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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 06-01-2018 , and ending 05-31-2019

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
JEWISH FEDERATION OF METROPOLITAN DETROIT

Doing business as

Number and street (or P O box if mail is not delivered to street address) 6735 TELEGRAPH ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
BLOOMFIELD HILLS, MI 48301

D Employer identification number
38-1359214

E Telephone number
(248) 642-4260

G Gross receipts $ 50,701,789

F Name and address of principal officer
SCOTT KAUFMAN
6735 TELEGRAPH ROAD
BLOOMFIELD HILLS, MI 48301

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW JEWISHDETROIT ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1926

M State of legal domicile MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TAKE CARE OF THE NEEDS OF THE JEWISH PEOPLE AND BUILD A VIBRANT JEWISH FUTURE, IN DETROIT, IN ISRAEL, AND AROUND THE WORLD

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	188
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	187
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	135
6	Total number of volunteers (estimate if necessary)	**6**	800
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	17
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	7,257

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	53,552,339	46,496,286
9	Program service revenue (Part VIII, line 2g)	2,321,078	1,272,546
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,538	9,286
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,766,553	2,923,671
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	58,657,508	50,701,789
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	36,290,513	35,100,056
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,688,013	10,926,913
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,798,445		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,219,503	4,268,145
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	50,198,029	50,295,114
19	Revenue less expenses Subtract line 18 from line 12	8,459,479	406,675

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	41,509,986	42,384,290
21	Total liabilities (Part X, line 26)	30,651,618	31,813,147
22	Net assets or fund balances Subtract line 21 from line 20	10,858,368	10,571,143

Part II Signature Block

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

****** 2019-10-28
Signature of officer Date

DOROTHY BENYAS CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2019-10-28		P00053811

Firm's name ▶ PLANTE & MORAN PLLC — Firm's EIN ▶ 38-1357951

Firm's address ▶ 2601 CAMBRIDGE CT STE 500 AUBURN HILLS, MI 48326 — Phone no (248) 375-7100

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE JEWISH FEDERATION OF METROPOLITAN DETROIT IS THE CORNERSTONE OF OUR JEWISH COMMUNITY WE ARE COMMITTED TO TAKING CARE OF THE NEEDS OF THE JEWISH PEOPLE AND BUILDING A STRONG AND VIBRANT JEWISH FUTURE, IN DETROIT, IN ISRAEL AND AROUND THE WORLD

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 24,415,950 including grants of $ 24,415,950) (Revenue $ 2,893,536)
See Additional Data

4b (Code) (Expenses $ 9,401,089 including grants of $ 9,401,089) (Revenue $)
See Additional Data

4c (Code) (Expenses $ 1,283,017 including grants of $ 1,283,017) (Revenue $)
See Additional Data

(Code) (Expenses $ 6,550,381 including grants of $) (Revenue $ 1,272,546)
INCLUDES EXPENSES RELATED TO DIRECT PROGRAM SERVICES THAT SUPPORT OUR LOCAL AFFILIATED AGENCIES IN ADDITION, INCLUDES MISSION EXPENSES TO FOSTER BETTER RELATIONS WITH ISRAEL

4d Other program services (Describe in Schedule O)
(Expenses $ 6,550,381 including grants of $) (Revenue $ 1,272,546)

4e **Total program service expenses ▶** 41,650,437

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	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*	11b		No
c	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*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
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		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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 employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
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**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	89		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	135		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**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 as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
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				
a	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 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	188		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	187		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
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**			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ MI

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶BECKY STASCH 6735 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301 (248) 203-1521

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

- 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, **Section A** ▶										
d Total (add lines 1b and 1c) ▶								2,380,138	0	211,584

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 23

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SOS SECURITY LLC 1915 ROUTE 46 EAST PARISPPANY, NJ 07054	SECURITY SERVICES	186,125

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d	11,849,407			
e Government grants (contributions)	1e	3,605,353			
f All other contributions, gifts, grants, and similar amounts not included above	1f	31,041,526			
g Noncash contributions included in lines 1a - 1f $					
h **Total.** Add lines 1a-1f		46,496,286			
Program Service Revenue	Business Code				
2a PARTICIPANT REV/MISSION	900099	674,967	674,967		
b JFMD PROGRAMMING	900099	344,815	344,815		
c TUITION REVENUE	900099	141,729	141,729		
d COLLABORATION REVENUE	900099	111,035	111,035		
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f		1,272,546			
3 Investment income (including dividends, interest, and other similar amounts)		9,286		17	9,269
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents					
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory					
b Less cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
Other Revenue 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b Less direct expenses	b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a UJF ENDOWMENT MGMT FEE	900099	2,563,536	2,563,536		
b JEWISH FUND MGMT FEE	900099	330,000	330,000		
c OTHER INCOME	900099	30,135			30,135
d All other revenue					
e **Total.** Add lines 11a–11d		2,923,671			
12 **Total revenue.** See Instructions		50,701,789	4,166,082	17	39,404

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)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	35,100,056	35,100,056		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,515,350	110,680	1,192,983	211,687
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,352,581	2,971,978	2,746,640	1,633,963
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	444,620	131,880	221,240	91,500
9 Other employee benefits	1,614,362	552,735	749,561	312,066
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	32,112		32,112	
c Accounting	41,550		41,550	
d Lobbying	23,800		23,800	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	115,145	36,113	79,032	
12 Advertising and promotion	173,118	89,402	47,892	35,824
13 Office expenses	305,994	46,049	126,274	133,671
14 Information technology	254,248	50,776	145,901	57,571
15 Royalties				
16 Occupancy	305,000	74,725	193,645	36,630
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,022,443	717,826	250,262	54,355
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	164,362	65,993	70,536	27,833
23 Insurance	38,238	12,300	25,938	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a OTHER PROGRAM SERVICES	1,256,429	1,256,429		
b BAD DEBT	520,849			520,849
c MISSIONS	339,437	339,437		
d PROFESSIONAL DEVELOPMEN	221,552	72,972	115,727	32,853
e All other expenses	-546,132	21,086	-216,861	-350,357
25 **Total functional expenses.** Add lines 1 through 24e	50,295,114	41,650,437	5,846,232	2,798,445
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		600	1	600
	2	Savings and temporary cash investments		17,577,927	2	18,841,922
	3	Pledges and grants receivable, net		22,606,202	3	22,208,813
	4	Accounts receivable, net		225,877	4	225,194
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		216,826	9	214,283
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,603,870			
	b	Less accumulated depreciation	10b 1,267,416	325,414	10c	336,454
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		230,500	12	230,500
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		326,640	15	326,524
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		41,509,986	16	42,384,290
Liabilities	17	Accounts payable and accrued expenses		3,374,673	17	3,395,533
	18	Grants payable		25,797,756	18	26,608,426
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		1,479,189	25	1,809,188
	26	**Total liabilities.** Add lines 17 through 25		30,651,618	26	31,813,147
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		10,858,368	27	10,571,143
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		10,858,368	33	10,571,143
	34	Total liabilities and net assets/fund balances		41,509,986	34	42,384,290

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	50,701,789
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,295,114
3	Revenue less expenses Subtract line 2 from line 1	3	406,675
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,858,368
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-693,900
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,571,143

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
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	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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		

Additional Data

Software ID:

Software Version:

EIN: 38-1359214

Name: JEWISH FEDERATION OF METROPOLITAN DETROIT

Form 990 (2018)

Form 990, Part III, Line 4a:

DISTRIBUTION OF FUNDS TO QUALIFIED 501(C)(3) ORGANIZATIONS THAT SERVE THE JEWISH COMMUNITY LOCALLY REPRESENTED BY OUR 17 AFFILIATED AGENCIES

Form 990, Part III, Line 4b:

DISTRIBUTION OF FUNDS TO QUALIFIED 501(C)(3) ORGANIZATIONS THAT SERVE THE JEWISH COMMUNITY OVERSEAS, INCLUDING JEWISH FEDERATION OF NORTH AMERICA, JEWISH AGENCY FOR ISRAEL AND THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE, AND OTHER OVERSEAS ORGANIZATIONS

Form 990, Part III, Line 4c:

DISTRIBUTION OF FUNDS TO OTHER QUALIFIED 501(C)3 ORGANIZATIONS

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JONATHAN AARON DIRECTOR	0 50 0 00	X						0	0	0
MARK ADLER DIRECTOR	0 50 0 00	X						0	0	0
PETER M ALTER DIRECTOR	0 50 0 00	X						0	0	0
KELLI ANDERSON DIRECTOR	0 50 0 00	X						0	0	0
DANIEL ARONOVITZ DIRECTOR	0 50 0 00	X						0	0	0
JOANNE ARONOVITZ DIRECTOR	0 50 0 00	X						0	0	0
JAMES M AUGUST DIRECTOR	0 50 0 00	X						0	0	0
NORA BARRON DIRECTOR	0 50 0 00	X						0	0	0
JODI BECKER DIRECTOR	0 50 0 00	X						0	0	0
CAROLYN BELLINSON DIRECTOR	0 50 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES BELLINSON TREASURER	0 50 0 50	X		X				0	0	0
MICHAEL BERGER DIRECTOR	0 50 1 00	X						0	0	0
MICHAEL BERKE DIRECTOR	0 50 0 00	X						0	0	0
MAX BERLIN DIRECTOR	0 50 0 00	X						0	0	0
HADAS BERNARD DIRECTOR	0 50 0 00	X						0	0	0
ROSELYN BLANCK DIRECTOR	0 50 0 50	X						0	0	0
ILANA BLOCK DIRECTOR	0 50 0 00	X						0	0	0
DOUGLAS A BLOOM DIRECTOR	0 50 0 00	X						0	0	0
PENNY BLUMENSTEIN DIRECTOR	0 50 0 50	X						0	0	0
PAUL D BORMAN DIRECTOR	0 50 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD BRODER DIRECTOR	0 50 0 00	X						0	0	0
RUTH BRODER DIRECTOR	0 50 0 00	X						0	0	0
STACY BORDSKY DIRECTOR	0 50 0 00	X						0	0	0
HARVEY BRONSTEIN DIRECTOR	0 50 0 00	X						0	0	0
RABBI LEIBY BURNHAM DIRECTOR	0 50 0 00	X						0	0	0
RICHARD J BURSTEIN DIRECTOR	0 50 0 00	X						0	0	0
ROBERT CANVASSER DIRECTOR	0 50 0 00	X						0	0	0
ALICIA CHANDLER DIRECTOR	0 50 0 00	X						0	0	0
RONALD B CHARFOOS DIRECTOR	0 50 0 00	X						0	0	0
SUSAN CITRIN DIRECTOR	0 50 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AVERN L COHN DIRECTOR	0 50 0 00	X						0	0	0
REGINA COLTON DIRECTOR	0 50 0 00	X						0	0	0
MARGOT COVILLE DIRECTOR	0 50 0 00	X						0	0	0
WARREN COVILLE DIRECTOR	0 50 0 00	X						0	0	0
SUZAN CURHAN DIRECTOR	0 50 0 00	X						0	0	0
JAMES DANTO DIRECTOR	0 50 0 00	X						0	0	0
DENNIS DEUTSCH DIRECTOR	0 50 0 00	X						0	0	0
STACY DOCTOROFF DIRECTOR	0 50 0 00	X						0	0	0
WENDY EISENSHTADT DIRECTOR	0 50 0 00	X						0	0	0
MICHAEL EIZELMAN VICE PRESIDENT	0 50 0 50	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEVIN ELBINGER DIRECTOR	0 50 0 00	X						0	0	0
IRWIN ELSON DIRECTOR	0 50 0 00	X						0	0	0
CRAIG ERLICH DIRECTOR	0 50 0 00	X						0	0	0
RENEE ERLICH DIRECTOR	0 50 0 00	X						0	0	0
DOLORES FARBER DIRECTOR	0 50 0 00	X						0	0	0
LEONARD FARBER DIRECTOR	0 50 0 00	X						0	0	0
TERRI FARBER VICE PRESIDENT - PARTIAL YEAR	0 50 0 00	X						0	0	0
DAVID FEBER DIRECTOR	0 50 0 00	X						0	0	0
SUSAN FEBER DIRECTOR	0 50 0 00	X						0	0	0
GIL FELDMAN DIRECTOR	0 50 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
OSCAR FELDMAN DIRECTOR	0 50 0 00	X						0	0	0
DARREN FINDLING DIRECTOR	0 50 0 00	X						0	0	0
BEVERLY FINE DIRECTOR	0 50 0 00	X						0	0	0
AMY FOLBE DIRECTOR - PARTIAL YEAR	0 50 0 00	X						0	0	0
ELLEN FOLBE DIRECTOR - PARTIAL YEAR	0 50 0 00	X						0	0	0
JACK FOLBE DIRECTOR	0 50 0 00	X						0	0	0
JEFFREY FORMAN DIRECTOR	0 50 0 50	X						0	0	0
STANLEY FRANKEL DIRECTOR	0 50 0 00	X						0	0	0
ALAN GALLATIN DIRECTOR	0 50 0 00	X						0	0	0
DOROTHY GERSON DIRECTOR	0 50 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ARYEH GIBBER DIRECTOR	0 50 0 00	X						0	0	0
CONRAD L GILES DIRECTOR	0 50 0 00	X						0	0	0
LYNDA GILES DIRECTOR	0 50 0 50	X						0	0	0
NANCY GLEN DIRECTOR	0 50 0 00	X						0	0	0
DIANE GOLDSTEIN DIRECTOR	0 50 0 00	X						0	0	0
JODI GOODMAN DIRECTOR	0 50 0 00	X						0	0	0
STEVEN GOODMAN DIRECTOR	0 50 0 00	X						0	0	0
ROBERT GORDON DIRECTOR	0 50 0 00	X						0	0	0
KEN GOSS DIRECTOR	0 50 0 00	X						0	0	0
NANCY GRAND DIRECTOR	0 50 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN GRAND DIRECTOR	0 50 0 00	X						0	0	0
BARBARA GRANT DIRECTOR	0 50 0 00	X						0	0	0
CAROLYN GREENBERG DIRECTOR	0 50 0 00	X						0	0	0
NANCY GROSFELD DIRECTOR	0 50 0 50	X						0	0	0
KRISTIN GROSS DIRECTOR	0 50 0 00	X						0	0	0
DAN G GUYER DIRECTOR	0 50 0 50	X						0	0	0
JAY HACK DIRECTOR	0 50 0 00	X						0	0	0
JEROME HALPERIN DIRECTOR	0 50 0 00	X						0	0	0
MARGOT HALPERIN DIRECTOR	0 50 0 50	X						0	0	0
SHARON HART DIRECTOR	0 50 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK HAUSER DIRECTOR	0 50 0 50	X						0	0	0
BRIAN HERMELIN DIRECTOR	0 50 0 00	X						0	0	0
DOREEN HERMELIN DIRECTOR	0 50 0 00	X						0	0	0
ROBERT HERTZBERG DIRECTOR	0 50 0 00	X						0	0	0
BETSY HEUER DIRECTOR	0 50 0 00	X						0	0	0
JAMES HOOBERMAN DIRECTOR	0 50 0 00	X						0	0	0
MARLA HORNSTEIN DIRECTOR	0 50 0 00	X						0	0	0
MICHAEL HOROWITZ DIRECTOR	0 50 0 00	X						0	0	0
LEE HURWITZ VICE PRESIDENT	0 50 0 00	X		X				0	0	0
LAWRENCE JACKIER DIRECTOR	0 50 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN E JACOBS DIRECTOR	0 50 0 00	X						0	0	0
KAREN KAHN DIRECTOR	0 50 0 00	X						0	0	0
GARY KARP DIRECTOR	0 50 0 00	X						0	0	0
NORMAN KATZ DIRECTOR	0 50 0 00	X						0	0	0
SCOTT KAUFMAN EXECUTIVE SECRETARY & CEO	20 00 22 00	X		X				384,182	0	18,614
ALAN J KAUFMAN DIRECTOR	0 50 10 50	X						0	0	0
SHARI KAUFMAN DIRECTOR	0 50 0 00	X						0	0	0
SUE ELLEN KAUFMAN DIRECTOR	0 50 0 00	X						0	0	0
BERNARD KENT DIRECTOR	0 50 0 50	X						0	0	0
SHERRI KETAI DIRECTOR	0 50 1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT KLEIMAN DIRECTOR	0 50 0 00	X						0	0	0
DIANE KLEIN DIRECTOR	0 50 0 00	X						0	0	0
LINDA Z KLEIN DIRECTOR	0 50 0 00	X						0	0	0
RONALD A KLEIN VICE PRESIDENT	0 50 0 50	X		X				0	0	0
MARK KOWALSKY DIRECTOR	0 50 0 50	X						0	0	0
ANESSA KRAMER DIRECTOR - PARTIAL YEAR	0 50 1 00	X						0	0	0
DAVID KRAMER DIRECTOR	0 50 0 00	X						0	0	0
JODI KRASNICK DIRECTOR	0 50 0 00	X						0	0	0
MARJORIE KRASNICK DIRECTOR	0 50 0 00	X						0	0	0
GEOFFREY KRETCHMER DIRECTOR	0 50 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD KRUGEL DIRECTOR	0 50 0 50	X						0	0	0
SALLY KRUGEL DIRECTOR	0 50 0 00	X						0	0	0
ELLEN S LABES DIRECTOR	0 50 0 00	X						0	0	0
RYAN LANDAU DIRECTOR	0 50 0 00	X						0	0	0
JOE LASH DIRECTOR - PARTIAL YEAR	0 50 0 00	X						0	0	0
LAWRENCE LAX VICE PRESIDENT	0 50 0 50	X		X				0	0	0
TERRAN LEEMIS DIRECTOR	0 50 0 00	X						0	0	0
MATTHEW B LESTER DIRECTOR	0 50 0 00	X						0	0	0
JOSHUA LEVINE DIRECTOR	0 50 0 00	X						0	0	0
EDWARD C LEVY JR DIRECTOR	0 50 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL LIPPITT DIRECTOR	0 50 0 00	X						0	0	0
ROBERT LIPPITT DIRECTOR	0 50 0 00	X						0	0	0
SHARON B LIPTON DIRECTOR	0 50 0 00	X						0	0	0
LISA LIS SECRETARY	0 50 0 50	X		X				0	0	0
HANNAN LIS DIRECTOR	0 50 0 00	X						0	0	0
BEVERLY LISS PRESIDENT	0 50 0 50	X		X				0	0	0
HAROLD LOSS DIRECTOR	0 50 0 50	X						0	0	0
KEITH LUBLIN DIRECTOR	0 50 0 00	X						0	0	0
MARTIN MADDIN DIRECTOR	0 50 0 00	X						0	0	0
MICHAEL MADDIN DIRECTOR	0 50 1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL MAGY DIRECTOR	0 50 0 00	X						0	0	0
FLORINE MARK DIRECTOR	0 50 0 00	X						0	0	0
SUSAN MARWIL DIRECTOR	0 50 0 00	X						0	0	0
JOHN MARX DIRECTOR	0 50 0 00	X						0	0	0
STEVEN MIGLIORE DIRECTOR	0 50 0 00	X						0	0	0
MICHAEL MOSKOWITZ DIRECTOR	0 50 0 00	X						0	0	0
SANDY MUSKOVITZ-DANTO DIRECTOR	0 50 0 00	X						0	0	0
ROBERT H NAFTALY DIRECTOR	0 50 0 50	X						0	0	0
LARRY M NEMER DIRECTOR	0 50 0 00	X						0	0	0
BARB NUSBAUM DIRECTOR	0 50 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
IRVING NUSBAUM DIRECTOR - PARTIAL YEAR	0 50 0 00	X						0	0	0
ALISON OLESHANSKY DIRECTOR	0 50 0 00	X						0	0	0
JOSHUA OPPERER VICE PRESIDENT	0 50 0 50	X		X				0	0	0
RACHEL OPPERER DIRECTOR	0 50 0 00	X						0	0	0
GRAHAM A ORLEY DIRECTOR	0 50 0 50	X						0	0	0
MARCIE ORLEY DIRECTOR	0 50 0 50	X						0	0	0
SUSIE PAPPAS DIRECTOR	0 50 0 50	X						0	0	0
PATRICE M PHILLIPS DIRECTOR	0 50 0 00	X						0	0	0
WENDY PITTMAN DIRECTOR - PARTIAL YEAR	0 50 0 00	X						0	0	0
MATT RAN DIRECTOR	0 50 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DULCIE ROSENFELD DIRECTOR	0 50 0 00	X						0	0	0
DEBORAH ROSENTHAL DIRECTOR	0 50 0 00	X						0	0	0
JARED ROTHBERGER DIRECTOR	0 50 0 00	X						0	0	0
MARK RUBENFIRE DIRECTOR - PARTIAL YEAR	0 50 0 00	X						0	0	0
RANDI SAKWA DIRECTOR	0 50 0 00	X						0	0	0
LOWELL SALESIN DIRECTOR	0 50 0 00	X						0	0	0
JEFF SCHLUSSEL VICE PRESIDENT	0 50 0 50	X		X				0	0	0
MARK E SCHLUSSEL DIRECTOR	0 50 0 50	X						0	0	0
ALAN E SCHWARTZ DIRECTOR	0 50 0 00	X						0	0	0
JONATHAN SCHWARTZ DIRECTOR	0 50 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RONALD SCHWARTZ DIRECTOR - PARTIAL YEAR	0 50 0 00	X						0	0	0
SANDRA SCHWARTZ DIRECTOR	0 50 0 00	X						0	0	0
EUGENE SHERIZEN DIRECTOR	0 50 0 00	X						0	0	0
JANE F SHERMAN DIRECTOR	0 50 0 00	X						0	0	0
GARY SHIFFMAN DIRECTOR - PARTIAL YEAR	0 50 0 00	X						0	0	0
WILLIAM SIDER DIRECTOR	0 50 0 00	X						0	0	0
JENNIFER SILVERMAN DIRECTOR	0 50 0 00	X						0	0	0
PAUL SILVERMAN DIRECTOR	0 50 0 00	X						0	0	0
ORA SINGER DIRECTOR	0 50 0 00	X						0	0	0
SHERRIE SINGER DIRECTOR - PARTIAL YEAR	0 50 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT SLATKIN DIRECTOR	0 50 0 50	X						0	0	0
EDIE SLOTKIN DIRECTOR	0 50 0 00	X						0	0	0
RONALD A SOLLISH DIRECTOR	0 50 0 00	X						0	0	0
KAREN SOSNICK SCHOSENBERG DIRECTOR	0 50 1 00	X						0	0	0
LINDA SPIGELMAN DIRECTOR	0 50 0 00	X						0	0	0
AARON STARR DIRECTOR	0 50 0 00	X						0	0	0
GEORGE STERN DIRECTOR	0 50 0 00	X						0	0	0
JESSIE STERN DIRECTOR - PARTIAL YEAR	0 50 0 00	X						0	0	0
SHELDON STERN DIRECTOR	0 50 0 00	X						0	0	0
NANCY STONE DIRECTOR	0 50 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT STONE DIRECTOR	0 50 0 00	X						0	0	0
JOEL D TAUBER DIRECTOR	0 50 0 50	X						0	0	0
LAURENCE S TISDALE DIRECTOR	0 50 0 50	X						0	0	0
GARY TORGOW DIRECTOR	0 50 0 00	X						0	0	0
YONI TORGOW DIRECTOR - PARTIAL YEAR	0 50 0 00	X						0	0	0
LEAH TROSCH DIRECTOR	0 50 0 50	X						0	0	0
BRAD URDAN DIRECTOR	0 50 0 00	X						0	0	0
DAVID VICTOR DIRECTOR	0 50 0 00	X						0	0	0
CAROL VIEDER DIRECTOR	0 50 0 00	X						0	0	0
DAN WARSH DIRECTOR	0 50 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEWART C WEINER DIRECTOR	0 50 0 00	X						0	0	0
SAUL I WEINGARDEN DIRECTOR	0 50 0 00	X						0	0	0
ARTHUR WEISS DIRECTOR	0 50 0 00	X						0	0	0
LOWELL WEISS DIRECTOR	0 50 0 00	X						0	0	0
LAWRENCE A WOLFE DIRECTOR	0 50 1 00	X						0	0	0
BARBARA ZALTZ DIRECTOR	0 50 0 00	X						0	0	0
RICHARD ZUSSMAN DIRECTOR	0 50 0 00	X						0	0	0
DOROTHY BENYAS CHIEF FINANCIAL OFFICER	20 00 22 00			X				217,260	0	23,734
STEVEN INGBER CHIEF OPERATING OFFICER	20 00 20 00			X				203,075	0	24,240
HOWARD NEISTEIN CHIEF OFFICER, STRATEGIC PLANNING	20 00 20 00			X				210,977	0	24,878

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THEODORE COHEN CHIEF MARKETING OFFICER	20 00 20 00			X				188,183	0	24,337
MIRYAM ROSENZWEIG PRIOR - CHIEF DEVELOPMENT OFFICER	20 00 20 00			X				170,692	0	13,589
ROBERT ARONSON SENIOR DEVELOPMENT DIRECTOR	15 00 15 00					X		277,442	0	20,101
STACEY DEWEESE DIRECTOR, JEWISH COMMUNITY ENDOWMENT	20 00 20 00					X		185,049	0	7,115
JONATHAN LOWE DIRECTOR OF CHARITABLE GIFT PLANNING	20 00 20 00					X		182,602	0	24,121
MARGO PERNICK DIRECTOR, THE JEWISH FUND	0 10 36 00					X		189,257	0	24,286
DANIEL GREENBERG DIRECTOR, MAJOR GIFTS	20 00 20 00					X		171,419	0	6,569

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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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF METROPOLITAN DETROIT

Employer identification number
38-1359214

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 12, 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 (Form 990 or 990-EZ))

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ 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)

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

12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	51,913,467	50,783,226	48,173,092	53,552,339	46,496,286	250,918,410
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	51,913,467	50,783,226	48,173,092	53,552,339	46,496,286	250,918,410
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)						9,182,151
6 **Public support.** Subtract line 5 from line 4						241,736,259

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	51,913,467	50,783,226	48,173,092	53,552,339	46,496,286	250,918,410
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,199	10,474	14,073	14,687	9,269	56,702
9 Net income from unrelated business activities, whether or not the business is regularly carried on	3,224	194	1,009	2,851	17	7,295
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	216,032	18,290	50,617		30,135	315,074
11 **Total support.** Add lines 7 through 10						251,297,481

12 Gross receipts from related activities, etc (see instructions) **12** 20,557,105

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	**14**	96 200 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	**15**	97 420 %

16a **33 1/3% support test—2018.** 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—2017.** If the organization did not check a 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—2018.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** 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 VI 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 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS INCOME

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
JEWISH FEDERATION OF METROPOLITAN DETROIT	38-1359214

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		23,800
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			23,800
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	TO SUPPORT JEWISH CAUSES IN THE COMMUNITY

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF METROPOLITAN DETROIT

Employer identification number
38-1359214

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	73,249,765	76,326,514	68,433,706	73,672,989	72,456,549
b Contributions	2,060,680	-3,061,923	4,355,137	64,941	1,986,659
c Net investment earnings, gains, and losses	2,366,001	4,326,273	8,203,453	-605,869	3,963,856
d Grants or scholarships	4,474,482	4,341,099	4,665,782	4,698,355	4,734,075
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	73,201,964	73,249,765	76,326,514	68,433,706	73,672,989

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 96 770 %
- c Temporarily restricted endowment ▶ 3 230 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii) Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b Yes	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,546,207	1,267,416	278,791
e Other		57,663		57,663
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				336,454

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
INTERORGANIZATION PAYABLES	1,809,188
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,809,188

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	51,096,436
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	4,000,000		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	4,000,000
3	Subtract line **2e** from line **1**			3	47,096,436
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	3,605,353		
c	Add lines **4a** and **4b**			4c	3,605,353
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	50,701,789

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	51,383,661
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	4,000,000		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	693,900		
e	Add lines **2a** through **2d**			2e	4,693,900
3	Subtract line **2e** from line **1**			3	46,689,761
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	3,605,353		
c	Add lines **4a** and **4b**			4c	3,605,353
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	50,295,114

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 38-1359214

Name: JEWISH FEDERATION OF METROPOLITAN DETROIT

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	ALL ENDOWMENT FUNDS ARE USED TO SUPPORT THE MISSION OF THE ORGANIZATION

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	GRANTS RECEIVED IN AGENCY TRANSACTION 3,605,353

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	ADMIN EXPS ALLOCATED TO UJF & SUPPORT FOUNDATIONS 693,900

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	GRANTS DISTRIBUTED IN AGENCY TRANSACTION 3,605,353

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF METROPOLITAN DETROIT

Employer identification number
38-1359214

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☑ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	1	3			495,751
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	1	3			495,751

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)*	☐ Yes	☑ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	IN ORDER TO MONITOR OUR MAJOR OVERSEAS AGENCIES, WE RECEIVE AT LEAST SEMI-ANNUAL PROGRAM AND BUDGET REPORTS, AS WELL AS ANNUAL BUDGET PROPOSALS IN ADDITION, WE RELY HEAVILY ON OUR ISRAEL OFFICE IN JERUSALEM FOR ON-SITE MONITORING AND USE OF THE FUNDS

Additional Data

Software ID:

Software Version:

EIN: 38-1359214

Name: JEWISH FEDERATION OF METROPOLITAN DETROIT

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	1	3	PROGRAM SERVICES	HUNGER RELIEF, AT RISK YOUTH PROGRAMS AND EARLY CHILDHOOD INITIATIVES, MISSIONS	265,251
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		230,500

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF METROPOLITAN DETROIT

Employer identification number
38-1359214

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 48

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCH I, PART II, LINE 1	ANNUAL ALLOCATIONS APPROVED BY THE BOARD OF GOVERNORS ARE BASED ON AGENCY NEEDS AND COMMUNITY PRIORITIES FEDERATION PLANNING STAFF AND LAY VOLUNTEERS RECEIVE AND REVIEW QUARTERLY FINANCIAL REPORTS AND ANNUAL AUDITS FROM CONSTITUENT AGENCIES STAFF MEET WITH RECIPIENT ORGANIZATIONS SEVERAL TIMES A YEAR TO REVIEW PROGRAMS, SERVICES, BUDGETS AND ACCREDITATIONS

Additional Data

Software ID:
Software Version:
EIN: 38-1359214
Name: JEWISH FEDERATION OF METROPOLITAN DETROIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(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
ADAT SHALOM SYNAGOGUE 29901 MIDDLEBELT FARMINGTON HILLS, MI 48334	38-1437934	501(C)(3)	13,450				TO SUPPORT REFORM JUDAISM
AISH HATORAH 25725 COOLIDGE HIGHWAY OAK PARK, MI 48237	38-2785489	501(C)(3)	10,000				TO SUPPORT CONSERVATIVE JUDAISM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(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
AMERICAN JEWISH COMMITTEE THE JACOB BLAUSTEIN BLDG NEW YORK, NY 10002	13-5563393	501(C)(3)	2,219,557				TO ENHANCE THE JEWISH WAY OF LIFE
BIRTHRIGHT ISRAEL FOUNDATION 33 EAST 33RD STREET NEW YORK, NY 10016	13-4092050	501(C)(3)	262,390				TO SUPPORT JUDAISM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(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
B'NAI BRITH YOUTH ORGANIZATION 6600 WEST MAPLE RD WEST BLOOMFIELD, MI 48322	31-1794932	501(C)(3)	233,706				TO SUPPORT THE ANNUAL CAMPAIGN
BRILLIANT DETROIT 6400 TELEGRAPH RD STE 2000 BLOOMFIELD HILLS, MI 48301	47-3446334	501(C)(3)	10,000				TO PROMOTE EARLY EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(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
CHABAD OF NOVI 42142 LOGANBERRY RIDGE NOVI, MI 48375	38-2288004	501(C)(3)	5,900				TO SUPPORT THE JEWISH COMMUNITY
CHILDREN'S TUMOR FOUNDATION 95 PINE STREET 16TH FLR NEW YORK, NY 100051703	13-2298956	501(C)(3)	5,000				TO SUPPORT MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(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
CONGREGATION BETH AHM 5075 W MAPLE RD WEST BLOOMFIELD, MI 48322	38-6004801	501(C)(3)	23,725				TO SUPPORT JUDAISM
FARBER HEBREW DAY SCHOOL - YESHIVAT AKIVA 21100 W 12 MILE RD SOUTHFIELD, MI 48076	38-1750780	501(C)(3)	592,590				TO SUPPORT JEWISH EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(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
FRANKEL JEWISH ACADEMY OF METRO DETROIT DEVELOPMENT DEPARTMENT WEST BLOOMFIELD, MI 48322	38-3428219	501(C)(3)	1,915,971				TO SUPPORT EDUCATION
FRESH AIR SOCIETY 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48303	38-1360545	501(C)(3)	913,532				TO SUPPORT THE NEEDS OF CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(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
FRIENDSHIP CIRCLE 6892 W MAPLE RD WEST BLOOMFIELD, MI 48322	38-3613944	501(C)(3)	211,693				TO SUPPORT FAMILIES WITH SPECIAL NEEDS
HEBREW FREE LOAN 6735 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301	38-1359260	501(C)(3)	252,066				TO PROVIDE INTEREST FREE LOANS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(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
HILLEL DAY SCHOOL 32200 MIDDLEBELT RD FARMINGTON HILLS, MI 483341715	38-1586703	501(C)(3)	2,134,821				TO SUPPORT EDUCATION
HILLEL FOUNDATION OF METRO DETROIT 667 GROSBERG RELIGIOUS CTR DETROIT, MI 482023919	52-1758804	501(C)(3)	221,733				TO SUPPORT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(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
HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE 800 EIGHT ST NW WASHINGTON, DC 20001	52-1844823	501(C)(3)	43,566				TO SUPPORT EDUCATION
JARC 30301 NORTHWESTERN HWY STE 100 FARMINGTON HILLS, MI 48334	38-3690103	501(C)(3)	297,905				TO SUPPORT DISABLED INDIVIDUALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(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
JCC'S OF NORTH AMERICA 520 EIGHT AVENUE NEW YORK, NY 10018	13-5599486	501(C)(3)	43,021				TO SUPPORT THE COMMUNITY
JEWISH AGENCEY FOR ISRAEL 633 THIRD AVE 21ST FLR NEW YORK, NY 10017	23-0053483	501(C)(3)	5,377,586				TO SUPPORT ISRAEL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(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
JEWISH COMMUNITY CENTER 6600 W MAPLE RD WEST BLOOMFIELD, MI 48322	38-1358397	501(C)(3)	3,230,822				TO SUPPORT THE COMMUNITY
JEWISH COMMUNITY RELATIONS COUNCIL 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	38-3011194	501(C)(3)	343,558				TO SUPPORT THE JEWISH COMMUNITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(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
JEWISH COUNCIL OF PUBLIC AFFAIRS 116 E 27TH ST 10TH FLR NEW YORK, NY 10016	13-1624104	501(C)(3)	23,292				TO SUPPORT THE JEWISH COMMUNITY
JEWISH FAMILY SERVICE 6555 W MAPLE ROAD BLOOMFIELD HILLS, MI 48322	38-0691329	501(C)(3)	4,421,173				TO SUPPORT JEWISH FAMILIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(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
JEWISH FEDERATION OF SOUTH PALM BEACH CTY 9901 DONNA KLEIN BLVD BOCA RATON, FL 33428	59-1945109	501(C)(3)	12,000				TO SUPPORT THE JEWISH COMMUNITY
JEWISH SENIOR LIFE OF METRO DETROIT 15000 WEST TEN MILE ROAD OAK PARK, MI 48237	38-2693397	501(C)(3)	1,906,555				TO SUPPORT THE ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(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
JTA - MJL NEW CORP 24 WEST 30 STREET NEW YORK, NY 10001	13-0887610	501(C)(3)	15,000				TO SUPPORT JEWISH EDUCATION
JUVINILE DIABETES RESEARCH FOUNDATION 24359 NORTHWESTERN HWY SOUTHFIELD, MI 48075	23-1907729	501(C)(3)	5,000				TO SUPPORT MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(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
JVS 29699 SOUTHFIELD RD SOUTHFIELD, MI 48076	38-1358013	501(C)(3)	1,715,800				TO SUPPORT THE ELDERLY
KADIMA 15999 W TWELVE MILE SOUTHFIELD, MI 48076	38-2630596	501(C)(3)	287,591				TO SUPPORT INDIVIDUALS WITH SPECIAL NEEDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(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
MEET INTERNATIONAL INC 177 HUNTINGTON AVE STE 1703 BOSTON, MA 02115	90-0677193	501(C)(3)	25,000				TO SUPPORT ISRAEL
MICHIGAN ISRAEL BUSINESS ACCELERATOR 1001 WOODWARD AVE SUITE 500 DETROIT, MI 48226	26-1530156	501(C)(3)	8,480				TO SUPPORT MICHIGAN - ISRAELI ECONOMIC RELATIONSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(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
MICHIGAN STATE UNIVERSITY - HILLEL FOUNDATION 360 CHARLES ST EAST LANSING, MI 48823	38-3034766	501(C)(3)	473,232				TO SUPPORT EDUCATION
NETWORK FOR JEWISH HUMAN SERVICES 50 EISENHOWER DR PARAMUS, NJ 07652	13-2752418	501(C)(3)	5,000				TO SUPPORT THE JEWISH COMMUNITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(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
NF FORWARD 1074 WOODWARD DETROIT, MI 48226	82-1672519	501(C)(3)	6,000				TO SUPPORT MEDICAL RESEARCH
ORT AMERICA 6735 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301	13-5562424	501(C)(3)	30,000				TO SUPPORT THE JEWISH COMMUNITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(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
TEMPLE BETH EL 7400 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301	38-1359595	501(C)(3)	26,550				TO SUPPORT REFORM JUDAISM
TEMPLE ISRAEL 5725 WALNUT LAKE RD WEST BLOOMFIELD, MI 48323	38-1490194	501(C)(3)	47,100				TO SUPPORT REFORM JUDAISM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(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
TEMPLE SHIR SHALOM 3999 WALNUT LAKE RD WEST BLOOMFIELD, MI 48323	38-2803191	501(C)(3)	53,617				TO SUPPORT REFORM JUDAISM
THE JEWISH ENSEMBLE THEATRE PO BOX 252717 WEST BLOOMFIELD, MI 48325	38-2861818	501(C)(3)	5,610				TO SUPPORT THE ARTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(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
THE JEWISH FEDERATIONS OF NORTH AMERICA 111 8TH AVENUE NEW YORK, NY 10011	13-1624240	501(C)(3)	1,864,516				TO SUPPORT THE JEWISH COMMUNITY
UNION FOR REFORM JUDAISM 633 THIRD AVE 7TH FLR NEW YORK, NY 10017	13-1663143	501(C)(3)	10,000				TO SUPPORT REFORM JUDAISM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(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
UNITED JEWISH FOUNDATION OF METROPOLITAN DETROIT 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	38-1360585	501(C)(3)	3,371,264				TO SUPPORT THE COMMUNITY
UNIVERSITY OF MICHIGAN - HILLEL 1429 HILL ST ANN ARBOR, MI 481043105	38-6119964	501(C)(3)	213,658				TO SUPPORT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(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
UNIVERSITY OF PENNSYLVANIA HILLEL 215 S 39TH ST PHILADELPHIA, PA 19104	23-1365179	501(C)(3)	30,000				TO SUPPORT EDUCATION
YESHIVA BETH YEHUDAH 15751 W LINCOLN SOUTHFIELD, MI 480372044	38-1437939	501(C)(3)	1,479,614				TO SUPPORT JEWISH EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(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
YESHIVA GEDOLAH 24600 GREENFIELD ROAD OAK PARK, MI 482371544	38-2569760	501(C)(3)	159,451				TO SUPPORT JEWISH EDUCATION
YESHIVAS DARCHEI TORAH 21550 W TWELVE MILE RD SOUTHFIELD, MI 480765501	38-2842622	501(C)(3)	494,961				TO SUPPORT JEWISH EDUCATION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF METROPOLITAN DETROIT

Employer identification number
38-1359214

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 4B	ROBERT ARONSON - $28,728 ROBERT PARTICIPATES IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN UNDER THIS ARRANGEMENT, THE ORGANIZATION PAYS ANNUAL INTEREST ON THE AVERAGE BALANCE OF THE PRECEDING 12 MONTHS ROBERT IS REQUIRED TO TAKE A DISTRIBUTION EACH YEAR IN AGREEMENT WITH THE CONTRACT

Additional Data

Software ID:

Software Version:

EIN: 38-1359214

Name: JEWISH FEDERATION OF METROPOLITAN DETROIT

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SCOTT KAUFMAN EXECUTIVE SECRETARY & CEO	(I)	348,216	35,000	966	6,225	12,389	402,796	0
	(II)	0	0	0	0	0	0	0
DOROTHY BENYAS CHIEF FINANCIAL OFFICER	(I)	211,954	3,500	1,806	6,005	17,729	240,994	0
	(II)	0	0	0	0	0	0	0
STEVEN INGBER CHIEF OPERATING OFFICER	(I)	200,665	2,000	410	5,598	18,642	227,315	0
	(II)	0	0	0	0	0	0	0
HOWARD NEISTEIN CHIEF OFFICER, STRATEGIC PLANNING	(I)	204,643	1,000	5,334	5,877	19,001	235,855	0
	(II)	0	0	0	0	0	0	0
THEODORE COHEN CHIEF MARKETING OFFICER	(I)	183,312	4,000	871	5,193	19,144	212,520	0
	(II)	0	0	0	0	0	0	0
MIRYAM ROSENZWEIG PRIOR - CHIEF DEVELOPMENT OFFICER	(I)	165,300	5,000	392	4,703	8,886	184,281	0
	(II)	0	0	0	0	0	0	0
ROBERT ARONSON SENIOR DEVELOPMENT DIRECTOR	(I)	247,714	0	29,728	7,339	12,762	297,543	0
	(II)	0	0	0	0	0	0	0
STACEY DEWEESE DIRECTOR, JEWISH COMMUNITY ENDOWMENT	(I)	180,459	3,000	1,590	5,116	1,999	192,164	0
	(II)	0	0	0	0	0	0	0
JONATHAN LOWE DIRECTOR OF CHARITABLE GIFT PLANNING	(I)	177,199	3,000	2,403	5,059	19,062	206,723	0
	(II)	0	0	0	0	0	0	0
MARGO PERNICK DIRECTOR, THE JEWISH FUND	(I)	187,590	0	1,667	5,233	19,053	213,543	0
	(II)	0	0	0	0	0	0	0
DANIEL GREENBERG DIRECTOR, MAJOR GIFTS	(I)	164,504	3,000	3,915	4,770	1,799	177,988	0
	(II)	0	0	0	0	0	0	0

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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 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF METROPOLITAN DETROIT

Employer identification number
38-1359214

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING BOARD MEMBERS HAVE FAMILY RELATIONSHIPS CAROLYN BELLINSON AND JAMES BELLINS ON RICHARD BRODER AND RUTH BRODER SUZAN CURHAN AND LAWRENCE JACKIER CONRAD GILES AND LYNDA GILES DIANE KLEIN AND BARBARA ZALTZ DIANE KLEIN AND RONALD KLEIN WARREN COVILLE AND MARGO T COVILLE STACY DOCTOROFF AND SHERRI KETAI HANNAN LIS AND FLORINE MARK LISA LIS AND HANNAN LIS LISA LIS AND FLORINE MARK MICHAEL MADDIN AND MARTY MADDIN IRVING NUSBAUM AND BARB NUS BAUM GRAHAM ORLEY AND MARCIE ORLEY JESSIE STERN AND SHELDON STERN JEFFREY SCHLUSSEL AND MA RK SCHLUSSEL MARGOT HALPERIN AND JEROME HALPERIN DOLORES FARBER AND LEONARD FARBER NANCY G RAND AND STEPHEN GRAND LEE HURWITZ AND RICHARD BRODER JOSHUA LEVINE AND HAROLD LOSS BRIAN HERMELIN AND DOREEN HERMELIN MICHAEL LIPPITT AND ROBERT LIPPITT PAUL SILVERMAN AND JENNIFE R SILVERMAN ANESSA KRAMER AND DAVID KRAMER RENEE ERLICH AND CRAIG ERLICH SALLY KRUGEL AND RICHARD KRUGEL SUZAN CURHAN AND JACK FOLBE SUZAN CURHAN AND AMY FOLBE AMY FOLBE AND JACK F OLBE JODIE KRASNICK AND MARJORIE KRASNICK GREGG ORLEY AND MARCIE ORLEY GARY TORGOW AND YON I TORGOW THE FOLLOWING BOARD MEMBERS HAVE BUSINESS RELATIONSHIPS MARK HAUSER AND MICHAEL MADDIN LEE HURWITZ AND RICHARD BRODER MARTY MADDIN AND MICHAEL MADDIN HANNAN LIS AND FLORI NE MARK BOB STONE AND JOSH LEVINE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE CORPORATION IS ORGANIZED ON A NONSTOCK, MEMBERSHIP BASIS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	JEWISH FEDERATION OF METROPOLITAN DETROIT HAS MEMBERS WHO MAY VOTE ON MEMBERS OF THE GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE AUDIT COMMITTEE HAS THE AUTHORITY TO APPROVE THE FORM 990 ON BEHALF OF THE BOARD OF DI RECTORS THE FORM 990 IS REVIEWED INTERNALLY BY THE FINANCE DIRECTOR AND CHIEF FINANCIAL O FFICER THE PUBLIC DISCLOSURE COPY IS THEN REVIEWED AND APPROVED BY THE AUDIT COMMITTEE F OLLOWING AUDIT COMMITTEE APPROVAL, THE PUBLIC DISCLOSURE COPY OF THE FORM 990 IS MADE AVAI LABLE TO THE BOARD OF THE JEWISH FEDERATION OF METROPOLITAN DETROIT PRIOR TO IT BEING FILE D

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, BOARD MEMBERS AND STAFF OF THE JEWISH FEDERATION OF METROPOLITAN DETRO IT DISCLOSE IN WRITING ANY POTENTIAL CONFLICTS OF INTEREST THIS DOCUMENTATION IS MAINTAIN ED ON FILE AT THE TIME OF VOTING ON GRANT APPROVALS, BOARD MEMBERS ARE ASKED TO CITE CONF LICTS OF INTEREST, IF ANY EXIST, AND ABSTAIN FROM INDIVIDUAL VOTES THIS PROCESS IS RECORD ED IN THE BOARD MEETING MINUTES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	A COMPENSATION COMMITTEE DETERMINES COMPENSATION BASED ON THE STAFF MEMBERS' ESTABLISHED G OALS AND OBJECTIVES THE COMMITTEE WILL ALSO CONSIDER COMPARABLE SALARY DATA FROM OTHER JE WISH FEDERATIONS OR NON-PROFIT ORGANIZATIONS THIS PROCESS IS DONE ANNUALLY FOR THE CEO, C OO, CFO, CHIEF DEVELOPMENT OFFICER, CHIEF MARKETING OFFICER AND THE CHIEF OFFICER STRATEGI C PLANNING AND LAST OCCURRED IN MAY 2019 THE ANALYSIS AND CONCLUSIONS ARE DOCUMENTED IN T HE COMMITTEE MEETING MINUTES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ALLOCATED TO UJF AND VARIOUS SUPPORT ORGANIZATIONS -693,900

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE JEWISH FEDERATION OF METROPOLITAN DETROIT HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSI BILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTING FIRM THIS PR OCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF METROPOLITAN DETROIT

Employer identification number
38-1359214

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 38-1359214

Name: JEWISH FEDERATION OF METROPOLITAN DETROIT

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-1360585	HOLDS PROPERTY AND INVESTMENTS	MI	501(C)(3)	7	N/A		No
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-3323875	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE II	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-2870708	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-2582289	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 30-0232172	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-2490338	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-2550053	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-2582297	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-2582299	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-3423715	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-2490337	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-2824409	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-3216504	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-2574834	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 30-0232149	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 30-0232176	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-2805017	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 30-0021246	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 61-1562406	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-3212494	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-3548910	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-3423714	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-2582300	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-2805115	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-2993215	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-3548909	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-3212496	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-2993223	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-3423716	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-2870707	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 30-0232175	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-2824407	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-2581585	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-3548911	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-6064584	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-3316513	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-2993219	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-3316509	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 30-0021251	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 30-0232178	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	

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						Yes	No
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-2805116	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-6057189	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 61-1562412	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-2824404	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-2548695	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-3316506	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 30-0021241	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 30-0232151	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 61-1562407	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 30-0482325	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 30-0482324	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 38-6091304	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	
6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 20-1431220	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MI	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	HERMELIN FAMILY SUPPORT FOUNDATION	C	71,118	CASH TRANSACTION
(1)	UNITED JEWISH FOUNDATION	C	10,773,774	CASH TRANSACTION
(2)	THE JEWISH FUND	L	328,531	CASH TRANSACTION
(3)	MAXWELL AND MARJORIE JOSPEY SUPPORT FOUNDATION	C	105,000	CASH TRANSACTION
(4)	UNITED JEWISH FOUNDATION	B	3,371,264	CASH TRANSACTION
(5)	RITA C & JOHN HADDOW FAMILY SUPPORT FOUNDATION	C	65,000	CASH TRANSACTION
(6)	PRENTIS FAMILY SUPPORT FOUNDATION	C	100,000	CASH TRANSACTION
(7)	BARNETT FAMILY SUPPORT FOUNDATION	C	100,000	CASH TRANSACTION
(8)	DOUG & KAISA LEVINE FAMILY SUPPORT FOUNDATION	C	60,000	CASH TRANSACTION