

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2010 calendar year, or tax year beginning **JUN 1, 2010** and ending **MAY 31, 2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>JEWISH FEDERATION OF METROPOLITAN DETROIT</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>6735 TELEGRAPH ROAD</b> City or town, state or country, and ZIP + 4 <b>BLOOMFIELD HILLS, MI 48301</b> <b>F</b> Name and address of principal officer: <b>SCOTT KAUFMAN</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>38-1359214</b> <b>E</b> Telephone number <b>(248) 642-4260</b> <b>G</b> Gross receipts \$ <b>46,407,167.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.JEWISHDETROIT.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1926</b> <b>M</b> State of legal domicile: <b>MI</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO MEET THE NEEDS OF JEWISH FAMILIES AND INDIVIDUALS IN THE LOCAL DETROIT AREA AND IN ISRAEL.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>156</b>	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>153</b>	
	<b>5</b>	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>130</b>	
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>457</b>	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>0.</b>	
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>0.</b>	
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>39,231,592.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>776,025.</b>	
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>20,524.</b>	
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,126,070.</b>	
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>41,154,211.</b>	
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>32,600,409.</b>
		<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>
		<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>8,241,236.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,639,591.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>3,260,153.</b>	
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>44,101,798.</b>		
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-2,947,587.</b>		
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>36,196,249.</b>	
	<b>21</b>	Total liabilities (Part X, line 26)	<b>4,117,904.</b>	
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>32,078,345.</b>	

**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.

<b>Sign Here</b>	Signature of officer <b>DOROTHY BENYAS, CHIEF FINANCIAL OFFICER</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>PLANTE &amp; MORAN, PLLC</b> Firm's address <b>2601 CAMBRIDGE CT., SUITE 500</b> <b>AUBURN HILLS, MI 48326</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN Firm's EIN Phone no. <b>(248) 375-7100</b>

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

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- ▶ If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization <b>JEWISH FEDERATION OF METROPOLITAN DETROIT</b>	Employer identification number <b>38-1359214</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>6735 TELEGRAPH ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BLOOMFIELD HILLS, MI 48301</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**LINDA LUTZ**

• The books are in the care of ▶ **6735 TELEGRAPH RD. - BLOOMFIELD HILLS, MI 48301**  
 Telephone No. ▶ **(248) 203-1475** FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **JANUARY 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUN 1, 2010**, and ending **MAY 31, 2011**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c</b> Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

JEWISH FEDERATION OF METROPOLITAN  
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**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

**THE JEWISH FEDERATION OF METROPOLITAN DETROIT IS THE CENTRAL COMMUNAL ORGANIZATION OF THE JEWISH COMMUNITY. THE FEDERATION, IN PARTNERSHIP WITH ITS AGENCIES, PLAYS THE LEADERSHIP ROLE IN IDENTIFYING NEEDS WITHIN THE JEWISH COMMUNITY AND IN MOBILIZING HUMAN AND FINANCIAL**

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 36,791,535. including grants of \$ 36,791,535. ) (Revenue \$ 1,750,937. )  
**DISTRIBUTION OF FUNDS TO QUALIFIED 501(C)(3) ORGANIZATIONS THAT SERVE THE JEWISH COMMUNITY LOCALLY REPRESENTED BY OUR 18 AFFILIATED AGENCIES.**

4b (Code: ) (Expenses \$ 17,461,787. including grants of \$ 17,461,787. ) (Revenue \$ )  
**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.**

4c (Code: ) (Expenses \$ 2,567,187. including grants of \$ 2,567,187. ) (Revenue \$ )  
**DISTRIBUTION OF FUNDS TO OTHER QUALIFIED 501(C)3 ORGANIZATIONS.**

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ 6,753,741. including grants of \$ ) (Revenue \$ 1,377,397. )

4e Total program service expenses 63,574,250.

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**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)? <i>If "Yes," complete Schedule A</i> .....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
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? <i>If "Yes," complete Schedule C, Part III</i> .....		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
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? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
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? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
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? <i>If "Yes," complete Schedule D, Part VIII</i> .....	X	
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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
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)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X
b <i>If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)</i> .....		

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		<b>X</b>
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	<b>X</b>	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	<b>X</b>
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	<b>34</b>	<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<b>35</b>	<b>X</b>
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	<b>X</b>
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b>	<b>X</b>

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 121		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 130		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
<b>b</b>	If "Yes," enter the name of the foreign country: <b>ISRAEL</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>5c</b>			
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

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

Check if Schedule O contains a response to any question 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		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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	X	
b	Other officers or key employees of the organization	X	
	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?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **LINDA LUTZ - (248) 203-1475**  
**6735 TELEGRAPH RD., BLOOMFIELD HILLS, MI 48301**

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

Check if Schedule O contains a response to any question 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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 ADLER DIRECTOR	0.50	X						0.	0.	0.
NANCY ADLER DIRECTOR	0.50	X						0.	0.	0.
KAREN ALPNER DIRECTOR	0.50	X						0.	0.	0.
PETER M. ALTER DIRECTOR	0.50	X						0.	0.	0.
EUGENE M. APPLEBAUM DIRECTOR	0.50	X						0.	0.	0.
NORMAN BEITNER DIRECTOR	0.50	X						0.	0.	0.
JAMES BELLINSON TREASURER	0.50	X						0.	0.	0.
MICHAEL E. BERGER DIRECTOR	0.50	X						0.	0.	0.
MANDELL L. BERMAN DIRECTOR	0.50	X						0.	0.	0.
ROSELYN BLANCK DIRECTOR	0.50	X						0.	0.	0.
FREDERICK BLECHMAN DIRECTOR	0.50	X						0.	0.	0.
DOUGLAS A. BLOOM DIRECTOR	0.50	X						0.	0.	0.
PENNY B. BLUMENSTEIN DIRECTOR	0.50	X						0.	0.	0.
PAUL D. BORMAN DIRECTOR	0.50	X						0.	0.	0.
RICHARD BRODER DIRECTOR	0.50	X						0.	0.	0.
JEFFREY CAMIENER DIRECTOR	0.50	X						0.	0.	0.
RONALD B. CHARFOOS DIRECTOR	0.50	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
MOLLY CHERNOW DIRECTOR	0.50	X						0.	0.	0.
JONATHAN CITRIN DIRECTOR	0.50	X						0.	0.	0.
SUSAN CITRIN DIRECTOR	0.50	X						0.	0.	0.
AVERN L. COHN DIRECTOR	0.50	X						0.	0.	0.
SUZAN F. CURHAN DIRECTOR	0.50	X						0.	0.	0.
PEGGY DAITCH DIRECTOR	0.50	X						0.	0.	0.
SANDY MUSKOVITZ-DANTO DIRECTOR	0.50	X						0.	0.	0.
MARK DAVIDOFF DIRECTOR	0.50	X						0.	0.	0.
JEFFREY M. DAVIDSON DIRECTOR	0.50	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,661,237.	0.	227,140.
<b>d Total (add lines 1b and 1c)</b>								1,661,237.	0.	227,140.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 14

	Yes	No
<b>3</b> 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		X
<b>4</b> 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	X	
<b>5</b> 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		X

**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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DENNIS B. DEUTSCH DIRECTOR	0.50	X						0.	0.	0.
LEO S. EISENBERG DIRECTOR	0.50	X						0.	0.	0.
MICHAEL EIZELMAN DIRECTOR	0.50	X						0.	0.	0.
FRANK ELLIAS DIRECTOR	0.50	X						0.	0.	0.
IRWIN L. ELSON DIRECTOR	0.50	X						0.	0.	0.
JOAN CHERNOFF EPSTEIN DIRECTOR	0.50	X						0.	0.	0.
DOUGLAS M. ETKIN DIRECTOR	0.50	X						0.	0.	0.
KATHLEEN WILSON-FINK DIRECTOR	0.50	X						0.	0.	0.
DAVID FOLTYN DIRECTOR	0.50	X						0.	0.	0.
STANLEY FRANKEL DIRECTOR	0.50	X						0.	0.	0.
JENNIFER L. FRIEDMAN DIRECTOR	0.50	X						0.	0.	0.
LORI GARON DIRECTOR	0.50	X						0.	0.	0.
DANIEL GILBERT DIRECTOR	0.50	X						0.	0.	0.
CONRAD L. GILES DIRECTOR	0.50	X						0.	0.	0.
LYNDA GILES DIRECTOR	0.50	X						0.	0.	0.
IRMA GLASER DIRECTOR	0.50	X						0.	0.	0.
GAYLE FRIEDMAN GOLD DIRECTOR	0.50	X						0.	0.	0.
STEVEN GOODMAN DIRECTOR	0.50	X						0.	0.	0.
KEN GOSS DIRECTOR	0.50	X						0.	0.	0.
JOSEPH GREENBAUM DIRECTOR	0.50	X						0.	0.	0.
<b>Total to Part VII, Section A, line 1c</b>										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
CAROLYN GREENBERG DIRECTOR	0.50	X						0.	0.	0.
HUGH W. GREENBERG DIRECTOR	0.50	X						0.	0.	0.
JAMES GROSFELD DIRECTOR	0.50	X						0.	0.	0.
NANCY GROSFELD DIRECTOR	0.50	X						0.	0.	0.
CHERYL GUYER DIRECTOR	0.50	X						0.	0.	0.
DAN G. GUYER DIRECTOR	0.50	X						0.	0.	0.
DAVID HANDLEMAN DIRECTOR	0.50	X						0.	0.	0.
SHARON HART DIRECTOR	0.50	X						0.	0.	0.
MARK R. HAUSER DIRECTOR	0.50	X						0.	0.	0.
NANCY HEINRICH DIRECTOR	0.50	X						0.	0.	0.
ROBERT HEINRICH DIRECTOR	0.50	X						0.	0.	0.
BRIAN HERMELIN DIRECTOR	0.50	X						0.	0.	0.
DORBEN HERMELIN DIRECTOR	0.50	X						0.	0.	0.
JAMES HOOBERMAN DIRECTOR	0.50	X						0.	0.	0.
BARBARA HOROWITZ DIRECTOR	0.50	X						0.	0.	0.
MICHAEL P. HOROWITZ DIRECTOR	0.50	X						0.	0.	0.
LEE HURWITZ DIRECTOR	0.50	X						0.	0.	0.
EDYTHE JACKIER DIRECTOR	0.50	X						0.	0.	0.
LAWRENCE S. JACKIER DIRECTOR	0.50	X						0.	0.	0.
JOHN E. JACOBS DIRECTOR	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DAVID JACOBSON DIRECTOR	0.50	X						0.	0.	0.
DAVID KARP DIRECTOR	0.50	X						0.	0.	0.
BEVERLY KATZ DIRECTOR	0.50	X						0.	0.	0.
SCOTT KAUFMAN EXECUTIVE SECRETARY AND CEO	20.00	X		X				253,678.	0.	11,292.
BRIAN E. KEPES DIRECTOR	0.50	X						0.	0.	0.
DIANE KLEIN DIRECTOR	0.50	X						0.	0.	0.
EMERY I. KLEIN DIRECTOR	0.50	X						0.	0.	0.
LINDA Z. KLEIN DIRECTOR	0.50	X						0.	0.	0.
RONALD A. KLEIN VICE PRESIDENT	0.50	X		X				0.	0.	0.
HOWARD J. KORMAN DIRECTOR	0.50	X						0.	0.	0.
MARK KOWALSKY DIRECTOR	0.50	X						0.	0.	0.
ANESSA KRAMER DIRECTOR	0.50	X						0.	0.	0.
HENRY KROLL DIRECTOR	0.50	X						0.	0.	0.
RICHARD KRUGEL VICE PRESIDENT	0.50	X		X				0.	0.	0.
DONALD M. LANSKY DIRECTOR	0.50	X						0.	0.	0.
LAWRENCE S. LAX VICE PRESIDENT	0.50	X		X				0.	0.	0.
TERRAN LEEMIS DIRECTOR	0.50	X						0.	0.	0.
MATTHEW B. LESTER VICE PRESIDENT	0.50	X		X				0.	0.	0.
JOSHUA LEVINE DIRECTOR	0.50	X						0.	0.	0.
ROBERT LIPPITT DIRECTOR	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
SHARON B. LIPTON DIRECTOR	0.50	X					0.	0.	0.	
LISA I. LIS DIRECTOR	0.50	X					0.	0.	0.	
ARTHUR LISS DIRECTOR	0.50	X					0.	0.	0.	
BEVERLY LISS VICE PRESIDENT	0.50	X		X			0.	0.	0.	
ILANA LISS DIRECTOR	0.50	X					0.	0.	0.	
KEITH A. LUBLIN DIRECTOR	0.50	X					0.	0.	0.	
LINDSEY MADDIN DIRECTOR	0.50	X					0.	0.	0.	
MICHAEL W. MADDIN DIRECTOR	0.50	X					0.	0.	0.	
FLORINE MARK DIRECTOR	0.50	X					0.	0.	0.	
BRIAN D. MEER DIRECTOR	0.50	X					0.	0.	0.	
JILL MENUCK DIRECTOR	0.50	X					0.	0.	0.	
MARK C. MILGROM DIRECTOR	0.50	X					0.	0.	0.	
HOWARD MOROF DIRECTOR	0.50	X					0.	0.	0.	
RABBI MICHAEL L. MOSKOWITZ DIRECTOR	0.50	X					0.	0.	0.	
ROBERT H. NAFTALY DIRECTOR	0.50	X					0.	0.	0.	
LARRY M. NEMER DIRECTOR	0.50	X					0.	0.	0.	
PATTI NEMER DIRECTOR	0.50	X					0.	0.	0.	
RICHARD NODEL DIRECTOR	0.50	X					0.	0.	0.	
JOSHUA F. OPPERER DIRECTOR	0.50	X					0.	0.	0.	
MARCIE ORLEY SECRETARY	0.50	X		X			0.	0.	0.	
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DAVID K. PAGE DIRECTOR	0.50	X					0.	0.	0.	
SUSIE PAPPAS DIRECTOR	0.50	X					0.	0.	0.	
PATRICE M. PHILLIPS DIRECTOR	0.50	X					0.	0.	0.	
ROBERT M. PILCOWITZ DIRECTOR	0.50	X					0.	0.	0.	
JACK A. ROBINSON DIRECTOR	0.50	X					0.	0.	0.	
HOWARD M. ROSEN DIRECTOR	0.50	X					0.	0.	0.	
DULCIE B. ROSENFELD DIRECTOR	0.50	X					0.	0.	0.	
RAYMOND ROSENFELD DIRECTOR	0.50	X					0.	0.	0.	
MARTA ROSENTHAL DIRECTOR	0.50	X					0.	0.	0.	
TERRI FARBER ROTH DIRECTOR	0.50	X					0.	0.	0.	
BRIAN Y. SATOVSKY DIRECTOR	0.50	X					0.	0.	0.	
NEIL SATOVSKY DIRECTOR	0.50	X					0.	0.	0.	
STEVE SCHANES DIRECTOR	0.50	X					0.	0.	0.	
MARC SHCECHTER DIRECTOR	0.50	X					0.	0.	0.	
JEFFREY B. SCHLUSSEL DIRECTOR	0.50	X					0.	0.	0.	
MARK E. SCHLUSSEL DIRECTOR	0.50	X					0.	0.	0.	
KAREN SOSNICK SCHOENBERG DIRECTOR	0.50	X					0.	0.	0.	
ROBERT I. SCHOSTAK DIRECTOR	0.50	X					0.	0.	0.	
JUDITH SCHRAM DIRECTOR	0.50	X					0.	0.	0.	
ALAN E. SCHWARTZ DIRECTOR	0.50	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
ALAN S. SCHWARTZ DIRECTOR	0.50	X						0.	0.	0.
ROBERT P. SCHWARTZ DIRECTOR	0.50	X						0.	0.	0.
RONALD A SCHWARTZ DIRECTOR	0.50	X						0.	0.	0.
SAM SHAMIE DIRECTOR	0.50	X						0.	0.	0.
EUGENE S. SHERIZEN DIRECTOR	0.50	X						0.	0.	0.
JANE F. SHERMAN DIRECTOR	0.50	X						0.	0.	0.
GARY A. SHIFFMAN DIRECTOR	0.50	X						0.	0.	0.
BRIAN D. SIEGEL DIRECTOR	0.50	X						0.	0.	0.
ERWIN S. SIMON DIRECTOR	0.50	X						0.	0.	0.
RONALD A. SOLLISH DIRECTOR	0.50	X						0.	0.	0.
MICHELLE SOLTZ DIRECTOR	0.50	X						0.	0.	0.
ELLIOT SPOON DIRECTOR	0.50	X						0.	0.	0.
DANIEL B. SYME DIRECTOR	0.50	X						0.	0.	0.
JOEL D. TAUBER DIRECTOR	0.50	X						0.	0.	0.
LAURENCE S. TISDALE DIRECTOR	0.50	X						0.	0.	0.
GARY TORGOW VICE PRESIDENT	0.50	X		X				0.	0.	0.
LEAH TROSCHE DIRECTOR	0.50	X						0.	0.	0.
DEBORAH G. TYNER DIRECTOR	0.50	X						0.	0.	0.
BRAD URDAN DIRECTOR	0.50	X						0.	0.	0.
SHERI L. WAGNER DIRECTOR	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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	X					0.	0.	0.	
SAUL I. WEINGARDEN DIRECTOR	0.50	X					0.	0.	0.	
TRUDI WINEMAN DIRECTOR	0.50	X					0.	0.	0.	
LAWRENCE A. WOLFE DIRECTOR	0.50	X					0.	0.	0.	
RACHEL WRIGHT DIRECTOR	0.50	X					0.	0.	0.	
LORNE B. ZALESIN DIRECTOR	0.50	X					0.	0.	0.	
BARBARA ZALTZ DIRECTOR	0.50	X					0.	0.	0.	
GEORGE M. ZELTZER DIRECTOR	0.50	X					0.	0.	0.	
JASON ZIMMERMAN DIRECTOR	0.50	X					0.	0.	0.	
LINDA ZLOTOFF DIRECTOR	0.50	X					0.	0.	0.	
DOROTHY BENYAS CHIEF FINANCIAL OFFICER	20.00			X			175,082.	0.	35,004.	
ANDREW ECHT CHIEF FINANCIAL RESOURCE DEVELOPMENT	20.00			X			174,617.	0.	29,018.	
HOWARD NEISTEIN CHIEF ADMINISTRATIVE OFFICER	20.00			X			175,797.	0.	23,363.	
ROBERT ARONSON SEN. DEV. DIR./FORMER CEO	18.00				X		304,753.	0.	50,074.	
STACEY CRANE DIRECTOR, JEWISH COMMUNITY ENDOWMENT	40.00				X		165,731.	0.	31,316.	
DANIEL GREENBERG ENDOWMENT DEVELOPMENT MANAGER	40.00				X		124,726.	0.	14,289.	
JONATHAN LOWE ASSOCIATE ENDOWMENT DIRECTOR	40.00				X		161,474.	0.	16,515.	
MARGO PERNICK DIRECTOR, THE JEWISH FUND	40.00				X		125,379.	0.	16,269.	
<b>Total to Part VII, Section A, line 1c</b>							<b>1,661,237.</b>		<b>227,140.</b>	



**JEWISH FEDERATION OF METROPOLITAN  
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**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>						
	<b>d</b> Related organizations .....	<b>1d</b>	16448975.					
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,062,389.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	24635324.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$							
	<b>h Total.</b> Add lines 1a-1f .....			43146688.				
<b>Program Service Revenue</b>	<b>2 a</b> PARTICIPANT REV/MISSIO	Business Code	900099	709,160.	709,160.			
	<b>b</b> COLLABORATION REVENUE		900099	448,104.	448,104.			
	<b>c</b> TUITION REVENUE		900099	220,133.	220,133.			
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....			1,377,397.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			25,322.			25,322.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross Rents .....	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses .....						
		<b>c</b> Rental income or (loss) .....						
		<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....		425.				
		<b>c</b> Gain or (loss) .....		2,252.				
		<b>d</b> Net gain or (loss) .....		-1,827.	-1,827.			-1,827.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>						
		<b>b</b> Less: direct expenses .....	<b>b</b>					
		<b>c</b> Net income or (loss) from fundraising events .....						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
<b>b</b> Less: direct expenses .....		<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities .....								
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>							
	<b>b</b> Less: cost of goods sold .....	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue			Business Code					
<b>11 a</b> UJF ENDOWMENT MGMT FEE		900099	1,535,937.	1,535,937.				
<b>b</b> JEWISH FUND MGMT FEE		900099	215,000.	215,000.				
<b>c</b> OTHER INCOME		900099	106,398.			106,398.		
<b>d</b> All other revenue .....								
<b>e Total.</b> Add lines 11a-11d .....			1,857,335.					
<b>12 Total revenue.</b> See instructions. ....			46404915.	3,128,334.		0.	129,893.	

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**Part IX Statement of Functional Expenses**

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

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

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) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	56,664,009.	56,664,009.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....	156,500.	156,500.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	816,864.	122,530.	285,902.	408,432.
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 .....	5,653,002.	2,520,195.	1,860,806.	1,272,001.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	538,722.	209,575.	202,277.	126,870.
9 Other employee benefits .....	1,319,423.	506,609.	541,251.	271,563.
10 Payroll taxes .....				
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	9,137.		9,137.	
c Accounting .....	31,584.		31,584.	
d Lobbying .....	20,400.		20,400.	
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	544,219.	399,105.	145,114.	
12 Advertising and promotion .....	233,237.	63,264.	84,672.	85,301.
13 Office expenses .....	283,822.	89,860.	143,260.	50,702.
14 Information technology .....	134,319.	36,577.	65,590.	32,152.
15 Royalties .....				
16 Occupancy .....	305,000.	85,000.	140,119.	79,881.
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	703,855.	583,997.	21,538.	98,320.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	163,724.	68,248.	64,024.	31,452.
23 Insurance .....	13,809.		13,809.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....				
a <b>MISSIONS</b> .....	1,191,730.	1,191,730.		
b <b>BAD DEBT</b> .....	774,877.			774,877.
c <b>OTHER PROGRAM SERVICES</b> .....	757,095.	757,095.		
d <b>PROFESSIONAL DEVELOPMEN</b> .....	210,557.	80,832.	84,291.	45,434.
e <b>INTEREST AND BANK CHARG</b> .....	107,531.			107,531.
f All other expenses .....	-2,555,240.	39,124.	-1,849,439.	-744,925.
<b>25 Total functional expenses. Add lines 1 through 24f</b> .....	<b>68,078,176.</b>	<b>63,574,250.</b>	<b>1,864,335.</b>	<b>2,639,591.</b>
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

JEWISH FEDERATION OF METROPOLITAN  
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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	1	Cash - non-interest-bearing .....	7,023.	1	5,021.	
	2	Savings and temporary cash investments .....	479,236.	2	612,219.	
	3	Pledges and grants receivable, net .....	28,088,523.	3	24,493,782.	
	4	Accounts receivable, net .....	411,867.	4	1,033,738.	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	6	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) .....		6		
	7	Notes and loans receivable, net .....		7	98,537.	
	8	Inventories for sale or use .....		8		
	9	Prepaid expenses and deferred charges .....		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a	1,249,319.		
	b	Less: accumulated depreciation .....	10b	785,926.	10c	463,393.
	11	Investments - publicly traded securities .....	2,841,030.	11	5,672,449.	
	12	Investments - other securities. See Part IV, line 11 .....	2,412,284.	12	3,875,747.	
	13	Investments - program-related. See Part IV, line 11 .....		13		
	14	Intangible assets .....		14		
	15	Other assets. See Part IV, line 11 .....	1,744,373.	15	569,806.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	36,196,249.	16	36,824,692.		
<b>Liabilities</b>	17	Accounts payable and accrued expenses .....	1,577,990.	17	1,959,777.	
	18	Grants payable .....	1,809,077.	18	25,104,446.	
	19	Deferred revenue .....		19		
	20	Tax-exempt bond liabilities .....		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	22	Payables to current and former officers, directors, trustees, 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. Complete Part X of Schedule D .....	730,837.	25	1,974,699.	
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	4,117,904.	26	29,038,922.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets .....	32,078,345.	27	7,785,770.	
	28	Temporarily restricted net assets .....		28		
	29	Permanently restricted net assets .....		29		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	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	<b>Total net assets or fund balances</b> .....	32,078,345.	33	7,785,770.		
34	<b>Total liabilities and net assets/fund balances</b> .....	36,196,249.	34	36,824,692.		

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**JEWISH FEDERATION OF METROPOLITAN  
DETROIT**

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	46,404,915.
2	Total expenses (must equal Part IX, column (A), line 25)	2	68,078,176.
3	Revenue less expenses. Subtract line 2 from line 1	3	-21,673,261.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,078,345.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,619,314.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,785,770.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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.		

Form 990 (2010)



JEWISH FEDERATION OF METROPOLITAN

Schedule A (Form 990 or 990-EZ) 2010 **DETROIT**

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	52538608.	49382685.	42728794.	39231592.	43132328.	227014007
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 .....	52538608.	49382685.	42728794.	39231592.	43132328.	227014007
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) .....						59186212.
6 Public support. Subtract line 5 from line 4.						167827795

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....	52538608.	49382685.	42728794.	39231592.	43132328.	227014007
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	74,053.	95,225.	35,008.	31,525.	25,322.	261,133.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	1,200.	1361996.	1118601.	1126070.	1750937.	5358804.
11 Total support. Add lines 7 through 10						232633944
12 Gross receipts from related activities, etc. (see instructions) .....					12	9,848,739.
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 .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	72.14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	97.05	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. 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 .....	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
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 .....	<input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010**

Name of the organization

**JEWISH FEDERATION OF METROPOLITAN  
DETROIT**

Employer identification number

**38-1359214**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)**



<b>Name of organization</b> JEWISH FEDERATION OF METROPOLITAN DETROIT	<b>Employer identification number</b> 38-1359214
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 1,525,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 2,225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 1,560,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 2,033,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 1,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 11,355,925.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> JEWISH FEDERATION OF METROPOLITAN DETROIT	<b>Employer identification number</b> 38-1359214
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 899,369.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> JEWISH FEDERATION OF METROPOLITAN DETROIT	<b>Employer identification number</b> 38-1359214
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**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

<b>Name of organization</b> JEWISH FEDERATION OF METROPOLITAN DETROIT	<b>Employer identification number</b> 38-1359214
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

**(e) Transfer of gift**

**Transferee's name, address, and ZIP + 4**

**Relationship of transferor to transferee**


(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

**(e) Transfer of gift**

**Transferee's name, address, and ZIP + 4**

**Relationship of transferor to transferee**


(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

**(e) Transfer of gift**

**Transferee's name, address, and ZIP + 4**

**Relationship of transferor to transferee**


(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

**(e) Transfer of gift**

**Transferee's name, address, and ZIP + 4**

**Relationship of transferor to transferee**


**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.**

**Open to Public Inspection**

**If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **JEWISH FEDERATION OF METROPOLITAN  
DETROIT** Employer identification number **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.

2 Political expenditures ..... ▶ \$ \_\_\_\_\_  
3 Volunteer hours .....

**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-.

JEWISH FEDERATION OF METROPOLITAN

**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.  
 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.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
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- .....														
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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(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				

JEWISH FEDERATION OF METROPOLITAN

Schedule C (Form 990 or 990-EZ) 2010 DETROIT

38-1359214 Page 3

**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)).

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....	X		20,400.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? If "Yes," describe in Part IV .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			20,400.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> 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	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

**PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:**

TO SUPPORT JEWISH CAUSES IN THE COMMUNITY

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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.	
a Total number of conservation easements .....	<b>Held at the End of the Tax Year</b> 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 8/17/06, 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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____	
7 Amount of expenses incurred in monitoring, inspecting, 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)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, 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" to 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 XIV, 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) Revenues included in Form 990, Part VIII, line 1 .....	▶ \$ _____
(ii) Assets included in Form 990, Part X .....	▶ \$ _____
2 If the organization received or held works of art, 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 Revenues included in Form 990, Part VIII, line 1 .....	▶ \$ _____
b Assets included in Form 990, Part X .....	▶ \$ _____



**JEWISH FEDERATION OF METROPOLITAN  
DETROIT**

Schedule D (Form 990) 2010

38-1359214 Page 2

**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 XIV.
- 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" to 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 XIV 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?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %

- 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)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(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		1,249,319.	785,926.	463,393.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				463,393.

Schedule D (Form 990) 2010

**JEWISH FEDERATION OF METROPOLITAN  
DETROIT**

Schedule D (Form 990) 2010

38-1359214 Page **3**

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) ISRAEL BONDS	496,076.	END-OF-YEAR MARKET VALUE
(B) ALTERNATIVE INVESTMENTS	3,379,671.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	<b>3,875,747.</b>	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) INTERORGANIZATION PAYABLES	1,974,699.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	<b>1,974,699.</b>

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

032053  
12-20-10

Schedule D (Form 990) 2010

**JEWISH FEDERATION OF METROPOLITAN  
DETROIT**

Schedule D (Form 990) 2010

38-1359214 Page 4

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	46,404,915.
2	Total expenses (Form 990, Part IX, column (A), line 25)	68,078,176.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-21,673,261.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	-2,619,314.
9	Total adjustments (net). Add lines 4 through 8	-2,619,314.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-24,292,575.

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	44,358,289.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	15,763.
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	15,763.
3	Subtract line 2e from line 1	44,342,526.
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	
b	Other (Describe in Part XIV.)	2,062,389.
c	Add lines 4a and 4b	2,062,389.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	46,404,915.

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	68,650,864.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV.)	2,635,077.
e	Add lines 2a through 2d	2,635,077.
3	Subtract line 2e from line 1	66,015,787.
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	
b	Other (Describe in Part XIV.)	2,062,389.
c	Add lines 4a and 4b	2,062,389.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	68,078,176.

**Part XIV Supplemental Information**

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

**PART X, LINE 2: THE ORGANIZATIONS ARE MICHIGAN NONPROFIT CORPORATIONS**

**UNDER SECTION 509(A)(3) OF THE INTERNAL REVENUE CODE THAT HAVE BEEN**

**GRANTED AN EXEMPTION FROM THE PAYMENT OF INCOME TAXES UNDER SECTION**

**501(C)(3) AND HAVE BEEN DETERMINED TO BE OTHER THAN PRIVATE FOUNDATIONS.**

**THE ORGANIZATION'S MANAGEMENT BELIEVES THAT THE ORGANIZATIONS CONTINUE TO**

**OPERATE IN A MANNER THAT PRESERVES ITS TAX EXEMPT STATUS.**

**THE ORGANIZATIONS APPLY THE STANDARDS FOR ACCOUNTING FOR UNCERTAINTY IN**

Schedule D (Form 990) 2010

**Part XIV** Supplemental Information (continued)

INCOME TAXES. THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS, ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE ORGANIZATIONS RECOGNIZE THE FINANCIAL STATEMENT BENEFIT OF A TAX POSITION ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD BE MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. FOR TAX POSITIONS MEETING THE MORE LIKELY THAN NOT THRESHOLD, THE AMOUNT RECOGNIZED IN THE FINANCIAL STATEMENTS IS THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED, UPON ULTIMATE SETTLEMENT WITH THE RELEVANT TAX AUTHORITY. AT THE ADOPTION DATE, THE ORGANIZATIONS APPLIED THE NEW ACCOUNTING STANDARD TO ALL TAX POSITIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAINED OPEN. THE ORGANIZATIONS DID NOT MAKE ANY ADJUSTMENT TO OPENING NET ASSETS AS A RESULT OF THE IMPLEMENTATION OF THE NEW ACCOUNTING STANDARD.

BASED ON ITS EVALUATION, THE ORGANIZATIONS HAVE CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN ITS FINANCIAL STATEMENTS. THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX EXAMINATIONS BY THE INTERNAL REVENUE SERVICE FOR THE YEARS BEFORE 2008.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

ALLOCATED TO UJF AND VARIOUS SUPPORT ORGANIZATIONS	-2,635,077.
RECOVERY OF PRIOR YEAR GRANTS	15,763.
TOTAL TO SCHEDULE D, PART XI, LINE 8	-2,619,314.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS RECEIVED IN AGENCY TRANSACTION	2,062,389.
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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. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

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 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 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities 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
MIDDLE EAST AND NORTH AFRICA	1	3	GRANTS TO RECIPIENT ORGANIZATIONS AND PROGRAM SERVICES	HUNGER RELIEF, AT RISK YOUTH PROGRAMS AND EARLY CHILDHOOD INITIATIVES, MISSIONS	391,955.
<b>3 a</b> Sub-total .....	1	3			391,955.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	1	3			391,955.

**JEWISH FEDERATION OF METROPOLITAN  
DETROIT**

Schedule F (Form 990) 2010

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Page 2

**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. Check this box if no one recipient received more than \$5,000  **X**  
 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)
			MIDDLE EAST AND NORTH AFRICA	TO SUPPORT THE COMMUNITY	100,000.00	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	TO SUPPORT ENRICHED SCHOOL PROGRAMS	5,000.00	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	TO SUPPORT THE COMMUNITY	50,000.00	WIRE	0.		

**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  
**3** Enter total number of other organizations or entities 3





JEWISH FEDERATION OF METROPOLITAN

**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 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)* .....  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, 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 file Form 5713, International Boycott Report (see Instructions for Form 5713)* .....  Yes  No

**Part V** Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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.

SCHEDULE F, 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.

Multiple horizontal lines for supplemental information.

**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" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

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. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶

1 (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)	72,559.	0.			TO SUPPORT CONSERVATIVE JUDAISM
AKIVA HEBREW DAY SCHOOL 21100 W. 12 MILE RD SOUTHFIELD, MI 48076	38-1750780	501(C)(3)	1,671,603.	0.			TO SUPPORT JEWISH EDUCATION
AMERICAN JEWISH COMMITTEE THE JACOB BLAUSTEIN BLDG NEW YORK, NY 10022-2746	13-5563393	501(C)(3)	21,750.	0.			TO ENHANCE THE JEWISH WAY OF LIFE
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE, - 711 3RD AVE - NEW YORK, NY 10017	13-1656634	501(C)(3)	100,000.	0.			TO SUPPORT THE JEWISH PEOPLE
ANTI-DEFAMATION LEAGUE 25800 NORTHWESTERN HWY SOUTHFIELD, MI 48075	13-1818723	501(C)(3)	23,095.	0.			TO FIGHT DISCRIMINATION
ATID 29901 MIDDLEBELT RD FARMINGTON HILLS, MI 48334	38-1437934	501(C)(3)	30,004.	0.			TO SUPPORT EDUCATION

**2** Enter total number of section 501(c)(3) and government organizations ..... **50.**

**3** Enter total number of other organizations .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2010)**

**JEWISH FEDERATION OF METROPOLITAN**

**DETROIT**

38-1359214

Page 1

Schedule I (Form 990)

**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)**

(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
BIRMINGHAM TEMPLE 28611 W 12 MILE RD FARMINGTON HILLS, MI 48334	38-1747980	501(C)(3)	14,731.	0.			TO SUPPORT JUDAISM
B'NAI BRITH YOUTH ORGANIZATION 6600 WEST MAPLE RD WEST BLOOMFIELD, MI 48322	31-1794932	501(C)(3)	186,541.	0.			TO SUPPORT THE ANNUAL CAMPAIGN
CONGREGATION BETH SHALOM 14601 W LINCOLN RD OAK PARK, MI 48237	38-1572145	501(C)(3)	38,400.	0.			TO SUPPORT CONSERVATIVE JUDAISM
CONGREGATION B'NAI MOSHE 6800 DRAKE RD WEST BLOOMFIELD, MI 48322	38-1357997	501(C)(3)	13,775.	0.			TO SUPPORT CONSERVATIVE JUDAISM
CONGREGATION SHAAREY ZEDEK 27375 BELL RD SOUTHFIELD, MI 48034	38-1420140	501(C)(3)	79,501.	0.			TO SUPPORT CONSERVATIVE JUDAISM
CONGREGATION SHIR TIKVAH 3900 NORTHFIELD PKWY TROY, MI 48084	38-2439322	501(C)(3)	61,450.	0.			TO SUPPORT REFORM JUDAISM
EASTERN MICHIGAN UNIVERSITY HILLEL 965 WASHTEAW AV. YPSILANTI, MI 48197	26-1708791	501(C)(3)	192,024.	0.			TO SUPPORT EDUCATION
FRANKEL JEWISH ACADEMY OF METRO DETROIT - 6600 W MAPLE RD - WEST BLOOMFIELD, MI 48322	38-3428219	501(C)(3)	1,403,916.	0.			TO SUPPORT EDUCATION
FRESH AIR SOCIETY 6735 TELEGRAPH RD, STE 380 BLOOMFIELD HILLS, MI 48301	38-1360545	501(C)(3)	1,566,568.	0.			TO SUPPORT THE NEEDS OF CHILDREN

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Schedule I (Form 990)

**JEWISH FEDERATION OF METROPOLITAN**

Schedule I (Form 990) **38-1359214** Page 1

**DETROIT**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
FRIENDS OF THE IDF 350 5TH AVENUE NEW YORK, NY 10118	13-3156445	501(C)(3)	100,000.	0.			TO SUPPORT THE FAMILIES
FRIENDSHIP CIRCLE 6892 W. MAPLE WEST BLOOMFIELD, MI 48322	38-3613944	501(C)(3)	103,480.	0.			TO SUPPORT FAMILIES WITH SPECIAL NEEDS
HEBREW FREE LOAN 6735 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301	38-1359260	501(C)(3)	439,782.	0.			TO PROVIDE INTEREST FREE LOANS
HILLEL DAY SCHOOL 32200 MIDDLEBELT RD FARMINGTON HILLS, MI 48334-1715	38-1586703	501(C)(3)	2,573,208.	0.			TO SUPPORT EDUCATION
HILLEL FOUNDATION OF METRO DETROIT 667 GROSSBERG RELIGIOUS CTR DETROIT, MI 48202-3919	52-1758804	501(C)(3)	349,372.	0.			TO SUPPORT EDUCATION
JARC 30301 NORTHWESTERN HWY SUITE 100 FARMINGTON HILLS, MI 48334	38-3690103	501(C)(3)	159,273.	0.			TO SUPPORT DISABLED INDIVIDUALS
JESNA 318 W. 39TH ST NEW YORK, NY 10018	13-1628141	501(C)(3)	7,230.	0.			TO SUPPORT JEWISH EDUCATION
JEWISH COMMUNITY CENTER 6600 W MAPLE RD WEST BLOOMFIELD, MI 48322	38-1358397	501(C)(3)	5,232,524.	0.			TO SUPPORT THE COMMUNITY
JEWISH COMMUNITY RELATIONS COUNCIL 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	38-3011194	501(C)(3)	686,234.	0.			TO SUPPORT THE JEWISH COMMUNITY

LHA Schedule I (Form 990)

**JEWISH FEDERATION OF METROPOLITAN**

Schedule I (Form 990) **38-1359214** Page 1

**DETROIT**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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 FAMILY SERVICE 6555 W. MAPLE ROAD BLOOMFIELD HILLS, MI 48322	38-0691329	501(C)(3)	7,817,905.	0.			TO SUPPORT JEWISH FAMILIES
JEWISH FEDERATIONS OF NORTH AMERICA - NATIONAL FUNDING COUNCIL - 111 8TH AVENUE - NEW YORK, NY 10011	13-1624240	501(C)(3)	17,711,839.	0.			TO SUPPORT THE JEWISH PEOPLE
JEWISH HOUSING ASSOCIATION 27777 FRANKLIN RD SOUTHFIELD, MI 48034	26-2824679	501(C)(3)	210,000.	0.			TO SUPPORT THE COMMUNITY
JEWISH PARENTS INSTITUTE 6600 WEST MAPLE RD WEST BLOOMFIELD, MI 48322	38-1358397	501(C)(3)	6,729.	0.			TO SUPPORT JEWISH EDUCATION
JEWISH SENIOR LIFE OF METRO DETROIT - 15000 WEST TEN MILE ROAD - OAK PARK, MI 48237	38-2693397	501(C)(3)	1,405,002.	0.			TO SUPPORT THE ELDERLY
JVS 15000 WEST TEN MILE ROAD OAK PARK, MI 48237	38-1358013	501(C)(3)	3,250,381.	0.			TO SUPPORT THE ELDERLY
KADIMA 15999 W TWELVE MILE RD SOUTHFIELD, MI 48076	38-2630596	501(C)(3)	134,833.	0.			TO SUPPORT INDIVIDUALS WITH SPECIAL NEEDS
MICHIGAN STATE UNIVERSITY - HILLEL FOUNDATION - 360 CHARLES ST - EAST LANSING, MI 48923	38-3034766	501(C)(3)	424,860.	0.			TO SUPPORT EDUCATION
TEMPLE BETH EL 7400 TELEGRAPH RD. BLOOMFIELD HILLS, MI 48301	38-1359595	501(C)(3)	67,514.	0.			TO SUPPORT REFORM JUDAISM

LHA Schedule I (Form 990)

JEWISH FEDERATION OF METROPOLITAN

DETROIT

38-1359214

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

(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 EMANU-EL 14450 W. 10 MILE RD OAK PARK, MI 48237	38-1493514	501(C)(3)	43,872.	0.			TO SUPPORT REFORM JUDAISM
TEMPLE ISRAEL 5725 WALNUT LAKE RD. WEST BLOOMFIELD, MI 48323	38-1490194	501(C)(3)	312,693.	0.			TO SUPPORT REFORM JUDAISM
TEMPLE KOL AMI 5085 WALNUT LAKE RD WEST BLOOMFIELD, MI 48323	38-6140065	501(C)(3)	27,233.	0.			TO SUPPORT REFORM JUDAISM
TEMPLE SHIR SHALOM 3999 WALNUT LAKE RD WEST BLOOMFIELD, MI 48323	38-2803191	501(C)(3)	53,594.	0.			TO SUPPORT REFORM JUDAISM
THE SHUL 6890 W. MAPLE RD WEST BLOOMFIELD, MI 48322	20-1370223	501(C)(3)	11,300.	0.			TO SUPPORT THE JEWISH COMMUNITY
UNITED JEWISH FOUNDATION OF METROPOLITAN DETROIT - 6735 TELEGRAPH ROAD - BLOOMFIELD HILLS, MI 48301	38-1350585	501(C)(3)	4,613,075.	0.			TO SUPPORT THE COMMUNITY
UNIVERSITY OF MICHIGAN - HILLEL 1429 HILL ST ANN ARBOR, MI 48104-3105	38-6119964	501(C)(3)	480,845.	0.			TO SUPPORT EDUCATION
YESHIVA BETH VEHUDAH 15751 W LINCOLN SOUTHFIELD, MI 48037-2044	38-1437939	501(C)(3)	3,187,945.	0.			TO SUPPORT JEWISH EDUCATION
YESHIVA GEDOLAH 24600 GREENFIELD ROAD OAK PARK, MI 48237-1544	38-2569760	501(C)(3)	296,321.	0.			TO SUPPORT EDUCATION

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Schedule I (Form 990)

**JEWISH FEDERATION OF METROPOLITAN**

Schedule I (Form 990)

**DETROIT**

**38-1359214**

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
YESHIVAS DARCHEI TORAH 21550 W TWELVE MILE RD SOUTHFIELD, MI 48076-5501	38-2842622	501(C)(3)	851,602.	0.			TO SUPPORT JEWISH EDUCATION
AISH HATORAH 25725 COOLIDGE HIGHWAY OAK PARK, MI 48237	38-2785489	501(C)(3)	5,274.	0.			TO SUPPORT CONSERVATIVE JUDAISM
CONGREGATION BETH AHM 5075 W. MAPLE ROAD WEST BLOOMFIELD, MI 48322	38-6004801	501(C)(3)	8,563.	0.			TO SUPPORT CONSERVATIVE JUDAISM
DETROIT PUBLIC TELEVISION 1 CLOVER COURT WIXOM, MI 48393-2247	38-1440200	501(C)(3)	10,000.	0.			TO SUPPORT THE ARTS
E.L.E.M. YOUTH IN DISTRESS, INC 270 MADISON AVE STE 1501 NEW YORK, NY 10016	13-3171815	501(C)(3)	5,000.	0.			TO SUPPORT THE NEEDS OF CHILDREN
JEWISH COMMUNITY FEDERATION OF CLEVELAND - 1750 EUCLID AVE - CLEVELAND, OH 44115	34-0714445	501(C)(3)	300,000.	0.			TO SUPPORT THE JEWISH PEOPLE
MICHIGAN FRIENDS OF THE IDF 8451 BOULDER COURT STE 100 WALLED LAKE, MI 48390-9830	13-3156445	501(C)(3)	255,021.	0.			TO SUPPORT THE ISRAELI SOLDIERS
WORLD CONFERENCE OF JCS 711 THIRD AVENUE, 10TH FLOOR NEW YORK, NY 10017	13-3203606	501(C)(3)	5,000.	0.			TO SUPPORT THE JEWISH PEOPLE

LHA

Schedule I (Form 990)



**JEWISH FEDERATION OF METROPOLITAN**

**DETROIT**

Schedule I (Form 990) (2010)

38-1359214

Page 2

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

**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 STATEMENTS AND ANNUAL AUDITS FROM CONSTITUENT AGENCIES. STAFF MEET WITH RECIPIENT ORGANIZATIONS SEVERAL TIMES A YEAR TO REVIEW PROGRAMS, SERVICES, BUDGETS AND ACCREDITATIONS.**

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

**JEWISH FEDERATION OF METROPOLITAN  
DETROIT**

Employer identification number

**38-1359214**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on 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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in 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 from the organization or a related organization?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in 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?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued 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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2010

**JEWISH FEDERATION OF METROPOLITAN  
DETROIT**

Schedule J (Form 990) 2010

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**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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name	(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 reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SCOTT KAUFMAN	(i)	253,258.	0.	420.	0.	11,292.	264,970.
	(ii)	0.	0.	0.	0.	0.	0.
2 DOROTHY BENYAS	(i)	174,260.	0.	822.	18,827.	16,177.	210,086.
	(ii)	0.	0.	0.	0.	0.	0.
3 ANDREW ECHT	(i)	174,260.	0.	357.	15,600.	13,418.	203,635.
	(ii)	0.	0.	0.	0.	0.	0.
4 HOWARD NEISTEIN	(i)	174,260.	0.	1,537.	7,000.	16,363.	199,160.
	(ii)	0.	0.	0.	0.	0.	0.
5 ROBERT ARONSON	(i)	262,803.	0.	41,950.	22,000.	28,074.	354,827.
	(ii)	0.	0.	0.	0.	0.	0.
6 STACEY CRANE	(i)	164,962.	0.	769.	21,628.	9,688.	197,047.
	(ii)	0.	0.	0.	0.	0.	0.
7 JONATHAN LOWE	(i)	160,086.	0.	1,388.	0.	16,515.	177,989.
	(ii)	0.	0.	0.	0.	0.	0.
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Schedule J (Form 990) 2010

JEWISH FEDERATION OF METROPOLITAN

DETROIT

Schedule J (Form 990) 2010

38-1359214

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**Part III** Supplemental Information

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

**PART I, LINE 4B: ROBERT ARONSON - \$33,267**





**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.

OMB No. 1545-0047

**2010**

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Name of the organization	JEWISH FEDERATION OF METROPOLITAN DETROIT	Employer identification number	38-1359214
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESOURCES, ENGAGING IN COMMUNAL PLANNING AND ALLOCATION AND ADVOCATION TO MEET THE NEEDS. THE FEDERATION REMAINS COMMITTED TO MEETING THE HUMAN SERVICE NEEDS OF FAMILIES AND INDIVIDUALS. THE FEDERATION SEEKS TO FURTHER THE RELATIONSHIP BETWEEN THE JEWISH COMMUNITY AND THE COMMUNITY AT LARGE IN THE DETROIT METROPOLITAN AREA.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

INCLUDES EXPENSES RELATED TO DIRECT PROGRAM SERVICES THAT SUPPORT OUR LOCAL AFFILIATED AGENCIES. IN ADDITION, INCLUDES MISSION EXPENSES TO FOSTER BETTER RELATIONS WITH ISRAEL.

EXPENSES \$ 6,753,741. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,377,397.

FORM 990, PART VI, SECTION A, LINE 2: THE FOLLOWING BOARD MEMBERS HAVE FAMILY RELATIONSHIPS:

EUGENE APPLEBAUM AND PAMELA APPLEBAUM

HAROLD BLUMENSTEIN AND PENNY BLUMENSTEIN

SANDY DANTO AND MARVIN DANTO

DOUGLAS ETKIN AND PETER ALTER

PHILLIP FISHER AND JANE SHERMAN

DAVID FOLTYN AND ELYSE FOLTYN

CONRAD L. GILES AND LYNDA GILES

HUGH GREENBERG AND CAROLYN GREENBERG

JAMES GROSFELD AND NANCY GROSFELD

DAN GUYER AND CHERYL GUYER

JEROME HALPERIN AND MARGOT HALPERIN

Name of the organization <b>JEWISH FEDERATION OF METROPOLITAN DETROIT</b>	Employer identification number <b>38-1359214</b>
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- MARK HAUSER AND MICHAEL HAUSER
- NANCY HEINRICH AND BRIAN SIEGEL
- ROBERT HEINRICH AND NANCY HEINRICH
- DOREEN HERMELIN BND MARCIE ORLEY
- MICHAEL HOROWITZ AND BARBARA HOROWITZ
- LEE HURWITZ AND TODD SACHSE
- JOHN E. JACOBS AND MICHAEL HOROWITZ
- DAVID JACOBSON AND NANCY JACOBSON
- EMERY KLEIN AND DIANE KLEIN
- DIANE KLEIN AND BARBARA ZALTZ
- EMERY KLEIN AND BARBARA ZALTZ
- DAVID KRAMER AND ANESSA KRAMER
- HANNAN LIS AND LISA LIS
- HANNAN LIS AND FLORINE MARK
- LISA LIS AND FLORINE MARK
- ARTHUR LISS AND BEVERLY LISS
- BRIAN MEER AND EDWARD MEER
- ROBERT NAFTALY AND HOWARD BROWN
- LARRY NEMER AND PATTI NEMER
- MARCIE ORLEY AND BRIAN HERMELIN
- MARCIE ORLEY AND LARRY LAX
- MARCIE ORLEY AND ALLAN NACHMAN
- BENJAMIN ROSENTHAL AND MARTA ROSENTHAL
- BRIAN SATOVSKY AND NEIL SATOVSKY
- JUDITH SCHRAM AND MICHAEL HOROWITZ
- ALAN S. SCHWARTZ AND SANDRA SCHWARTZ
- BRIAN SIEGEL AND ROBERT HEINRICH



Name of the organization <b>JEWISH FEDERATION OF METROPOLITAN DETROIT</b>	Employer identification number <b>38-1359214</b>
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**THE FOLLOWING BOARD MEMBERS HAVE BUSINESS RELATIONSHIPS:**

**EUGENE APPLEBAUM AND PAMELA APPLEBAUM**

**TODD SACHSE AND DOUGLAS ETKIN**

**MARK HAUSER AND MICHAEL MADDIN**

**LEE HURWITZ AND TODD SACHSE**

**LEE HURWITZ AND RICH BRODER**

**HANNAN LIS AND FLORINE MARK**

**HANNAN LIS AND LISA LIS**

**TODD SACHSE AND RICH BRODER**

**JUDITH SCHRAM AND MICHAEL HOROWITZ**

**RONALD SCHWARTZ AND ROBERT SCHWARTZ**

**BRIAN SIEGEL AND SCOTT KAUFMAN**

**ROBERT SLATKIN AND MARK HAUSER**

**ROBERT SLATKIN AND MICHAEL MADDIN**

**FORM 990, PART VI, SECTION B, LINE 11: THE AUDIT COMMITTEE HAS THE AUTHORITY TO APPROVE THE FORM 990 ON BEHALF OF THE BOARD OF GOVERNORS. THE FORM 990 IS REVIEWED INTERNALLY BY THE FINANCE DIRECTOR AND CHIEF FINANCIAL OFFICER. THE DRAFT IS THEN REVIEWED AND APPROVED BY THE AUDIT COMMITTEE. FOLLOWING AUDIT COMMITTEE APPROVAL, THE FORM 990 IS FILED. THE BOARD OF JEWISH FEDERATION OF METROPOLITAN DETROIT RECEIVE A COPY OF THE FORM 990 AFTER IT IS FILED.**

**FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS, BOARD MEMBERS AND STAFF OF THE JEWISH FEDERATION OF METROPOLITAN DETROIT DISCLOSE IN WRITING ANY POTENTIAL CONFLICTS OF INTEREST. THIS DOCUMENTATION IS MAINTAINED ON FILE. AT THE TIME OF VOTING ON GRANT APPROVALS, BOARD MEMBERS ARE ASKED TO CITE CONFLICTS OF INTEREST, IF ANY EXIST, AND ABSTAIN FROM**

Name of the organization	JEWISH FEDERATION OF METROPOLITAN DETROIT	Employer identification number	38-1359214
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INDIVIDUAL VOTES. THIS PROCESS IS RECORDED IN THE BOARD MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 15: A COMPENSATION COMMITTEE DETERMINES COMPENSATION BASED ON THE STAFF MEMBERS' ESTABLISHED GOALS AND OBJECTIVES. THE COMMITTEE WILL ALSO CONSIDER COMPARABLE SALARY DATA FROM OTHER JEWISH FEDERATIONS OR NON-PROFIT ORGANIZATIONS. THIS PROCESS IS DONE ANNUALLY FOR THE CEO, CFO, CHIEF FINANCIAL RESOURCE DEVELOPMENT OFFICER AND THE CHIEF ADMINISTRATIVE OFFICER AND LAST OCCURRED IN FEBRUARY 2011. THE ANALYSIS AND CONCLUSIONS ARE DOCUMENTED IN THE COMMITTEE MEETING MINUTES.

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

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

ALLOCATED TO UJF AND VARIOUS SUPPORT ORGANIZATIONS	-2,635,077.
RECOVERY OF PRIOR YEAR GRANTS	15,763.
TOTAL TO FORM 990, PART XI, LINE 5	-2,619,314.

FORM 990, PART XII, LINE 2C:

THE JEWISH FEDERATION OF METROPOLITAN DETROIT HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTING FIRM. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART VII

AVERAGE HOURS DEVOTED TO RELATED ORGANIZATIONS:

THE HOURS REPORTED BELOW ARE THE HOURS DEVOTED BY THE OFFICERS,





JEWISH FEDERATION OF METROPOLITAN

DETROIT

Schedule R (Form 990)

38-1359214

**Part II** Continuation of 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 organization?	
						Yes	No
BELLE & ISIDOR EISENBERG FAMILY SUPPORT FOUNDATION - 30-0232172, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
MAX M. AND MARJORIE S. FISHER SUPPORT FOUNDATION - 38-2490338, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
PHILLIP W. FISHER SUPPORT FOUNDATION - 38-2550053, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
STANLEY & JUDITH FRANKEL SUPPORT FOUNDATION - 38-2582297, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
SAMUEL FRANKEL AND JEAN FRANKEL SUPPORT FOUNDATION - 38-2582299, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
GERSHENSON FAMILY SUPPORT FOUNDATION - 38-3423715, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
IRWIN AND BETHEA GREEN SUPPORT FOUNDATION - 38-2490337, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
RITA C. & JOHN HADDOW FAMILY SUPPORT FOUNDATION - 38-2824409, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
JOHN & ROSE HERMAN SUPPORT FOUNDATION - 38-3216504, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
HERMELIN FAMILY SUPPORT FOUNDATION - 38-2574834, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
NANCY L. AND JOSEPH M. JACOBSON FAMILY SUPPORT FOUNDATION - 30-0232149, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
MAXWELL AND MARJORIE JOSPEY SUPPORT FOUNDATION - 30-0232176, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X

JEWISH FEDERATION OF METROPOLITAN  
DETROIT

Schedule R (Form 990)

38-1359214

**Part II** Continuation of 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 organization?	
						Yes	No
JUDAIC STUDIES SUPPORT FOUNDATION - 38-2805017, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
KATZMAN FAMILY SUPPORT FOUNDATION - 30-0021246, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
HERBERT W. KAUFMAN FAMILY SUPPORT FOUNDATION - 38-3212494, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
DOUG & KAISA LEVINE FAMILY SUPPORT FOUNDATION - 38-3548910, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
NORMA JEAN AND EDWARD M. MEER SUPPORT FOUNDATION - 38-3423714, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
NORMAN A. & SUSAN L. PAPPAS FAMILY SUPPORT FOUNDATION - 38-2582300, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
PROFESSIONAL LEADERS PROJECT SUPPORT FOUNDATION - 20-1431220, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
PRENTIS FAMILY SUPPORT FOUNDATION - 38-2805115, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
JACK A. & AVIVA ROBINSON FAMILY SUPPORT FOUNDATION - 38-2993215, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
ROSE FAMILY SUPPORT FOUNDATION - 30-0021241 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
IRVING A. RUBIN FAMILY SUPPORT FOUNDATION - 38-3316506, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
SHELDON SANDWEISS FAMILY SUPPORT FOUNDATION - 38-3548909, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X

JEWISH FEDERATION OF METROPOLITAN

DETROIT

Schedule R (Form 990)

38-1359214

**Part II** Continuation of 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 organization?	
						Yes	No
SCHOSTAK FAMILY SUPPORT FOUNDATION - 38-3212496, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
MERTON J. & BEVERLY SEGAL SUPPORT FOUNDATION - 38-2993223, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
SHAEVSKY FAMILY SUPPORT FOUNDATION - 38-3423716, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
JOEL H. & LORRAINE SHAPIRO FAMILY FOUNDATION - 38-2870707, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
JANE F. AND D. LAWRENCE SHERMAN FAMILY SUPPORT FOUNDATION - 30-0232175, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
THE SHIFFMAN FAMILY SUPPORT FOUNDATION - 38-2824407, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
TAUBER FAMILY SUPPORT FOUNDATION - 38-2581585, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
ARLENE & STEVEN I. VICTOR SUPPORT FOUNDATION - 38-3548911, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
STANLEY & MARGARET WINKELMAN SUPPORT FOUNDATION - 38-6064584, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
WOODRUM FOUNDATION - 38-3316513 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
WILLIAM A. & SHIRLEY P. YOLLES SUPPORT FOUNDATION - 38-2993219, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
ZLOTOFF FAMILY SUPPORT FOUNDATION - 38-3316509, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X

**JEWISH FEDERATION OF METROPOLITAN  
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Schedule R (Form 990)

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**Part II** Continuation of 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 organization?	
						Yes	No
ZUCKERMAN FAMILY SUPPORT FOUNDATION - 30-0021251, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
THE SUPPORTING OPPORTUNITY - 30-0232178 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
COVILLE-TRIEST FAMILY FOUNDATION - 38-2548695, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
DAVID AND MARION HANDLEMAN SUPPORT FOUNDATION - 30-0232151, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
HUGHES L. & SHELLA M. POTIKER SUPPORT FOUNDATION - 38-2805116, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
RUBIN SHAYE FOUNDATION - 38-6091304 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
LEON & JOSEPHINE WINKELMAN FOUNDATION - 38-6057189, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
FEDERATION SUPPORT FOUNDATION 39 - 61-1562412, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
FEDERATION SUPPORT FOUNDATION 40 - 61-1562407, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
FEDERATION SUPPORT FOUNDATION 41 - 61-1562406, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
FEDERATION SUPPORT FOUNDATION 42 - 30-0482325, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X
FEDERATION SUPPORT FOUNDATION 43 - 30-0482324, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION		X





**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

		Yes	No
<b>1</b>	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b>	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Gift, grant, or capital contribution to other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	Gift, grant, or capital contribution from other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>d</b>	Loans or loan guarantees to or for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b>	Loans or loan guarantees by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b>	Sale of assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b>	Purchase of assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b>	Exchange of assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b>	Lease of facilities, equipment, or other assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b>	Lease of facilities, equipment, or other assets from other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>k</b>	Performance of services or membership or fundraising solicitations for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>l</b>	Performance of services or membership or fundraising solicitations by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>m</b>	Sharing of facilities, equipment, mailing lists, or other assets	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>n</b>	Sharing of paid employees	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>o</b>	Reimbursement paid to other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>p</b>	Reimbursement paid by other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>q</b>	Other transfer of cash or property to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>r</b>	Other transfer of cash or property from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2</b>	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.		

	(a) Name of other organization	(b) Transaction type (e-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	PHILLIP W. FISHER SUPPORT FOUNDATION	C	175,000.	CASH TRANSACTION
(2)	STANLEY & JUDITH FRANKEL SUPPORT FOUNDATION	C	433,333.	CASH TRANSACTION
(3)	SAMUEL FRANKEL AND JEAN FRANKEL SUPPORT FOUNDATION	C	1,750,000.	CASH TRANSACTION
(4)	IRWIN AND BETHEA GREEN SUPPORT FOUNDATION	C	55,000.	CASH TRANSACTION
(5)	HERMELIN FAMILY SUPPORT FOUNDATION	C	60,025.	CASH TRANSACTION
(6)	MAXWELL AND MARJORIE JOSPEY SUPPORT FOUNDATION	C	75,000.	CASH TRANSACTION

**JEWISH FEDERATION OF METROPOLITAN**

**DETROIT**

Schedule R (Form 990)

38-1359214

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)	KATZMAN FAMILY SUPPORT FOUNDATION	C	338,333.	CASH TRANSACTION
(8)	NORMAN A. & SUSAN L. PAPPAS FAMILY SUPPORT FOUNDATION	C	105,000.	CASH TRANSACTION
(9)	PRENTIS FAMILY SUPPORT FOUNDATION	C	130,000.	CASH TRANSACTION
(10)	SCHOSTAK FAMILY SUPPORT FOUNDATION	C	138,833.	CASH TRANSACTION
(11)	JANE F. & D. LAWRENCE SHERMAN FAMILY SUPPORT FOUNDATION	C	55,000.	CASH TRANSACTION
(12)	ZLOTOFF FAMILY SUPPORT FOUNDATION	C	60,000.	CASH TRANSACTION
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				



