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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 06-01-2010 , and ending 05-31-2011

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

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 ▶

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

I Website: ▶ N/A

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

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 63,295

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

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	63,295
	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	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) — 6a		
	b	Gross income from fundraising events (not including $ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed $15,000)		
	c	Less direct expenses from gaming and fundraising events — 6c		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	
	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 in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	63,295
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	371,323
	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 in Schedule O)	16	16,687
	17	**Total expenses.** Add lines 10 through 16	17	388,535
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-325,240
	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	567,442
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	16,667
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	258,869

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☑

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	0	22	
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	567,442	24	258,869
25 **Total assets**	567,442	25	258,869
26 **Total liabilities** (describe in Schedule O)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	567,442	27	258,869

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III ☐

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

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

28 GRANTS AND AWARDS GIVEN TO CHARITABLE ORGANIZATIONS (Grants $ 371,323) If this amount includes foreign grants, check here ▶ ☐	28a	371,323
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 (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32 Total program service expenses (add lines 28a through 31a) ▶	32	371,323

Part IV List of Officers, Directors, Trustees, and Key Employees.

List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

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

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

Check if the organization used Schedule O to respond to any question in this Part V . . . . ☑

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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? (see instructions)	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 tax year 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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
44a	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44a		No
b	Did the organization operate one or more hospital facilities during the year? *If 'Yes,' Form 990 must be completed instead of Form990-EZ*	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	44d		

		Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ*	**45**		No
45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ*	**45a**		No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	**46**		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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

		Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	**47**		No
48 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	**48**		No
49a Did the organization make any transfers to an exempt non-charitable related organization?	**49a**		No
b If "Yes," was the related organization a section 527 organization?	**49b**		

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 . . . . . ▶

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ☑ **Yes** ☐ **No**

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

Sign Here

****** 2011-12-16
Signature of officer Date

DOROTHY BENYAS TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (See instructions)
LYNNE M HUISMANN			

Firm's name (or yours if self-employed), address, and ZIP + 4: PLANTE & MORAN PLLC, 2601 CAMBRIDGE CT SUITE 500, AUBURN HILLS, MI 48326

EIN ▶

Phone no ▶ (248) 375-7100

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

2010

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 described in **section 170(b)(1)(A)(i).**

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

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

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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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
(A) JEWISH FEDERATION OF METROPOLITAN DETROIT	381359214	7	Yes		Yes		Yes		138,833
Total									138,833

Part II **Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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

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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

2010

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 Part III 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	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	**4a**		
b	If "Yes," did the organization provide such notice?	**4b**		
5	Did the organization discharge or pay all liabilities in accordance with state laws?	**5**		
6a	Did the organization have any tax-exempt bonds outstanding during the year?	**6a**		
b	Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?	**6b**		
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 Part III 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
See Additional Data Table						

			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 Parts I and II, and any additional information.

Identifier	Return Reference	Explanation

Additional Data Return to Form

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

Form 990, Schedule N, Part II - Sale, Exchange, Disposition or Other Transfer of more than 25% of the Organization's Assets

1 (a)Description of asset(s) distributedor transaction expenses paid	(b)Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses	(d)Method of determining FMV for asset(s) distributed or transaction expenses	(e)Ein of recipient	(f)Name and address of recipient	(g)IRC Code section recipient(s) (if tax-exempt) or type of entity
CASH	12-03-2010	30,000	ACTUAL	38-1437934	ADAT SHALOM SYNAGOGUE 29901 MIDDLEBELT FARMINGTON HILLS,MI 48334	501(C)(3)
CASH	12-03-2010	1,000	ACTUAL	38-2785489	AISH HATORAH 25725 COOLIDGE HIGHWAY OAK PARK,MI 48237	501(C)(3)
CASH	12-03-2010	1,200	ACTUAL		ALEH 9 TAFT LN SPRING VALLEY,NY 10977	501(C)(3)
CASH	12-03-2010	1,000	ACTUAL	13-1788491	AMERICAN CANCER SOCIETY 20450 CIVIC CENTER DRIVE SOUTHFIELD,MI 48076	501(C)(3)
CASH	12-03-2010	1,000	ACTUAL	13-6100833	AMERICAN FRIENDS OF ALYN HOSPITAL 51 E 42ND ST NEW YORK,NY 10017	501(C)(3)
CASH	12-03-2010	15,000	ACTUAL	04-3106173	AMERICAN FRIENDS OF NISHMAT 271 MADISON NEW YORK,NY 10016	501(C)(3)
CASH	12-03-2010	1,000	ACTUAL	53-0179971	B'NAI B'RITH INTERNATIONAL 6735 TELEGRAPH RD STE 304 BLOOMFIELD HILLS,MI 48300	501(C)(3)
CASH	12-03-2010	500	ACTUAL	31-1794932	B'NAI BRITH YOUTH ORGANIZATION 6600 WEST MAPLE RD WEST BLOOMFIELD,MI 48322	501(C)(3)
CASH	12-06-2010	250	ACTUAL	38-2388299	BAIS CHABAD TORAH CENTER 5595 W MAPLE RD WEST BLOOMFIELD,MI 48322	501(C)(3)
CASH	12-03-2010	350	ACTUAL	38-2088537	BIRMINGHAM-BLOOMFIELD SYMPHONY ORCHESTRA 1592 BUCKINGHAM BIRMINGHAM,MI 48009	501(C)(3)
CASH	12-03-2010	12,500	ACTUAL	13-4092050	BIRTHRIGHT ISRAEL FOUNDATION 33 EAST 33RD STREET NEW YORK,NY 10016	501(C)(3)
CASH	12-06-2010	2,500	ACTUAL	38-1359086	BOY SCOUTS OF AMERICA COUNCIL DETROIT AREA COUNCIL DETROIT,MI 48208	501(C)(3)
CASH	12-06-2010	250	ACTUAL	38-2153881	CONGREGATION T'CHIYAH ATTN RABBI JASON A MILLER OAK PARK,MI 48237	501(C)(3)
CASH	12-06-2010	2,500	ACTUAL	38-1385132	DETROIT SYMPHONY ORCHESTRA ATTN DEVELOPMENT DEPARTMENT DETROIT,MI 48201	501(C)(3)
CASH	12-06-2010	1,000	ACTUAL	38-1360545	FRESH AIR SOCIETY 6735 TELEGRAPH RD BLOOMFIELD HILLS,MI 48303	501(C)(3)
CASH	12-06-2010	1,250	ACTUAL	13-3156445	FRIENDS OF THE ISRAEL DEFENSE FORCES 8451 BOULDER CT WALLED LAKE,MI 48390	501(C)(3)
CASH	12-06-2010	2,500	ACTUAL	38-3613944	FRIENDSHIP CIRCLE 6892 W MAPLE RD WEST BLOOMFIELD,MI 48322	501(C)(3)
CASH	12-06-2010	400	ACTUAL	38-1586703	HILLEL DAY SCHOOL 32200 MIDDLEBELT RD FARMINGTON HILLS,MI 483341715	501(C)(3)
CASH	12-06-2010	2,400	ACTUAL	38-1586703	HILLEL DAY SCHOOL 32200 MIDDLEBELT RD FARMINGTON HILLS,MI 483341715	501(C)(3)
CASH	12-06-2010	3,140	ACTUAL	38-3690103	JARC 30301 NORTHWESTERN HWY SUITE 1 FARMINGTON HILLS,MI 48334	501(C)(3)
CASH	12-06-2010	1,000	ACTUAL	38-1358397	JEWISH COMMUNITY CENTER 6600 W MAPLE RD WEST BLOOMFIELD,MI 48322	501(C)(3)
CASH	12-06-2010	500	ACTUAL	38-1358397	JEWISH COMMUNITY CENTER 6600 W MAPLE RD WEST BLOOMFIELD,MI 48322	501(C)(3)
CASH	12-06-2010	2,500	ACTUAL	38-3429268	JEWISH HOSPICE & CHAPLAINCY NETWORK 6555 WEST MAPLE RD WEST BLOOMFIELD,MI 48322	501(C)(3)
CASH	12-06-2010	5,000	ACTUAL	13-0887640	JEWISH THEOLOGICAL SEMINARY 6735 TELEGRAPH RD STE 310 BLOOMFIELD HILLS,MI 483013143	501(C)(3)
CASH	12-06-2010	1,250	ACTUAL	38-1358013	JEWISH VOCATIONAL SERVICE 29699 SOUTHFIELD RD SOUTHFIELD,MI 48076	501(C)(3)
CASH	12-06-2010	500	ACTUAL	38-2630596	KADIMA 15999 W TWELVE MILE RD SOUTHFIELD,MI 48076	501(C)(3)
CASH	12-06-2010	1,500	ACTUAL	38-1613280	KARMANOS CANCER INSTITUTE 4100 JOHN R DETROIT,MI 48201	501(C)(3)
CASH	12-06-2010	1,000	ACTUAL	38-3034766	MICHIGAN STATE UNIVERSITY - HILLEL FOUNDATION 360 CHARLES ST EAST LANSING,MI 48823	501(C)(3)
CASH	12-03-2010	10,000	ACTUAL	38-6078765	OAKLAND UNIVERSITY 2200 N SQUIRREL RD ROCHESTER,MI 483094401	501(C)(3)
CASH	12-06-2010	1,000	ACTUAL	13-5562424	ORT AMERICA 6735 TELEGRAPH RD BLOOMFIELD HILLS,MI 48301	501(C)(3)
CASH	12-06-2010	1,000	ACTUAL	38-1417366	REHABILITATION INSTITUTE INC 261 MACK BLVD DETROIT,MI 48201	501(C)(3)
CASH	12-06-2010	5,000	ACTUAL	52-1309391	US HOLOCAUST MEMORIAL MUSEUM PO BOX 97349 WASHINGTON,DC 200907349	501(C)(3)
CASH	12-06-2010	1,000	ACTUAL	38-6119964	UNIV OF MICHIGAN - HILLEL 1429 HILL ST ANN ARBOR,MI 481043105	501(C)(3)
CASH	12-03-2010	13,600	ACTUAL	38-6006309	UNIVERSITY OF MICHIGAN- MICHIGAN TICKET OFFICE ANN ARBOR,MI 481092201	501(C)(3)
CASH	12-03-2010	100,000	ACTUAL	38-6006309	UNIVERSITY OF MICHIGAN- OFFICE OF GIFT ADMINSTRATION ANN ARBOR,MI 481091288	501(C)(3)
CASH	12-06-2010	1,250	ACTUAL	53-0159845	URBAN LAND INSTITUTE 1025 THOMAS JEFFERSON NW WASHINGTON,DC 20007	501(C)(3)
CASH	12-06-2010	750	ACTUAL	38-2904733	YAD EZRA 2850 W ELEVEN MILE RD BERKLEY,MI 480723039	501(C)(3)
CASH	12-06-2010	5,000	ACTUAL	38-1437939	YESHIVA BETH YEHUDAH 15751 W LINCOLN SOUTHFIELD,MI 480372044	501(C)(3)
CASH	12-06-2010	900	ACTUAL	38-2842622	YESHIVAS DARCHEI TORAH 21550 W TWELVE MILE RD SOUTHFIELD,MI 480765501	501(C)(3)
CASH	11-30-2010	138,833	ACTUAL	38-1359214	JEWISH FEDERATION OF METROPOLITAN DETROIT 6735 TELEGRAPH RD BLOOMFIELD HILLS,MI 48301	501(C)(3)

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SCHOSTAK FAMILY SUPPORT FOUNDATION

Employer identification number
38-3212496

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	POOLED EARNINGS 63,295

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT CONSERVATIVE JUDAISM GRANTEE NAME ADAT SHALOM SYNAGOGUE GRANTEE ADDRESS 29901 MIDDLEBELT FARMINGTON HILLS, MI 48334 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 30,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT EDUCATION GRANTEE NAME AISH HATORAH GRANTEE ADDRESS 25800 NORTHWESTERN HWY, SUITE 880 SOUTHFIELD, MI 48075 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT INDIVIDUALS WITH SPECIAL NEEDS GRANTEE NAME ALEH GRANTEE ADDRESS 9 TAFT LN SPRING VALLEY, NY 10977 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,200

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT CHILDREN WITH DISABILITIES GRANTEE NAME AMERICAN FRIENDS OF ALYN HOSPITAL GRANTEE ADDRESS 51 E 42ND ST, SUITE 308 NEW YORK, NY 10017 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT CONSERVATIVE JUDAISM GRANTEE NAME AMERICAN FRIENDS OF NISHMAT GRANTEE ADDRESS 271 MADISON, 3RD FLOOR NEW YORK, NY 10016 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 15,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT THE JEWISH COMMUNITY GRANTEE NAME B'NAI BRITH INTERNATIONAL GRANTEE ADDRESS 6735 TELEGRAPH RD, SUITE 304 BLOOMFIELD HILLS, MI 48301 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT THE ANNUAL CAMPAIGN GRANTEE NAME B'NAI BRITH YOUTH ORGANIZATION GRANTEE ADDRESS 6600 WEST MAPLE RD WEST BLOOMFIELD, MI 48322 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT THE ARTS GRANTEE NAME BIRMINGHAM-BLOOMFIELD SYMPHONY ORCHESTRA GRANTEE ADDRESS PO BOX 1925 BIRMINGHAM, MI 48012 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 350

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT CHILDREN GRANTEE NAME BOY SCOUTS OF AMERICA COUNCIL GRANTEE ADDRESS 1776 WEST WARREN AVE DETROIT, MI 48208 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 2,500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT FAMILIES WITH SPECIAL NEEDS GRANTEE NAME FRIENDSHIP CIRCLE GRANTEE ADDRESS 6892 W MAPLE RD WEST BLOOMFIELD, MI 48322 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 2,500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT EDUCATION GRANTEE NAME HILLEL DAY SCHOOL GRANTEE ADDRESS 32200 MIDDLEBELT RD FARMINGTON HILLS, MI 48334 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 2,800

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT DISABLED ADULTS GRANTEE NAME JARC GRANTEE ADDRESS 30301 NORTHWESTERN HWY SUITE 100 FARMINGTON HILLS, MI 48334 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 3,140

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT THE JEWISH COMMUNITY GRANTEE NAME JEWISH COMMUNITY CENTER GRANTEE ADDRESS 6600 W MAPLE RD WEST BLOOMFIELD, MI 48322 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT THE ANNUAL CAMPAIGN GRANTEE NAME JEWISH FEDERATION OF METROPOLITAN DETROIT GRANTEE ADDRESS 6735 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301 GRANTEE RELATIONSHIP SUPPORTED ORGANIZATION PROPERTY DESCRIPTION INTERFUND TRANSFER AMOUNT GIVEN 133,333

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT THE ELDERLY GRANTEE NAME JEWISH HOSPICE & CHAPLAINCY NETWORK GRANTEE ADDRESS 6555 WEST MAPLE RD WEST BLOOMFIELD, MI 48322 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 2,500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT EDUCATION GRANTEE NAME JEWISH THEOLOGICAL SEMINARY GRANTEE ADDRESS 6735 TELEGRAPH RD , STE 310 BLOOMFIELD HILLS, MI 48301 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 5,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO AID JOB RESEARCH GRANTEE NAME JEWISH VOCATIONAL SERVICE GRANTEE ADDRESS 29699 SOUTHFIELD RD SOUTHFIELD, MI 48076 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,250

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT INDIVIDUALS WITH SPECIAL NEEDS GRANTEE NAME KADIMA GRANTEE ADDRESS 15999 W TWELVE MILE RD SOUTHFIELD, MI 48076 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT MEDICAL RESEARCH GRANTEE NAME KARMANOS CANCER INSTITUTE GRANTEE ADDRESS 4100 JOHN R DETROIT, MI 48201 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT EDUCATION GRANTEE NAME MICHIGAN STATE UNIVERSITY - HILLEL FOUNDATION GRANTEE ADDRESS 360 CHARLES ST EAST LANSING, MI 48823 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT EDUCATION GRANTEE NAME OAKLAND UNIVERSITY FOUNDATION GRANTEE ADDRESS 2200 N SQUIRREL RD ROCHESTER, MI 48309 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 10,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT EDUCATION GRANTEE NAME ORT AMERICA GRANTEE ADDRESS 6735 TELEGRAPH RD, SUITE 150 BLOOMFIELD HILLS, MI 48301 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT MEDICAL RESEARCH GRANTEE NAME REHABILITATION INSTITUTE OF MICHIGAN GRANTEE ADDRESS 261 MACK AVENUE DETROIT, MI 48201 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT EDUCATION GRANTEE NAME UNIVERSITY OF MICHIGAN GRANTEE ADDRESS OFFICE OF GIFT ADMINSTRATION, 3003 S STATE ST ANN ARBOR, MI 48109 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 113,600

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT COMMUNITIES GRANTEE NAME URBAN LAND INSTITUTE GRANTEE ADDRESS 660 WOODWARD #1500 DETROIT, MI 48226 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,250

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO FEED THE HUNGRY GRANTEE NAME YAD EZRA GRANTEE ADDRESS 2850 W ELEVEN MILE RD BERKLEY, MI 48072 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 750

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT JEWISH EDUCATION GRANTEE NAME YESHIVA BETH YEHUDAH GRANTEE ADDRESS 15751 W LINCOLN, P O BOX 2044 SOUTHFIELD, MI 48037 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 5,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT JEWISH EDUCATION GRANTEE NAME YESHIVAS DARCHEI TORAH GRANTEE ADDRESS 21550 W TWELVE MILE RD SOUTHFIELD, MI 48076 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 900

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT RESEARCH GRANTEE NAME AMERICAN CANCER SOCIETY GRANTEE ADDRESS 20450 CIVIC CENTER DRIVE SOUTHFIELD, MI 48076 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT THE COMMUNITY GRANTEE NAME BAIS CHABAD TORAH CENTER GRANTEE ADDRESS 5595 W MAPLE ROAD WEST BLOOMFIELD, MI 48322 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 250

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT THE COMMUNITY GRANTEE NAME BIRTHRIGHT ISRAEL FOUNDATION GRANTEE ADDRESS 33 E 33RD STREET NEW YORK, NY 10016 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 12,500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT THE COMMUNITY GRANTEE NAME CONGREGATION T'CHIYAH GRANTEE ADDRESS 15000 WEST 10 MILE ROAD OAK PARK, MI 48237 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 250

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT OPERATIONS GRANTEE NAME DETROIT SYMPHONY ORCHESTRA GRANTEE ADDRESS 3711 WOODWARD AVENUE DETROIT, MI 48201 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 2,500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT CHILDREN GRANTEE NAME FRESH AIR SOCIETY GRANTEE ADDRESS 6735 TELEGRAPH RD, SUITE 150 BLOOMFIELD HILLS, MI 48301 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT COMMUNITIES GRANTEE NAME FRIENDS OF THE ISRAEL DEFENSE FORCES GRANTEE ADDRESS 8451 BOULDER CT WALLED LAKE, MI 48390 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,250

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT COMMUNITIES GRANTEE NAME US HOLOCUAST MEMORIAL MUSUEM GRANTEE ADDRESS PO BOX 97349 WASHINGTON, DC 20090 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 5,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT STUDENTS GRANTEE NAME UNIV OF MICHIGAN HILLEL GRANTEE ADDRESS 1429 HILL ST ANN ARBOR, MI 48104 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT COMMUNITY NEXT GRANTEE NAME JEWISH FEDERATION OF METROPOLITAN DETROIT GRANTEE ADDRESS 6735 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301 GRANTEE RELATIONSHIP SUPPORTED ORGANIZATION PROPERTY DESCRIPTION INTERFUND TRANSFER AMOUNT GIVEN 500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TO SUPPORT ISRAELI CAMPER PROGRAM GRANTEE NAME JEWISH FEDERATION OF METROPOLITAN DETROIT GRANTEE ADDRESS 6735 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301 GRANTEE RELATIONSHIP SUPPORTED ORGANIZATION PROPERTY DESCRIPTION INTERFUND TRANSFER AMOUNT GIVEN 5,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 371,323

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION FILING FEES AMOUNT 20 DESCRIPTION ADMINISTRATIVE EXPENSES AMOUNT 16,667 TOTAL TO FORM 990-EZ, LINE 16 16,687

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990-EZ, PART I, LINE 20	DESCRIPTION ALLOCATION OF ADMINISTRATIVE EXPENSES FROM JEWISH FEDERATION AMOUNT 16,667

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION BALANCED RETURN POOL BEG OF YEAR AMOUNT 567,442 END OF YEAR AMOUNT 258,869

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492356004151

TY 2010 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.