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Form

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 amountation may be use a copy of the return to satisfy state reporting requirements.

OMB No 1545-0047 2009 Open to Public

inten	nal Revenue	Service	I ne organization may have to use a copy of this return to satisfy state rep	orang requirer	IICIIIS	inspection
A	For the 20	09 calendar y	ear, or tax year beginning $09/01/09$, and ending $08/31/10$			
В	Check if applica		C Name of organization Jewish Federation of Greater		D Employ	er identification number
\Box	Address chang	e use IRS	Ann Arbor			
Ħ.	Nama abassa	label or print or	Doing Business As		38-2	2711480
님'	Name change	type.		com/suite	E Telepho	ne number
Ш	Indial return	See	2939 Birch Hollow Drive			-677-0100
\square	Termination	Specific	City or town, state or country, and ZIP + 4		G Gross recen	3 252 442
$\overline{\Box}$	Amended retur	Instruc- n tions .	Ann Arbor MI 48108	F	o cias iaa	
\equiv		5 No.	e and address of principal officer		∐/a\ lothe o	group return for
	Application per	ALIN I	vid Shtulman		• -	` □ (57
			39 Birch Hollow Drive	ļ	affilates H(b) Area∥a	ffiliates 🖂 🗸
			n Arbor MI 48108	1	included	
					IT TNO," (attach a list (see instructions)
	Tax-exempt		501(c) (3) ◀ (insert no) 4947(a)(1) or 527			
			jewishannarbor.org			xemption number
		zation X Co		of formation 19	91	M State of legal domicile MI
<u> </u>	art I	Summa				
			he organization's mission or most significant activities			
ጸ			de support for charitable, religious, and			
Ē	e	ducatio	nal organizations			
글			years to the			
201≬ Governance	2 Che	ck this box I	If the organization discontinued its operations or disposed of more than 25% of its	ıts net assets		
, eg	3 Nun	nber of voting	members of the governing body (Part VI, line 1a)		3	27
. 8	4 Num	nber of indep	endent voting members of the governing body (Part VI, line 1b)		4	27
Activities &	5 Tota	ıl number of	employees (Part V, line 2a)		5	13
Activ	6 Tota	I number of	volunteers (estimate if necessary)		6	75
5	7a Tota	il gross unre	ated business revenue from Part VIII, column (C), line 12		7a	
Ĵ		_			7b	0
<u></u>			siness taxable income from Form 990-1, line 34 RECEIVED	Prior Year		Current Year
wenue	8 Con	tnbutions an	t grants (Part VIII line 1h)	1,591	,916	1,352,786
Revenue			revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, and 7d) DEC 28 2010			
	10 Inve	stment incor	ne (Part VIII, column (A), lines 3, 4, and 70		,102	3,141
Ø Œ			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7	,970	2,485
	12 Tota	l revenue –	add lines 8 through 11 (must equal Part VI)I, column (A) [Inc. 12)	1,609	, 988	1,358,412
			ar amounts paid (Part IX, column (A), lines 1-3)	1,086	,590	973,963
			or for members (Part IX, column (A), line 4)			
	15 Sala	ines, other o	ompensation, employee benefits (Part IX, column (A), lines 5-10)	445	,987	419,792
xpenses	16a Prof	essional fun	traising fees (Part IX, column (A), line 11e)			
8	1		expenses (Part IX, column (D), line 25) 190,790			
Ã.	L		(Part IX, ∞lumn (A), lines 11a–11d, 11f–24f)	394	,731	344,599
		-	Add lines 13–17 (must equal Part IX, column (A), line 25)	1,927		1,738,354
		•	penses. Subtract line 18 from line 12		,320	-379,942
58				aginining of Curre	ent Year	End of Year
Net Assets or Fund Balances	20 Tota	l assets (Pa	t X, line 16)	4,755	,4 78	4,510,981
A 9	21 Tota	ıl habilitles (F	art X, line 26)	1,293	,526	1,309,689
₽Š	22 Net	assets or fu	nd balances Subtract line 21 from line 20	3,461	, 952	3,201,292
	art II	Signatu	re Block			
			ibes of penjury, I declare that I have examined this return, including accompanying schedules and s	statements, and	to the best of	of my knowledge
			is true, correct, and complete. Declaration of preparer (other than officer) is based on all information			
Sig	ın		and Shtulmen		12	120/10
He		Signati	rre of officer		Date	
			vid Shtulman Executi	ve Dir	ector	
			r print name and title_			
_	•		Jan X Benns, CA Date	Check rf		Preparer's identifying number
Pai	id	Preparer's signature	James H. Bennett CPA 12/16/2	colf	. \square	(see instructions) P00447547
Pre	eparer's			10 employe		27-3488128
	e Only	Firm's nam	100 There are the control of the con		EIN •	∠/-24001 ∠ 0
		if self-emplo address, ar			Phone	724 600-7000
	4- 15-5		1221 12202 / 122 10203 2510		no 🕨	734-622-7000
,			turn with the preparer shown above? (see instructions)	 		X Yes No Form 990 (2009)
For DAA	PTIVACY A	ct and Pap	erwork Reduction Act Notice, see the separate instructions.		05	Form 330 (2009)

DAA

<u> Form 990 (2009) Jewish Federatio</u>	on of Greater	38-2711480	Page 2
Part III Statement of Program Se	rvice Accomplishments		
1 Briefly describe the organization's mission. To provide support for educational organization	charitable, relig	gious, and	
2 Did the organization undertake any significant the prior Form 990 or 990-EZ?	program services during the year when	nich were not listed on	Yes X No
If "Yes," describe these new services on Scho			
3 Did the organization cease conducting, or ma services?		ucts, any program	Yes X No
If "Yes," describe these changes on Schedule 4 Describe the exempt purpose achievements to		racet program convoce by expenses	
Section 501(c)(3) and 501(c)(4) organizations allocations to others, the total expenses, and	and section 4947(a)(1) trusts are rec	quired to report the amount of grants and	
4a (Code) (Expenses \$ Local & national allocated payments through annual		dvised	\$)
	•		
••			
			•
4b (Code) (Expenses \$ Community Services: Fur individuals, camp funds Jewish awareness		covide aid to	
•			
·			
•			
An (Onder)/France 0		a	
4c (Code (Expenses \$	including grants of	\$) (Revenue	v)
			•
•			
4d Other program services. (Describe in Schedu	le O)		
, <u> </u>	iduding grants of \$) (Revenue \$	
4e Total program service expenses ▶	1,417,157		

<u> </u>	277 17 Ollowide of fredamon Collodation				
	·			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		l		
	complete Schedule A		1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
	candidates for public office? If "Yes," complete Schedule C, Part I		3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				
	Schedule C, Part II		4		X
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		l
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	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III		8		x
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		x
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	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		<u> </u>		
	VII, VIII, IX, or X as applicable		11	x	•
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		<u> </u>		
	Schedule D, Part VI			ľ	
	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				ĺ
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets		1		
	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.		1		
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	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No	<u> </u>		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X			
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		x
14a			14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		1 1 1		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		X
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 United States? If "Yes," complete Schedule F, Part II		15		x
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 United States? If "Yes," complete Schedule F, Part III		16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		<u> </u>		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		X
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a?				
	If "Yes," complete Schedule G, Part III		19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20		X
		- -		990	

Pa	art IV Checklist of Required Schedules (continued)			
	•		Yes	No
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 17 if "Yes," complete Schedule I, Parts I and II	21	X	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			i
	employees? If "Yes," complete Schedule J	23	j	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	-		 -
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			1
	990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230		 *
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		<u> </u>
21				
	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		X
20	·	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			1
_	Part IV instructions for applicable filling thresholds, conditions, and exceptions)	200		x
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			•
_	Schedule L, Part IV	28b		X
C	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 direct or indirect owner? If "Yes," complete Schedule L,			•
	Part IV	28c	_	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	i i		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		_ 1	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
		E	gen	(2000)

_ <u>Pa</u>	rt V Statements Regarding Other IRS Filings and Tax Compliance					
	•				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1				
	U.S. Information Returns. Enter -0- if not applicable	1a	3			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
C	Did the organization compty with backup withholding rules for reportable payments to vendors and report	table				
	gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	i				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	7		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered to	у				
	this return?			3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auti	попту				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	al				
	account)?			4a		<u> </u>
b	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 Ba	nk				
	and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_		5a	ļ <u></u>	X
Þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b_		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	ing				
٥	Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			8-		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or		6a		
	gifts were not tax deductible?	OI .		6b		
7	Organizations that may receive deductible contributions under section 170(c).			- 0.5		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	nds				
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers	onal				
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	•		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	3				
	required?			7h		
8	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		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		
b 10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter			9b		
10	Initiation fees and capital contributions included on Part VIII, line 12	10a				
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	· · · · · · · · · · · · · · · · · · ·			
11	Section 501(c)(12) organizations. Enter	1001				
''	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
-	amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
				Form	990	(2009)

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

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a 2	: 7			<u> </u>
ь	Enter the number of voting members that are independent		7			ļ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					İ
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct					
	supervision of officers, directors or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed'	7		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5		X
6	Does the organization have members or stockholders?			В		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
	of the governing body?		L.	7a		X
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		Г			
	the year by the following		1	J		
а	The governing body?		Li	Ba	X	
b	Each committee with authority to act on behalf of the governing body?			ВЬ	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		•	9	i	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Ir	ntemal				
Rev	renue Code.)					
			_		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		<u>_1</u>	0a		X
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with those of the organization?		<u>_1</u>	0ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the					
	form?		L.	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		1	2a	X	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?			2b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		İ	ŀ	l	
	describe in Schedule O how this is done		_1	2c	X	
13	Does the organization have a written whistleblower policy?		<u> </u>	13	X	
14	Does the organization have a written document retention and destruction policy?		<u>_</u>	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by				i	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1		
a	The organization's CEO, Executive Director, or top management official		1	5a	X	
Ь	Other officers or key employees of the organization		1	5b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			- 1	l	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			- 1	ĺ	
	with a taxable entity during the year?		1	6a		<u> </u>
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		İ			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		i .		-	
Soc	the organization's exempt status with respect to such arrangements?		1	6b	1	
	· · · · · · · · · · · · · · · · · · ·					
17 18	List the states with which a copy of this Form 990 is required to be filed MI Section 6104 requires an empreciation to make the Forms 1903 (as 1904 of employed). 2004 and 2004 T (504(a)(a) and					
10	Section 6104 requires an organization to make its Forms 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. X Another's website. X 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					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the					
40	organization Denise Bennett 2939 Birch Hollow D	~				
Δr	an Arbor MI 48108		734-6	577	/_ ^ 1	00
	MI 4010	,	, 747	,,,	-01	-00

Part VII 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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations 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	•	sate	any	сипе	ent o	fficer,	dire	ector, or trustee		
(A) Name and Title	(B) Average			(6	;)	hat app		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Aharon Goldstein Member	1.00	T.								
Andrew Rudick	1.00	X	_			\vdash	-	0	0	0
Member	1.00	x						0	o	o
Bruce Friedman	1.00	1							<u> </u>	
Secretary	1.00	X		x				O	0	0
Carey Sherman		1						<u> </u>		
Vice President	1.00	X		x				0	0	0
Carolyn Grawi										
Member	1.00	X						0	O	0
Phyllis Herzig	_						İ			
Member	1.00	X	L			\bot		0	0	0
Herb Aronow	1					1 1	ı			
Member	1.00	X	<u> </u>	_		-		0	0	0
Jim Adox Member	1 00	x								•
Laurence Smith	1.00	^				-	\dashv	0	0	0
Member	1.00	x					- 1	0	o	0
Laurie Barnett	1.00	^				\vdash	\dashv		U	0
Member	1.00	x						0	0	0
Lisa Molnar										
Treasurer	1.00	X		X				0	0	0
Rabbi Robert Dobi							┪			
Member	1.00	X						0	0	0
Rabbi Robert Levy	7									
Member	1.00	X					\Box	0	0	0
Rabbi Rod Glogowe										
Member	1.00	X				\perp	4	0	0	0
Ron Perry		_								_
Member Soth Penchandra	1.00	X				$\vdash \vdash$	4	0	0	0
Seth Penchansky Member	1 00									
Stagov Too	1.00	X				-	-	0	0	0
Member	1.00	x						o	0	0
DAA	1.00		ئــــا	L				<u> </u>		Form 990 (2009)
										1 Gill 900 (2005)

orm 000 (2000)	.Towi ch	Federation	٥f	Greater	
orm 990 (2009)	Jewisn	rederation	OI	Greater	

Form **990** (2009)

Form 990 (2009)	Jewish 1	Federation	1 (f	Gr	ea:	te	r	38-271	1480			P	age 8
									nd Highest Compensated	Employees (continued)				
	(A) and Title	(B) Average hours per	Posi		check		hat a;		(D) Reportable compensation	(E) Reportable compensation		(F) Estima amoun	rted	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		othe compens from t organiza and rek organiza	er sation the ation ated	
Steven Member	Berger	1.00	x						0	0				0
Susan F Member	isher	1.00	x						0	0				0
Debra C Member	hopp												_	
Aaron F	ried	1.00	X						0	0				0
Member Samuel	Hirsch	1.00	X			-	_		0	0				0
Member Lauren	Katz	1.00	X			_	<u> </u>		0	0				0
Member Barbara		1.00	X						0	o				0
Member		1.00	x						0	0				0
Joan Lo Member	wenstein	1.00	x						o	0	<u></u>			0
Renee P Member	insky	1.00	x						o	o				0
Arthur Member	Schuman	1.00	x						0	0				0
Edward President	Goldman	1.00	x		x			_	0	0				0
David S	htulman													
Exec Dir		40.00	_		X		-		124,835	0			.2,	<u>597</u>
1b Total								•	124,835				<u>[2,!</u>	597
	,	including but not lim			ose	listed	abo	ve)	who received more than \$1	00,000 in				
													Yes	No
employee o	on line 1a? If "Yes	," complete Schedu	le J	for s	uch i	ndiv	dual	•	ee, or highest compensated .			3		x
the organiz									and other compensation from complete Schedule J for si					_
				•				•	unrelated organization for			4		X
	pendent Contrac	anization? If "Yes,"	comp	xete	San	eauk	JK	or su	ion person			5		X
1 Complete t		five highest compe	nsate	ed inc	depe	ndei	nt co	ntrac	tors that received more that	n \$100,000 of				
		(A) and business address							Descript	(B) on of services		Ca	(C) mpensat	on
···														
								 						
2 Total numb	er of independent	contractors (includ	ing b	ut no	ot lim	ırted	to th	ose	listed above) who received					

Pa	rt V	III Statement of Reve	nue					·	
	• •					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
(D) (D)	10	Federated campaigns	1a				ieverue		312, 313, 01 314
Program Service Revenue Contributions, gifts, grants and other similar amounts	la P	Membership dues	1b						
₽Š	D	•							
Ę	C	Fundraising events	1c						
200	a	Related organizations	1 <u>d</u>						
818	е	Government grants (contributions)	<u>1e</u>						
并	f	All other contributions, grifts, grants,			050 506				
문항		and smilar amounts not included above	11		352,786	l			
o E	g	Noncash contributions included in lines 1a	- 1 f	\$					
5	<u>h</u>	Total. Add lines 1a-1f			•	1,352,786			
2					Busn. Code				
20	2a				<u></u>				
22	b								
중	C	_							
3	d					<u> </u>			<u></u>
E	e								
8	f	All other program service reven	ue						
Æ	g	Total. Add lines 2a-2f			•				
	3	Investment income (including d	videnc	ls, interest	t, and				
		other similar amounts)			•	3,141			3,141
	4	Income from investment of tax-	exemp	t bond pr	oceeds 🕨				
	5	Royalties			•				
i		(i) Real		(ii) F	Personal				
	6a	Gross Rents							
	ь	Less rental exps							
	С	Rental inc or (loss)							
l		Net rental income or (loss)			•				
	7a	Gross amount from (i) Securities		(ii)	Other				
		sales of assets other than inventory							
	b	Less cost or other							
		basis & sales exps				j			
	С	Gain or (loss)							
·		Net gain or (loss)		·	•				
		Gross income from fundraising ever	nts						
venue		(not including \$							
Σ		of contributions reported on line 1c)	٠		1				
æ		See Part IV, line 18	а						
Other Re	b	Less direct expenses	b						
ō		Net income or (loss) from fundi	1	events		İ			
ł		Gross income from gaming activities	- 1						·
		See Part IV, line 19	а						
	ь	Less direct expenses	b						
		Net income or (loss) from gami	no acti	vities	•				
- 1		Gross sales of inventory, less			i				
		returns and allowances	а						
	b	Less cost of goods sold	ь						
		Net income or (loss) from sales		entory					
i	<u>_</u>	Miscellaneous Revenue			Busn. Code				
	11a	Other Revenue			 	2,485	2,485		
-	b						2,433		
	C	•							
		All other revenue							
		Total. Add lines 11a-11d				2,485			
		Total Revenue. See instruction	•			1,358,412	2,485	0	3,141
		Total Nevertide. See It Suddiction		 -		1,000,412	4,400		2,141

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6h				
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	973,963	973,963		·
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		1		
	US See Part IV, lines 15 and 16				
4	Benefits paid to or for members		·		
5	Compensation of current officers, directors,				
	trustees, and key employees	137,431	68,716	34,358	<u>34,357</u>
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 salanes and wages	238,359	163,492	41,636	33,231
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	10,939	6,736	2,326	1,877
9	Other employee benefits	6,748	4,491	1,295	962
10	Payroll taxes	26,315	16,434	5,243	4,638
11	Fees for services (non-employees)				
а	Management				·
b	Legal				
C	Accounting	16,142	5,109	11,033	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees			·	
g	Other				
12	Advertising and promotion	2,663			2,663
13	Office expenses	24,057	5,117	18,940	
14	Information technology	9,249	4,662	2,692	1,895
15	Royalties				
16	Occupancy	28,417	17,277	5,911	5,229
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,778	727	1,051	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,821		2,821	
23	Insurance	690		690	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together			i	
	and labeled miscellaneous may not exceed			ļ	
	5% of total expenses shown on line 25 below)	<u> </u>			····
а	Security	91,520	91,520		
b	Fundraising Promotions	91,068			91,068
C	All other	34,735	17,538	2,327	14,870
d	JCC Secretary	18,625	18,625		_ ,
е	Program Expenses	14,783	14,783		
f	All other expenses	8,051	7,967	84	
25		1,738,354	1,417,157	130,407	190,790
26					
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and	}	ŀ]	
DAA	fundraising solicitation	1			
LVV					Form 990 (2009)

	0 (2009) Jewish Federation of G	reater	38.	-2711480		Page 11
<u>Part</u>	X Balance Sheet			(A)	Г	(P)
•				(A) Beginning of year	ĺ	(B) End of year
T_{\bullet}	Cash—non-interest bearing			279,673	1	384,502
2	Savings and temporary cash investments		ì	404,753	2	451,752
3	Pledges and grants receivable, net		Ì	947,162	3	730,879
1 4	Accounts receivable, net		ļ	341/102	4	1307073
5	Receivables from current and former officers, directors, tr	ustees kev	1		-	
"	employees, and highest compensated employees Compl	•			ì	
	Schedule L	oto i dit ii oi			5	
6	Receivables from other disqualified persons (as defined u	nder section	ľ			
	4958(f)(1)) and persons described in section 4958(c)(3)(B				ł	
	Part II of Schedule L	., ,			6	
! 7	•••				7	
7 8	Inventones for sale or use				8	
9			ľ	13,807	9	1,500
1	Land, buildings, and equipment cost or	[]				
	other basis Complete Part VI of Schedule D	10a	78,748			
1.	Less accumulated depredation	10b	68,766	11,268	10c	9,982
11	Investments—publicly traded securities			3,098,815	11	2,932,366
12	Investments—other securities See Part IV, line 11	-			12	
13	Investments—program-related See Part IV, line 11				13	
14	Intangible assets	İ		14		
15	Other assets See Part IV, line 11		ľ		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			4,755,478	16	4,510,981
17				53,762	17	27,090
18	Grants payable		867,014	18	870,657	
19	Deferred revenue		Ī		19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability Complete Part IV of	Schedule D			21	
22	Payables to current and former officers, directors, trustees	s, key	1			
21 22	employees, highest compensated employees, and disqua	lified				
	persons Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrelated third	parties			23	
24	Unsecured notes and loans payable to unrelated third part	ties			24	
25	Other liabilities Complete Part X of Schedule D			372,750	25	411,942
26	Total liabilities. Add lines 17 through 25	·		1,293,526	26	1,309,689
	Organizations that follow SFAS 117, check here ▶ 🛚 🛣	and				
27 28 29	complete lines 27 through 29, and lines 33 and 34.		ļ			
27	Unrestricted net assets		ļ	1,608,456	27	1,654,868
28	·		ļ	1,284,999		960,608
29	Permanently restricted net assets		ļ	568,497	29	585,816
ų.	Organizations that do not follow SFAS 117, check her	e ▶ ∐	[l		
1	and complete lines 30 through 34.			-		
30	Capital stock or trust principal, or current funds		1		30	···································
31	Paid-in or capital surplus, or land, building, or equipment fi				31	
32	•	other funds].		32	
30 31 32 33 34	•		ŀ	3,461,952	33	3,201,292
34	Total liabilities and net assets/fund balances			4,755,478	34	4,510,981

om	1990 (2009) Jewish Federation of Greater 38-2711480		Pa	ge 12
Pa	art XI Financial Statements and Reporting			
	•		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O		ł	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
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 separate basis	l i		
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		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	_{3b}		
			990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service Name of the organization

Jewish Federation of Greater Ann Arbor

Employer identification number 38-2711480

P	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.												
The	orgai	nization is not	a private foundation because	it is (For lines 1 through 11, che	ck only o	ne box)							
1		A church, co	nvention of churches, or asso	ociation of churches described in	section 1	70(b)(1)(/	A)(i).						
2		A school des	cribed in section 170(b)(1)(A	.)(ii). (Attach Schedule E)									
3	П	A hospital or	a cooperative hospital service	e organization described in secti	ion 170(b)(1)(A)(iii)							
4	П	A medical rea	search organization operated	in conjunction with a hospital de	escribed in	section	170(b)(1)(A)(iii).	Enter t	he hosp	otaľs name,		
	_	city, and state	•							-	•		
5	П	An organizati	on operated for the benefit or	f a college or university owned or	r operated	by a gov	vernment	tal unit d	lescribe	d in			
	_		b)(1)(A)(iv). (Complete Part		•	, ,							
6	П			overnmental unit described in sec	ction 170((b)(1)(A)(v	r).						
7	X			ubstantial part of its support from			•	n the as	eneral p	ublic			
	_		section 170(b)(1)(A)(vi). (Co		• •								
8	\Box			70(b)(1)(A)(vi). (Complete Part II	1)								
9	П			more than 33 1/3 % of its supp	•	ontribution	ns mem	bership t	fees, an	d arass	•		
	_			ot functions—subject to certain ex						_			
				d unrelated business taxable inco	*	• •							
			-	, 1975 See section 509(a)(2).	•		,						
10				xclusively to test for public safety		•	(a)(4).						
11	П		- ·	xclusively for the benefit of, to pe				carry o	ut the				
	_	-	-	ed organizations described in sec			•	•		tion			
				ne type of supporting organization	-								
		a Type	I b ∏ Type Ii	c Type III—Functiona	ıllv ıntegra	ted	a l	□ Tvp	e lil-Ott	ner			
e	П	By checking t	his box, I certify that the orga	inization is not controlled directly			or more						
	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 organiza	ation received a written deter	mination from the IRS that it is a	Type I, Ty	pe II, or	Type III s	supportin	ı c				
			check this box				<i>,</i> ,	••	•				П
g		Since August	17, 2006, has the organizati	on accepted any gift or contributi	on from a	ny of the							ш
Ŭ		following per	_	, , , ,		•							
				ntrols, either alone or together wil	th persons	s describe	d in (ii)					Yes	No
			below, the governing body of	•			(,				11g(i	-	
			member of a person describe	., •						•	11g(i		
			ontrolled entity of a person de	•							11g(i		
h			ollowing information about th	*** * *							<u>ar</u>	21	
(i)	Name	of supported	(ii) EIN	(fii) Type of organization	(iv) Is the o	organization	(v) Did y	ou notify	(vi)	s the	(vii) Ar	nount of	
	org	anzation		(described on lines 1-9	1 ''	sted in your		uzzation in	organizati		sur	port	
				above or IRC section (see instructions))	Soverund	document?		of your out?		zed in the 3?			
				(See insulation)	Yes	No	Yes	No	Yes	No			
		,											
						<u> </u>							
					ļ								
					1								
									 				

Sch	edule A (Form 990 or 990-EZ) 2009 Jew					<u>-2711480</u>	Page 2
P	art II Support Schedule for O)(1)(A)(iv) and	170(b)(1)(A)(vi)
	. (Complete only if you che	ecked the box	<u>on line 5, 7, o</u>	r 8 of Part I.)	<u> </u>		
	ction A. Public Support	· · · · · · · · · · · · · · · · · · ·	 				
Ce	stendar 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")	2,390,051	3,432,094	2,471,385	1,591,916	1,352,786	11,238,232
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	2,390,051	3,432,094	2,471,385	1,591,916	1,352,786	11,238,232
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)						1,643,393
6	Public support. Subtract line 5 from line 4						9,594,839
	ction B. Total Support						
Ca	dender yeer (or fiscel yeer beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	2,390,051	3,432,094	2,471,385	1,591,916	1,352,786	11,238,232
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	37,337	50,926	34,453	10,102	3,141	135,959
9	Net income from unrelated business activities, whether or not the business is regularly carned on					0	
10	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV)	41,801	21,246	11,644	7,920		82,611
11	Total support. Add lines 7 through 10						11,456,802
12	Gross receipts from related activities, etc. (s	see instructions)				12	2,485
13	First five years. If the Form 990 is for the	organization's first,	second, third, fourti	n, or fifth tax year a	s a section 501(c)(3)	
	organization, check this box and stop here						
Sec	ction C. Computation of Public Science						
14	Public support percentage for 2009 (line 6,		-	f))		14	83.75 %
15	Public support percentage from 2008 Sched	dule A, Part II, line	14 .			15	84.18 %
16a	33 1/3 % support test—2009. If the organi	zation did not check	the box on line 13	8, and line 14 is 33	1/3 % or more, che	eck this box	_
	and stop here. The organization qualifies a	s a publicly support	ed organization				▶ 🗓
b	33 1/3 % support test-2008. If the organi	zation did not check	a box on line 13 o	or 16a, and line 15	is 33 1/3 % or more	e, check this	
	box and stop here. The organization qualifi	es as a publicly sup	ported organization	1			▶ [_]
17a	10%-facts-and-circumstances test-2009). If the organization	n did not check a b	ox on line 13, 16a,	or 16b, and line 14	ıs 10% or	
	more, and if the organization meets the "fac-			•	•	/ how the	, ,
	organization meets the "facts-and-circumsta	nces" test. The orga	anization qualifies a	as a publicly suppo	rted organization		▶ ∐
þ	10%-facts-and-circumstances test-2008	-					
	more, and if the organization meets the "fa					/ how the	. 🖵
	organization meets the "facts-and-circumsta	nces" test. The orga	anization qualifies a	as a publicly suppo	rted 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 in	structions	▶ I I

Schedule A (Form 990 or 990-EZ) 2009 Jewish F Part IV Supplemental Information. Com				38-2711480	Page 4
Part II, line 17a or 17b; and Part					
Part II, Line 10 - Other Inc	come Detail	•			
Fund Administration Fees	\$;	35,775		
Wage Reimbursement	\$;	19,961		
Other Income	\$	\$	26,875		
					••
					-
					-

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.

OMB No 1545-0047 2009 Open to Public Inspection

iame	of the organization		Employer identification number
	ewish Federation of Greater		
A	nn Arbor		38-2711480
Pa	organizations Maintaining Donor Advised Fur the organization answered "Yes" to Form 990,		Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	36	0
2	Aggregate contributions to (during year)	99,530	
3	Aggregate grants from (during year)	384,554	
4	Aggregate value at end of year	1,459,156	
5	Did the organization inform all donors and donor advisors in writing that the		
_	funds are the organization's property, subject to the organization's exclusi		X Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wr	· ·	<u> </u>
	used only for charitable purposes and not for the benefit of the donor or d	• •	
	purpose conferring impermissible private benefit?	ionor across, or for any care	X Yes No
Pa	Int II Conservation Easements. Complete if the organization	anization answered "Yes" to For	
1	Purpose(s) of conservation easements held by the organization (check all		111 000, 1 dit 14, mile 7.
•	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impo	ortant land area
	Protection of natural habitat	Preservation of certified historic st	
	Preservation of open space		ractare
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservat	tion
-	easement on the last day of the tax year	alon withballon in the form of a wiperval	don
	, , , , , , , , , , , , , ,		Held at the End of the Tax Year
4	Total number of conservation easements		2a
h	Total acreage restricted by conservation easements		2b
•	Number of conservation easements on a certified historic structure include	od up (a)	26
٠		• •	2d
u	Number of conservation easements included in (c) acquired after 8/17/06		
3	Number of conservation easements modified, transferred, released, exting	guished, or terminated by the organization	during
	the taxable year	and and the	
4	Number of states where property subject to conservation easement is loc		
5	Does the organization have a written policy regarding the periodic monito	ring, inspection, nandling of	
_	violations, and enforcement of the conservation easements it holds?		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year	
_			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing con	servation easements during the year	
_	> \$		
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section	П v П и.
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		∐ Yes ∐ No
9	In Part XIV, describe how the organization reports conservation easement		
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that descri	ribes
Da	the organization's accounting for conservation easements	Historical Transuma or Other	Cimilar Apacta
Fa	rt III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to		Sittliid Assets.
_			
ıa	If the organization elected, as permitted under SFAS 116, not to report in		
	art, historical treasures, or other similar assets held for public exhibition, e	·	one service,
_	provide, in Part XIV, the text of the footnote to its financial statements that		
Đ	If the organization elected, as permitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its interest transfer or other emitted under SFAS 116, to report in its		-
	historical treasures, or other similar assets held for public exhibition, educa-	auon, or research in runnerance of public s	service,
	provide the following amounts relating to these items		. .
	(i) Revenues included in Form 990, Part VIII, line 1		7 *
_	(ii) Assets included in Form 990, Part X		*
2	If the organization received or held works of art, historical treasures, or ot	•	e me
	following amounts required to be reported under SFAS 116 relating to the	se items	.
	Revenues included in Form 990, Part VIII, line 1		S
Ь	Assets included in Form 990, Part X		▶ \$

Sche		deration of			11480	Page 2
Pa	rt III Organizations Maintaining	Collections of Ar	t, Historical Trea	sures, or Othe	r Similar Asset	s (continued)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, chec	k any of the following	that are a significant	use of its	
а	Public exhibition	d Loar	n or exchange program	ıs		
b	Scholarly research	e Othe				
С	Preservation for future generations					
4	Provide a description of the organization's collect Part XIV	ctions and explain how	they further the organiz	zation's exempt purpo	ose in	
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to b	eceive donations of art,	historical treasures, or	other similar		∏ Yes ∏ No
Pa	art IV Escrow and Custodial Arra				"Yes" to Form	
	IV, line 9, or reported an arr				1 100 10 101111	ooo, rait
	Is the organization an agent, trustee, custodian				······································	
	included on Form 990, Part X?	or carer anomically to		acce not		☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part XIV an	d complete the following	n table			
_	,, , e., ,		,		<u> </u>	Amount
c	Beginning balance				1c	
	Additions during the year	•			1d	
	Distributions during the year				1e	
f	Ending balance	•			11	
-	Did the organization include an amount on Form	900 Part Y Ime 212			<u> </u>	Yes No
	If "Yes," explain the arrangement in Part XIV	1000, 1 410 7, 1110 21				∐ Yes ∐ No
	ert V Endowment Funds. Comple	ete if organization	answered "Yes"	to Form 990 P	art IV line 10	
	and an annual residues of the second	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
12	Beginning of year balance	569,836	578,633	(6) 7.115 / 0.115 0.115	(4)	(0) (01) (01)
 h	Contributions	17,319	0.0,000			
_	Net investment earnings, gains,	3.,020		 		
Ŭ	and losses	8,676	-8,797			
d	Grants or scholarships					
•	Other expenditures for facilities				-	
·	and programs					I
f	Administrative expenses					
	End of year balance	595,831	569,836			†
2	Provide the estimated percentage of the year er		000,000		I 	'
	Board designated or quasi-endowment	1.68%				
	Permanent endowment ▶ _ 98.32 %					
	Term endowment ▶ %					
	Are there endowment funds not in the possession	on of the organization th	at are held and admin	stered for the		
-	organization by	g		0.000		Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(ii) X
ь	If "Yes" to 3a(II), are the related organizations lis	ted as required on Sch	edule R?			3b
4	Describe in Part XIV the intended uses of the o					<u> </u>
Pa	rt VI Investments-Land, Buildin			0 Part X line 1	0	
	Description of investment	(a) Cost or other basis			zumutated	(d) Book value
	•	(investment)	basis (other)	1	ecation	• • • • • • • • • • • • • • • • • • • •
	Land			<u>`</u>		
	Buildings					
	Leasehold improvements					
	Equipment					
	Other		78	,748	68,766	9,982
	Add lines 1a through 1e (Column (d) must equ	al Form 990. Part X co		<u></u>		9.982

Schedule D (F	om 990) 2009 Jewish Federation of		<u> 38-2711480</u>	Page 3
Part VII	Investments-Other Securities. See Form 9	90, Part X, line 12.		
•	(a) Description of security or category	(b) Book value	(c) Method of	valuation
	(including name of security)	-	Cost or end-of-year	r market value
Financial deriv	atives			
Closely-held e				
Other	1y			
				
				
				
				
				·
		-		
				
T-4-1 (O-1	a (h) must assist Form 2000 Post V and (P) line 400			
	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Related. See Form 9			
	(a) Description of investment type	(b) Book value	(c) Method of	
			Cost or end-of-year	ir market value
				
				
				
			<u></u>	
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X, line 15.			
	(a) Description			(b) Book value
				<u> </u>
				· · · · · · · · · · · · · · · · · · ·
		···		· · · · · · · · · · · · · · · · · · ·
				 · ,
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Total (Column	1 (b) must equal Form 990, Part X, col (B) line 15)		•	
Part X	Other Liabilities. See Form 990, Part X, line	25		
1	(a) Description of liability	(b) Amount		
Federal income		(5)////		
	ities to other organizations	411,942	i	
TITALITI	icles to other organizations	411,342	-	
		 		
				
	· - · · · · · · · · · · · · · · · · · ·	+		
		 	1	
		 		
		- -		
		 		
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 25)	411,942	<u> </u>	
2. FIN 48 Fo	otnote In Part XIV, provide the text of the footnote to the organic	nization's financial statements	that reports the	·

organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 Jewish Federation of Greater		<u> 38-271148</u>			Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to	o Audited Fi	nancial Stater	nents	5	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	······································		1	1.	358,412
2	Total expenses (Form 990, Part IX, column (A), line 25)		·	2		738,354
3	Excess or (deficit) for the year Subtract line 2 from line 1			3		-379,942
4	Net unrealized gains (losses) on investments			4		119,282
5	Donated services and use of facilities			5		
6	Investment expenses			6		
7	Prior period adjustments			7		
8	Other (Describe in Part XIV.)			8		
9	Total adjustments (net) Add lines 4 through 8			9		119,282
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	-	-260,660
	rt XII Reconciliation of Revenue per Audited Financial Stateme	ents With Re	venue per Re			
1	Total revenue, gains, and other support per audited financial statements	7,10		1	1	477,694
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					,
a	Net unrealized gains on investments	2a	119,282			
b	Donated services and use of facilities	2b	113,202			
	Recoveries of prior year grants	2c				
C	Other (Describe in Part XIV)	2d			l	
d	Add lines 2a through 2d	<u> 20 </u>		20	l	119,282
e				2e 3	1	358,412
3	Subtract line 2e from line 1	1 1		-3		, 336 , 412
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		l		
Ь	Other (Describe in Part XIV)	4b			l	
	Add lines 4a and 4b			4c		250 410
<u> 5</u>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4- 1454t- F		5		358,412
	rt XIII Reconciliation of Expenses per Audited Financial Statem	ients with E	xpenses per	. 1		720 254
1	Total expenses and losses per audited financial statements			_1		738,354
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1				
а	Donated services and use of facilities	2a				
Ь	Prior year adjustments	2b				
C	Other losses .	2c				
d	Other (Describe in Part XIV.)	2d				
e	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1		ļ	3	1,	738,354
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1		
b	Other (Describe in Part XIV)	4b				
C	Add lines 4a and 4b	_]	4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,	738,354
Pa	rt XIV Supplemental Information					
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part	V, lines 1b			
and 2	tb; Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	s 2d and 4b Als	o complete			
his p	art to provide any additional information		·			
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Sche Pa	dule	e D	(Гоп	n 990)) 20(09	J	ew	is	h	F€	ed€	era	ati	LOI	n	of	G	re	at	er	:				38	-2'	711	48	0						Pag	је 5
Pa	ırt :	ΧΙV	,	Sup	pler	ner	rtal	Inf	om	nat	ion	(0	ont	inue	ed)																						_
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38-2711480 Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. of Greater Jewish Federation Ann Arbor Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE 1 (Form 990) Part

2009
2009
Open to Public Inspection

≗ [★] Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Employer Identification number 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States General Information on Grants and Assistance the selection criteria used to award the grants or assistance? Part II

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(d) Amount of cash grant (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Beth Israel Congregation							
			6,600				
Hebrew Day School							
			5,683				
Hillel - UofM							
			10,000	-			
JCC of Washtenaw County							
			17,005				
Misc							
			7,055				
The Dispute Resolution Center							
		_	6,263				
EMU Hillel							
			11,650		į		
Hebrew Day School							
			107,200				
Jewish Community Center							
			163,000	i			
2 Enter total number of section 501(c)(3) and government organizations	rganizations			:			•

3 Enter total number of other organizations

Schedule (F	Schedule (Form 990) 2009 Jewish Federation of Grea	ration of Gre	ter	38-2711480		Caped
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	to Individuals in the (Form 990) if addition	e United States. Con onal space is needed	implete if the organizad.	ation answered "Yes" to Fc	
	(a) Type of grant or assistance	(b) Number of reapents	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to	provide the informat	ion required in Part I,	line 2, and any other addit	tional information.

Schedule I (Form 990) 2009

Continuati	► Attac
SCHEDULE I-1	Department of the Treasury
(Form 990)	Internal Revenue Servoe

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(Form 990)
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ch to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Open to Public Inspection 2009

OMB No 1545-0047

Employer identification number (h) Purpose of grant or assistance 38-2711480 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash (c) IRC Code section (d) Amount of cash grant 8,000 118,500 9,700 9,700 20,080 10,000 25,000 30,000 7,000 if applicable Jewish Federation of Greater (p) EIN ١ 1 1 ١ ł 1 ١ ł ١ ı İ ١ 1 ı ı ĺ ١ ł I (a) Name and address of organization Ann Arbor Scholarships ١ 1 I ١ ١ FSU ł ı ı Ctr ı ١ I ١ ı the MI Israel Business Bridge Management or government Ī ١ ١ Camp Scholarships I I I ı Jewish Family Services Ramle Madiation Center JDC Welfare Relief in Partnership 2000 (PK2) ١ I ł ı ١ I ١ School ŧ I ı 1 ı ١ ı l l Name of the organization l Į 1 l I l Į Israel Crisis

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Schedule I-1 (Form 990) 2009

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

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UJC Fair Share Dues

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UJC Collective Funding

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SCHEDULE 1-1

(Form 990)

OMB No. 1545-0047

Continuation Sheet for Schedule I (Form 990)

Schedule I-1 (Form 990) 2009 Open to Public Inspection 2009 Employer Identification number (h) Purpose of grant or assistance | 38-2711480 (Form 990), Part II.) non-cash assistance (g) Description of Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (c) IRC Code section (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, assistance code section (dook, FMV, appraisal, other) ► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. 7,500 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Jewish Federation of Greater (P) EIN ١ ١ I ١ I 1 ١ ı 1 ١ 1 ١ ١ 1 1 I ١ ١ 1 ١ 1 I ١ į ١ (a) Name and address of organization Ann Arbor ١ 1 ŀ Į ı ı l 1 I ł Ì ı ١ or government ١ 1 1 ı Į ı ı I Į 1 ١ ı ı ١ 1 1 I I ı ١ 1 ١ ١ ١ 1 1 1 Department of the Treasury Internal Revenue Service 1 ١ I ı ١ Name of the organization ١ 1 1 ı ١ ١ 1 ١ ı ١ I I ı ١ ١ ١ ı i I ١ ı Į ا. ا ŀ I ı 1 I ł Part I JAFI ł ı I 1 ł ı ١

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

SCHEDULE O

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.

2009
Open to Public Inspection

Name of the organization

Jewish Federation of Greater Ann Arbor Employer identification number 38–2711480

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 Full board receives 990 to review prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The conflict of interest policy is reviewed and signed on an annual basis.

This is done each year at the first board meeting after the annual meeting when new members begin their terms.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The Board of Directors consults a industry publication that lists
compensation, including benefits, for all of the executives. The
Executive Director is evaluated by the Board each year and the outcome of
that evaluation determines his compensation and benefits for the year.
This annual process is documented and given to the Director of Finance.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The process to hire officers and key employees first begins with a

personnel committee review where applications and experience are reviewed.

Lay people in the community are also asked to interview potential

employees. The budget and comparable salaries for like positions with other

companies are reviewed and approved by the Board and Finance Committee

prior to any offer.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Available upon request.