD SOUTHFIELD, MI 48076
Amount (FMV)	0
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	26
Class of Activity	TO SUPPORT MEDICAL RESEARCH
Donee's Name	KARMANOS CANCER INSTITUTE
Donee's Address	4100 JOHN R detROIT, MI 48201
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	27
Class of Activity	to support the jewish community
Donee's Name	lubavitch foundation
Donee's Address	14100 West Nine Mile Road oak park, MI 48237
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	28
Class of Activity	TO SUPPORT ISRAELI SOLDIERS
Donee's Name	MICHIGAN FRIENDS OF THE IDF
Donee's Address	PO BOX 999 WALLED LAKE, MI 48390
Amount (FMV)	1,250
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	29
Class of Activity	TO SUPPORT EDUCATION
Donee's Name	MICHIGAN STATE UNIVERSITY - HILLEL FOUNDATION
Donee's Address	360 CHARLES ST EAST LANSING, MI 48823
Amount (FMV)	0
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	30
Class of Activity	TO SUPPORT EDUCATION
Donee's Name	OAKLAND UNIVERSITY FOUNDATION
Donee's Address	2200 N SQUIRREL RD ROCHESTER, MI 48309
Amount (FMV)	10,000
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	31
Class of Activity	TO SUPPORT EDUCATION
Donee's Name	ORT AMERICA
Donee's Address	6735 TELEGRAPH RD suite 150 BLOOMFIELD HILLS, MI 48301
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	32
Class of Activity	TO SUPPORT EDUCATION
Donee's Name	POLITZ DAY SCHOOL OF CHERRY HILL A NEW JERSEY
Donee's Address	720 COOPER LANDING ROAD CHERRY HILL, NJ 08002
Amount (FMV)	0
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	33
Class of Activity	TO SUPPORT MEDICAL RESEARCH
Donee's Name	PSC PARTNERS SEEKING A CURE
Donee's Address	5237 S KENTON WAY ENGLEWOOD, CO 80111
Amount (FMV)	0
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	34
Class of Activity	TO SUPPORT MEDICAL RESEARCH
Donee's Name	REHABILITATION INSTITUTE of mıchıgan
Donee's Address	261 Mack Avenue detROIT, MI 48201
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	35
Class of Activity	TO SUPPORT EDUCATION
Donee's Name	ROOSEVELT UNIVERSITY
Donee's Address	430 S MICHIGAN AVE CHICAGO, IL 60605
Amount (FMV)	0
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	36
Class of Activity	TO SUPPORT EDUCATION
Donee's Name	University OF Michigan SCHOOL OF BUSINESS
Donee's Address	DEVELOP ALUMNI RELATIONS 701 TAPPAN ST RM D1235 ANN ARBOR, MI 48109
Amount (FMV)	0
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	37
Class of Activity	TO SUPPORT EDUCATION
Donee's Name	UNIVersity OF MICHIGAN - HILLEL
Donee's Address	1429 HILL ST ANN ARBOR, MI 48104
Amount (FMV)	2,000
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	38
Class of Activity	TO SUPPORT EDUCATION
Donee's Name	UNIVERSITY OF MICHIGAN
Donee's Address	OFFICE OF GIFT ADMINSTRATION 3003 S STATE ST ANN ARBOR, MI 48109
Amount (FMV)	112,800
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	39
Class of Activity	TO SUPPORT COMMUNITIES
Donee's Name	URBAN LAND INSTITUTE
Donee's Address	660 WOODWARD 1500 DETROIT, MI 48226
Amount (FMV)	0
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	40
Class of Activity	TO FEED THE HUNGRY
Donee's Name	YAD EZRA
Donee's Address	2850 W ELEVEN MILE RD BERKLEY, MI 48072
Amount (FMV)	750
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	41
Class of Activity	TO SUPPORT JEWISH EDUCATION
Donee's Name	YESHIVA BETH YEHUDAH
Donee's Address	15751 W LINCOLN PO BOX 2044 SOUTHFIELD, MI 48037
Amount (FMV)	4,250
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	42
Class of Activity	TO SUPPORT JEWISH EDUCATION
Donee's Name	YESHIVAS DARCHEI TORAH
Donee's Address	21550 W TWELVE MILE RD SOUTHFIELD, MI 48076
Amount (FMV)	900
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	43
Class of Activity	TO SUPPORT frankel jewish academy of metro detroit
Donee's Name	jewish federation of metropolitan detroit
Donee's Address	6735 TELEGRAPH RD bIOOMFIELD HILLS, MI 48301
Amount (FMV)	23,927
Purpose of Payment to Affiliate	
Relationship	None
Description	Cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	44
Class of Activity	to support akıva hebrew day school
Donee's Name	jewısh federatıon of metropolıtan detroıt
Donee's Address	6735 TELEGRAPH RD blOOMFIELD HILLS, MI 48301
Amount (FMV)	12,544
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

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TY 2009 Other Assets Schedule

Name: SCHOSTAK FAMILY SUPPORT FOUNDATION

EIN: 38-3212496

Description	Beginning of Year Amount	End of Year Amount
balanced return pool	782,595	567,442

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TY 2009 Other Changes in Net Assets Schedule

Name: SCHOSTAK FAMILY SUPPORT FOUNDATION

EIN: 38-3212496

Description	Amount
allocation of administrative expenses from jew ish federation	17,369
of metropolitan detroit	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492285008280

TY 2009 Other Expenses Schedule

Name: SCHOSTAK FAMILY SUPPORT FOUNDATION

EIN: 38-3212496

Description	Amount
filing fees	20
administrative expenses	17,369

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TY 2009 Transfers Personal Benefits Contracts Declaration

Name: SCHOSTAK FAMILY SUPPORT FOUNDATION

EIN: 38-3212496

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

Additional Data

Software ID:
Software Version:
EIN: 38-3212496
Name: SCHOSTAK FAMILY SUPPORT FOUNDATION

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JEROME L SCHOSTAK PO BOX 2030 6735 TELEGRAPH RD BLOOMFIELD HILLS,MI 48301	PRESIDENT 0 50	0	0	0
scott kaufman PO BOX 2030 6735 TELEGRAPH RD BLOOMFIELD HILLS,MI 48301	V P /SECRETARY 0 50	0	0	0
DOROTHY BENYAS PO BOX 2030 6735 TELEGRAPH RD BLOOMFIELD HILLS,MI 48301	TREASURER 0 50	0	0	0
ROBERT I SCHOSTAK PO BOX 2030 6735 TELEGRAPH RD BLOOMFIELD HILLS,MI 48301	DIRECTOR 0 50	0	0	0
DAVID W SCHOSTAK PO BOX 2030 6735 TELEGRAPH RD BLOOMFIELD HILLS,MI 48301	DIRECTOR 0 50	0	0	0
MARK S SCHOSTAK PO BOX 2030 6735 TELEGRAPH RD BLOOMFIELD HILLS,MI 48301	DIRECTOR 0 50	0	0	0
ELYSE SCHOSTAK PO BOX 2030 6735 TELEGRAPH RD BLOOMFIELD HILLS,MI 48301	DIRECTOR 0 50	0	0	0
ROBERT NAFTALY PO BOX 2030 6735 TELEGRAPH RD BLOOMFIELD HILLS,MI 48301	DIRECTOR 0 50	0	0	0
MARK SCHLUSSEL PO BOX 2030 6735 TELEGRAPH RD BLOOMFIELD HILLS,MI 48301	DIRECTOR 0 50	0	0	0
Mark Shaevsky PO BOX 2030 6735 TELEGRAPH RD BLOOMFIELD HILLS,MI 48301	DIRECTOR 0 50	0	0	0
ROBERT SHER PO BOX 2030 6735 TELEGRAPH RD BLOOMFIELD HILLS,MI 48301	DIRECTOR 0 50	0	0	0