

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)

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2011** calendar year, or tax year beginning **JUN 1, 2011** and ending **MAY 31, 2012**

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	C Name of organization JEWISH FEDERATION OF METROPOLITAN DETROIT		D Employer identification number 38-1359214
	Doing Business As		E Telephone number (248) 642-4260
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or country, and ZIP + 4 BLOOMFIELD HILLS, MI 48301		G Gross receipts \$ 49,322,395.
F Name and address of principal officer: SCOTT KAUFMAN SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I 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		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: WWW.JEWISHDETROIT.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1926 M State of legal domicile: MI	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO MEET THE NEEDS OF JEWISH FAMILIES AND INDIVIDUALS IN THE LOCAL DETROIT AREA AND IN ISRAEL.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	168
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	166
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	119
	6 Total number of volunteers (estimate if necessary)	6	769
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,368.
b Net unrelated business taxable income from Form 990-T, line 34	7b	1,368.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	43,146,688.	46,208,851.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,377,397.	1,200,233.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,495.	19,580.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,857,335.	1,893,731.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	46,404,915.	49,322,395.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	56,820,509.	31,260,017.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	8,328,011.	8,847,155.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,476,843.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,929,656.	3,659,168.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	68,078,176.	43,766,340.	
19 Revenue less expenses. Subtract line 18 from line 12	-21,673,261.	5,556,055.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	36,824,692.	35,897,630.
	22 Net assets or fund balances. Subtract line 21 from line 20	29,038,922.	29,025,495.
		7,785,770.	6,872,135.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	DOROTHY BENYAS, CHIEF FINANCIAL OFFICER		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	LYNNE M. HUISMANN		
	Firm's name ▶ PLANTE & MORAN, PLLC	Firm's EIN ▶ 38-1357951	Check if self-employed <input type="checkbox"/>
Firm's address ▶ 2601 CAMBRIDGE CT., SUITE 500		Phone no. 248-375-7100	
AUBURN HILLS, MI 48326			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 WITH THE JEWISH COMMUNITY AND IN MOBILIZING HUMAN AND FINANCIAL RESOURCES,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ **19,963,583.** including grants of \$ **19,963,583.**) (Revenue \$ **1,731,374.**)
DISTRIBUTION OF FUNDS TO QUALIFIED 501(C)(3) ORGANIZATIONS THAT SERVE THE JEWISH COMMUNITY LOCALLY REPRESENTED BY OUR 18 AFFILIATED AGENCIES.

4b (Code:) (Expenses \$ **9,433,708.** including grants of \$ **9,433,708.**) (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 \$ **1,862,726.** including grants of \$ **1,862,726.**) (Revenue \$)
DISTRIBUTION OF FUNDS TO OTHER QUALIFIED 501(C)3 ORGANIZATIONS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ **7,122,751.** including grants of \$) (Revenue \$ **1,200,233.**)

4e Total program service expenses **38,382,768.**

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 <i>Schedule B, Schedule of Contributors</i> ?	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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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 temporarily restricted endowments, permanent endowments, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <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 hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Form 990 (2011)

38-1359214 Page 4

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
26	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>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	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>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	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>	X	
34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35a		X	
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>	X	
35b		X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	
38		X	

Form 990 (2011)

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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 135		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 119		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
	4a		
b	If "Yes," enter the name of the foreign country: ISRAEL See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	168		
b	Enter the number of voting members included in line 1a, above, who are independent		
	166		
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	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, 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

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JONATHAN AARON DIRECTOR	0.50	X					0.	0.	0.	
(2) MARK ADLER DIRECTOR	0.50	X					0.	0.	0.	
(3) PETER M. ALTER DIRECTOR	0.50	X					0.	0.	0.	
(4) EUGENE M. APPLEBAUM DIRECTOR	0.50	X					0.	0.	0.	
(5) RONALD M APPLEBAUM DIRECTOR	0.50	X					0.	0.	0.	
(6) NORA LEE BARRON DIRECTOR	0.50	X					0.	0.	0.	
(7) NORMAN BEITNER DIRECTOR	0.50	X					0.	0.	0.	
(8) JAMES BELLINSON VICE PRESIDENT	0.50	X		X			0.	0.	0.	
(9) MANDELL L. BERMAN DIRECTOR	0.50	X					0.	0.	0.	
(10) ROSELYN BLANCK DIRECTOR	0.50	X					0.	0.	0.	
(11) FREDERICK BLECHMAN DIRECTOR	0.50	X					0.	0.	0.	
(12) DOUGLAS A. BLOOM PRESIDENT	10.00	X		X			0.	0.	0.	
(13) PENNY B. BLUMENSTEIN DIRECTOR	0.50	X					0.	0.	0.	
(14) PAUL D. BORMAN DIRECTOR	0.50	X					0.	0.	0.	
(15) RICHARD BRODER DIRECTOR	0.50	X					0.	0.	0.	
(16) RICHARD J BURNSTEIN DIRECTOR	0.50	X					0.	0.	0.	
(17) JEFFREY CAMIENER DIRECTOR	0.50	X					0.	0.	0.	

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Form 990 (2011)

38-1359214 Page **8**

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROBERT CANVASSER DIRECTOR	0.50	X					0.	0.	0.	
(19) RONALD B. CHARFOOS DIRECTOR	0.50	X					0.	0.	0.	
(20) SUSAN CITRIN DIRECTOR	0.50	X					0.	0.	0.	
(21) AVERN L. COHN DIRECTOR	0.50	X					0.	0.	0.	
(22) SUZAN F. CURHAN DIRECTOR	0.50	X					0.	0.	0.	
(23) PEGGY DAITCH DIRECTOR	0.50	X					0.	0.	0.	
(24) SANDY MUSKOVITZ-DANTO DIRECTOR	0.50	X					0.	0.	0.	
(25) MARK DAVIDOFF DIRECTOR	0.50	X					0.	0.	0.	
(26) JEFFREY M. DAVIDSON DIRECTOR	0.50	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							1,676,787.	0.	263,144.	
d Total (add lines 1b and 1c)							1,676,787.	0.	263,144.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 12

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2011)

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Form 990 (2011)

38-1359214

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			
(27) DENNIS B. DEUTSCH DIRECTOR	0.50	X					0.	0.	0.	
(28) ELAINE DRIKER DIRECTOR	0.50	X					0.	0.	0.	
(29) SCOTT EISENBERG DIRECTOR	0.50	X					0.	0.	0.	
(30) MICHAEL EIZELMAN DIRECTOR	0.50	X					0.	0.	0.	
(31) RON ELKUS DIRECTOR	0.50	X					0.	0.	0.	
(32) IRWIN L. ELSON DIRECTOR	0.50	X					0.	0.	0.	
(33) JOAN CHERNOFF EPSTEIN DIRECTOR	0.50	X					0.	0.	0.	
(34) DOUGLAS M. ETKIN DIRECTOR	0.50	X					0.	0.	0.	
(35) KATHLEEN WILSON-FINK DIRECTOR	0.50	X					0.	0.	0.	
(36) DAVID FOLTYN DIRECTOR	0.50	X					0.	0.	0.	
(37) JEFFREY FORMAN DIRECTOR	0.50	X					0.	0.	0.	
(38) STANLEY FRANKEL DIRECTOR	0.50	X					0.	0.	0.	
(39) JENNIFER L. FRIEDMAN DIRECTOR	0.50	X					0.	0.	0.	
(40) DANIEL GILBERT DIRECTOR	0.50	X					0.	0.	0.	
(41) CONRAD L. GILES DIRECTOR	0.50	X					0.	0.	0.	
(42) LYNDA GILES DIRECTOR	0.50	X					0.	0.	0.	
(43) IRMA GLASER DIRECTOR	0.50	X					0.	0.	0.	
(44) PAULA GLAZIER DIRECTOR	0.50	X					0.	0.	0.	
(45) GAYLE FRIEDMAN GOLD DIRECTOR	0.50	X					0.	0.	0.	
(46) CAROLYN GREENBERG DIRECTOR	0.50	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Form 990 (2011)

38-1359214

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			
(47) HUGH W. GREENBERG DIRECTOR	0.50	X						0.	0.	0.
(48) NANCY GROSFELD DIRECTOR	0.50	X						0.	0.	0.
(49) CHERYL GUYER DIRECTOR	0.50	X						0.	0.	0.
(50) DAN G. GUYER DIRECTOR	0.50	X						0.	0.	0.
(51) DAVID HANDLEMAN DIRECTOR	0.50	X						0.	0.	0.
(52) SHARON HART DIRECTOR	0.50	X						0.	0.	0.
(53) LINDA HAYMAN DIRECTOR	0.50	X						0.	0.	0.
(54) NANCY HEINRICH DIRECTOR	0.50	X						0.	0.	0.
(55) ROBERT HEINRICH DIRECTOR	0.50	X						0.	0.	0.
(56) BRIAN HERMELIN DIRECTOR	0.50	X						0.	0.	0.
(57) DOREEN HERMELIN DIRECTOR	0.50	X						0.	0.	0.
(58) FRANK H HOFFMAN DIRECTOR	0.50	X						0.	0.	0.
(59) JAMES HOOBERMAN DIRECTOR	0.50	X						0.	0.	0.
(60) BARBARA HOROWITZ DIRECTOR	0.50	X						0.	0.	0.
(61) MICHAEL P. HOROWITZ DIRECTOR	0.50	X						0.	0.	0.
(62) LEE HURWITZ DIRECTOR	0.50	X						0.	0.	0.
(63) EDYTHE JACKIER DIRECTOR	0.50	X						0.	0.	0.
(64) LAWRENCE S. JACKIER DIRECTOR	0.50	X						0.	0.	0.
(65) JOHN E. JACOBS DIRECTOR	0.50	X						0.	0.	0.
(66) DAVID JACOBSON DIRECTOR	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Form 990 (2011)

38-1359214

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			
(67) DAVID KARP DIRECTOR	0.50	X					0.	0.	0.	
(68) ANDREW KOLLIN DIRECTOR	0.50	X					0.	0.	0.	
(69) SCOTT KAUFMAN EXECUTIVE SECRETARY AND CEO	20.00	X		X			254,042.	0.	27,810.	
(70) BERNARD S KENT DIRECTOR	0.50	X					0.	0.	0.	
(71) BRIAN E. KEPES DIRECTOR	0.50	X					0.	0.	0.	
(72) JUDY KEPES DIRECTOR	0.50	X					0.	0.	0.	
(73) SHERRI KETAI DIRECTOR	0.50	X					0.	0.	0.	
(74) DIANE KLEIN DIRECTOR	0.50	X					0.	0.	0.	
(75) EMERY I. KLEIN DIRECTOR	0.50	X					0.	0.	0.	
(76) JASON KLEIN DIRECTOR	0.50	X					0.	0.	0.	
(77) LINDA Z. KLEIN DIRECTOR	0.50	X					0.	0.	0.	
(78) RONALD A. KLEIN VICE PRESIDENT	0.50	X		X			0.	0.	0.	
(79) SETH KORELITZ DIRECTOR	0.50	X					0.	0.	0.	
(80) HOWARD J. KORMAN DIRECTOR	0.50	X					0.	0.	0.	
(81) MARK KOWALSKY DIRECTOR	0.50	X					0.	0.	0.	
(82) ANESSA KRAMER DIRECTOR	0.50	X					0.	0.	0.	
(83) DAVID KRAMER DIRECTOR	0.50	X					0.	0.	0.	
(84) HENRY KROLL DIRECTOR	0.50	X					0.	0.	0.	
(85) RICHARD KRUGEL DIRECTOR	0.50	X					0.	0.	0.	
(86) LAWRENCE S. LAX DIRECTOR	0.50	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Form 990 (2011)

38-1359214

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			
(87) TERRAN LEEMIS DIRECTOR	0.50	X					0.	0.	0.	
(88) MATTHEW B. LESTER VICE PRESIDENT	0.50	X		X			0.	0.	0.	
(89) JOSHUA LEVINE DIRECTOR	0.50	X					0.	0.	0.	
(90) EDWARD C LEVY, JR DIRECTOR	0.50	X					0.	0.	0.	
(91) MIACHAEL LIPPITT DIRECTOR	0.50	X					0.	0.	0.	
(92) ROBERT LIPPITT SECRETARY	0.50	X		X			0.	0.	0.	
(93) SHARON B. LIPTON DIRECTOR	0.50	X					0.	0.	0.	
(94) LISA I. LIS DIRECTOR	0.50	X					0.	0.	0.	
(95) ARTHUR LISS DIRECTOR	0.50	X					0.	0.	0.	
(96) BEVERLY LISS VICE PRESIDENT	0.50	X		X			0.	0.	0.	
(97) ILANA LISS DIRECTOR	0.50	X					0.	0.	0.	
(98) HAROLD S LOSS DIRECTOR	0.50	X					0.	0.	0.	
(99) KEITH A. LUBLIN DIRECTOR	0.50	X					0.	0.	0.	
(100) LINDSEY MADDIN DIRECTOR	0.50	X					0.	0.	0.	
(101) MARTY MADDIN DIRECTOR	0.50	X					0.	0.	0.	
(102) MICHAEL W. MADDIN DIRECTOR	0.50	X					0.	0.	0.	
(103) FLORINE MARK DIRECTOR	0.50	X					0.	0.	0.	
(104) JILL MENUCK DIRECTOR	0.50	X					0.	0.	0.	
(105) HOWARD MOROF DIRECTOR	0.50	X					0.	0.	0.	
(106) RABBI MICHAEL L. MOSKOWITZ DIRECTOR	0.50	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Form 990 (2011)

38-1359214

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			
(107) ROBERT H. NAFTALY DIRECTOR	0.50	X						0.	0.	0.
(108) LARRY M. NEMER DIRECTOR	0.50	X						0.	0.	0.
(109) BILL NEWMAN DIRECTOR	0.50	X						0.	0.	0.
(110) JOSHUA F. OPPERER TREASURER	0.50	X		X				0.	0.	0.
(111) MARCIE ORLEY DIRECTOR	0.50	X						0.	0.	0.
(112) DAVID K. PAGE DIRECTOR	0.50	X						0.	0.	0.
(113) SUSIE PAPPAS DIRECTOR	0.50	X						0.	0.	0.
(114) PATRICE M. PHILLIPS DIRECTOR	0.50	X						0.	0.	0.
(115) ROBERT M. PILCOWITZ DIRECTOR	0.50	X						0.	0.	0.
(116) JACK A. ROBINSON DIRECTOR	0.50	X						0.	0.	0.
(117) HOWARD M. ROSEN DIRECTOR	0.50	X						0.	0.	0.
(118) DULCIE B. ROSENFELD DIRECTOR	0.50	X						0.	0.	0.
(119) MARTA ROSENTHAL DIRECTOR	0.50	X						0.	0.	0.
(120) TERRI FARBER ROTH DIRECTOR	0.50	X						0.	0.	0.
(121) BRIAN Y. SATOVSKY DIRECTOR	0.50	X						0.	0.	0.
(122) NEIL SATOVSKY DIRECTOR	0.50	X						0.	0.	0.
(123) STEVE SCHANES DIRECTOR	0.50	X						0.	0.	0.
(124) MARC SHCECHTER DIRECTOR	0.50	X						0.	0.	0.
(125) JEFFREY B. SCHLUSSEL DIRECTOR	0.50	X						0.	0.	0.
(126) MARK E. SCHLUSSEL DIRECTOR	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Form 990 (2011)

38-1359214

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			
(127) KAREN SOSNICK SCHOENBERG DIRECTOR	0.50	X					0.	0.	0.	
(128) DAVID SCHOSTAK DIRECTOR	0.50	X					0.	0.	0.	
(129) JUDITH SCHRAM DIRECTOR	0.50	X					0.	0.	0.	
(130) ALAN E. SCHWARTZ DIRECTOR	0.50	X					0.	0.	0.	
(131) SANDRA R. SCHWARTZ DIRECTOR	0.50	X					0.	0.	0.	
(132) ROBERT P. SCHWARTZ DIRECTOR	0.50	X					0.	0.	0.	
(133) RONALD A SCHWARTZ DIRECTOR	0.50	X					0.	0.	0.	
(134) LOIS SHAEVSKY DIRECTOR	0.50	X					0.	0.	0.	
(135) SAM SHAMIE DIRECTOR	0.50	X					0.	0.	0.	
(136) ROBERT SHER DIRECTOR	0.50	X					0.	0.	0.	
(137) EUGENE S. SHERIZEN DIRECTOR	0.50	X					0.	0.	0.	
(138) JANE F. SHERMAN DIRECTOR	0.50	X					0.	0.	0.	
(139) GARY A. SHIFFMAN DIRECTOR	0.50	X					0.	0.	0.	
(140) BRIAN D. SIEGEL DIRECTOR	0.50	X					0.	0.	0.	
(141) JENNIFER SILVERMAN DIRECTOR	0.50	X					0.	0.	0.	
(142) RONALD A. SOLLISH DIRECTOR	0.50	X					0.	0.	0.	
(143) SHELDTON STRON DIRECTOR	0.50	X					0.	0.	0.	
(144) DANIEL B. SYME DIRECTOR	0.50	X					0.	0.	0.	
(145) JOEL D. TAUBER DIRECTOR	0.50	X					0.	0.	0.	
(146) CAROLYN TISDALE DIRECTOR	0.50	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Form 990 (2011)

38-1359214

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			
(147) LAURENCE S. TISDALE DIRECTOR	0.50	X					0.	0.	0.	
(148) GARY TORGOW DIRECTOR	0.50	X					0.	0.	0.	
(149) LEAH TROSCHE DIRECTOR	0.50	X					0.	0.	0.	
(150) DEBORAH G. TYNER DIRECTOR	0.50	X					0.	0.	0.	
(151) BRAD URDAN DIRECTOR	0.50	X					0.	0.	0.	
(152) MARC WEINBAUM DIRECTOR	0.50	X					0.	0.	0.	
(153) STEWART C. WEINER DIRECTOR	0.50	X					0.	0.	0.	
(154) SAUL I. WEINGARDEN DIRECTOR	0.50	X					0.	0.	0.	
(155) JASON WEISS DIRECTOR	0.50	X					0.	0.	0.	
(156) STEVE WEISBERG DIRECTOR	0.50	X					0.	0.	0.	
(157) LAWRENCE A. WOLFE DIRECTOR	0.50	X					0.	0.	0.	
(158) RACHEL WRIGHT DIRECTOR	0.50	X					0.	0.	0.	
(159) BARBARA ZALTZ DIRECTOR	0.50	X					0.	0.	0.	
(160) JASON ZIMMERMAN DIRECTOR	0.50	X					0.	0.	0.	
(161) JAMES M. AUGUST DIRECTOR	0.50	X					0.	0.	0.	
(162) MARVIN I. DANTO DIRECTOR	0.50	X					0.	0.	0.	
(163) WILLIAM FARBER DIRECTOR	0.50	X					0.	0.	0.	
(164) NANCY GRAND DIRECTOR	0.50	X					0.	0.	0.	
(165) STEPHEN GRAND DIRECTOR	0.50	X					0.	0.	0.	
(166) JEROME Y. HALPERIN DIRECTOR	0.50	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

JEWISH FEDERATION OF METROPOLITAN
DETROIT

38-1359214

Form 990 (2011)

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			
(167) STUART E. HERTZBERG DIRECTOR	0.50	X						0.	0.	0.
(168) ELLEN S. LABES DIRECTOR	0.50	X						0.	0.	0.
(169) SHELDON D. STERN DIRECTOR	0.50	X						0.	0.	0.
(170) DOROTHY BENYAS CHIEF FINANCIAL OFFICER	20.00			X				176,689.	0.	39,324.
(171) ANDREW ECHT CHIEF FINANCIAL RESOURCE DEVELOPMENT	20.00			X				183,537.	0.	29,682.
(172) HOWARD NEISTEIN CHIEF ADMINISTRATIVE OFFICER	20.00			X				177,387.	0.	25,170.
(173) ROBERT ARONSON SEN. DEV. DIR/FORMER CEO	18.00					X		304,740.	0.	48,242.
(174) STACEY CRANE DIRECTOR, JEWISH COMMUNITY ENDOWMENT	40.00					X		163,955.	0.	35,952.
(175) JONATHAN LOWE ASSOCIATE ENDOWMENT DIRECTOR	40.00					X		160,294.	0.	17,639.
(176) MARGO PERNICK DIRECTOR, THE JEWISH FUND	0.10					X		127,710.	0.	22,615.
(177) DANIEL GREENBERG ENDOWMENT DEVELOPMENT MANAGER	40.00					X		128,433.	0.	16,710.
Total to Part VII, Section A, line 1c								1,676,787.		263,144.

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Form 990 (2011)

38-1359214 Page **9**

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
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	19482703.			
	e Government grants (contributions)	1e	1,749,255.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	24976893.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		46208851.			
	Program Service Revenue	2 a COLLABORATION REVENUE	Business Code 900099	492,454.	492,454.	
b PARTICIPANT REV/MISSIO		900099	448,008.	448,008.		
c TUITION REVENUE		900099	259,771.	259,771.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			1,200,233.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		19,562.		2,368.	17,194.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	18.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	0.			
		c Gain or (loss)	18.			
	d Net gain or (loss)		18.			18.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a UJF ENDOWMENT MGMT FEE	900099	1,516,374.	1,516,374.			
b JEWISH FUND MGMT FEE	900099	215,000.	215,000.			
c OTHER INCOME	900099	162,357.			162,357.	
d All other revenue						
e Total. Add lines 11a-11d		1,893,731.				
12 Total revenue. See instructions.		49322395.	2,931,607.	2,368.	179,569.	

132009 01-23-12

Form **990** (2011)

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Form 990 (2011)

38-1359214 Page 10

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	31,029,017.	31,029,017.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	231,000.	231,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	890,137.	133,521.	311,548.	445,068.
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	6,007,945.	2,573,212.	2,079,544.	1,355,189.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	559,200.	189,896.	232,984.	136,320.
9 Other employee benefits	1,389,873.	528,442.	554,903.	306,528.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	9,939.		9,939.	
c Accounting	26,195.		26,195.	
d Lobbying	22,100.		22,100.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	742,539.	620,674.	121,865.	
12 Advertising and promotion	233,389.	174,151.	9,133.	50,105.
13 Office expenses	413,544.	78,544.	133,801.	201,199.
14 Information technology	145,333.	42,531.	64,937.	37,865.
15 Royalties				
16 Occupancy	291,000.	118,397.	131,378.	41,225.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	773,374.	633,558.	23,866.	115,950.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	210,982.	94,342.	73,678.	42,962.
23 Insurance	13,498.		13,498.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	1,244,225.			1,244,225.
b OTHER PROGRAM SERVICES	999,504.	999,504.		
c MISSIONS	835,313.	835,313.		
d REPAIRS AND MAINT.	160,005.	53,255.	67,431.	39,319.
e All other expenses	-2,461,772.	47,411.	-1,970,071.	-539,112.
25 Total functional expenses. Add lines 1 through 24e	43,766,340.	38,382,768.	1,906,729.	3,476,843.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

JEWISH FEDERATION OF METROPOLITAN
DETROIT

Form 990 (2011)

38-1359214 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	5,021.	1	599.	
	2 Savings and temporary cash investments	612,219.	2	698,032.	
	3 Pledges and grants receivable, net	24,493,782.	3	21,825,406.	
	4 Accounts receivable, net	1,033,738.	4	825,588.	
	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	98,537.	7	68,619.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9	289,302.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,319,566.			
	b Less: accumulated depreciation	10b 708,134.	463,393.	10c	611,432.
	11 Investments - publicly traded securities	5,672,449.	11	7,108,122.	
	12 Investments - other securities. See Part IV, line 11	3,875,747.	12	4,188,361.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	569,806.	15	282,169.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	36,824,692.	16	35,897,630.		
Liabilities	17 Accounts payable and accrued expenses	1,959,777.	17	2,513,930.	
	18 Grants payable	25,104,446.	18	24,902,102.	
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,974,699.	25	1,609,463.	
	26 Total liabilities. Add lines 17 through 25	29,038,922.	26	29,025,495.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	7,785,770.	27	6,872,135.	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	7,785,770.	33	6,872,135.		
34 Total liabilities and net assets/fund balances	36,824,692.	34	35,897,630.		

Form 990 (2011)

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	49,322,395.
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,766,340.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,556,055.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,785,770.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-6,469,690.
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	6,872,135.

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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a 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 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

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

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	49382685.	42728794.	39231592.	43146688.	46208851.	220698610
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	49382685.	42728794.	39231592.	43146688.	46208851.	220698610
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)						53928821.
6 Public support. Subtract line 5 from line 4.						166769789

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	49382685.	42728794.	39231592.	43146688.	46208851.	220698610
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	95,225.	35,008.	31,525.	25,322.	17,194.	204,274.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					2,368.	2,368.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1361996.	1118601.	1126070.	1750937.	1731374.	7088978.
11 Total support. Add lines 7 through 10						227994230
12 Gross receipts from related activities, etc. (see instructions)					12	8,382,878.
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 2011 (line 6, column (f) divided by line 11, column (f))	14	73.15	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	72.14	%
16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 - 2010. 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"/>		

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MANAGEMENT FEES

Multiple horizontal lines for providing supplemental information.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

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, total 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 total 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 Part I, 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) (2011)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 1,375,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 1,646,535.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 15,177,829.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 1,781,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total 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.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(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

2011

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 35c (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-.

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a 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.			
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?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		22,100.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			22,100.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

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).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 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?

Yes 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)?

Yes 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

▶ \$ _____

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 current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,319,566.	708,134.	611,432.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				611,432.

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	289,076.	END-OF-YEAR MARKET VALUE
(B) ALTERNATIVE INVESTMENTS	3,713,007.	END-OF-YEAR MARKET VALUE
(C) LIQUID LIMITED		
(D) PARTNERSHIP INVESTMENT	186,278.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	4,188,361.	

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)		
Total. (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)	
Total. (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) Book value
(1) Federal income taxes	
(2) INTERORGANIZATION PAYABLES	1,609,463.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	1,609,463.

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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	49,322,395.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	43,766,340.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	5,556,055.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	-3,900,000.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-2,569,690.
9	Total adjustments (net). Add lines 4 through 8	9	-6,469,690.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-913,635.

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

1	Total revenue, gains, and other support per audited financial statements	1	47,592,132.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	18,992.
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	18,992.
3	Subtract line 2e from line 1	3	47,573,140.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	1,749,255.
c	Add lines 4a and 4b	4c	1,749,255.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	49,322,395.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	48,505,767.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	3,900,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	2,588,682.
e	Add lines 2a through 2d	2e	6,488,682.
3	Subtract line 2e from line 1	3	42,017,085.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	1,749,255.
c	Add lines 4a and 4b	4c	1,749,255.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	43,766,340.

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

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	-2,588,682.
RECOVERY OF PRIOR YEAR GRANTS	18,992.
TOTAL TO SCHEDULE D, PART XI, LINE 8	-2,569,690.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS RECEIVED IN AGENCY TRANSACTION	1,749,255.
---------------------------------------	------------

Part XIV Supplemental Information (continued)

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

ADMIN EXPS ALLOCATED TO UJF & SUPPORT FOUNDATIONS 2,588,682.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS DISTRIBUTED IN AGENCY TRANSACTION 1,749,255.

ADMINISTRATIVE EXPENSES ALLOCATED TO UNITED JEWISH FOUNDATION AND 39
SUPPORT FOUNDATIONS.

Multiple horizontal lines for supplemental information.

**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

2011

Open to Public
Inspection

Name of the organization
**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Employer identification number
38-1359214

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

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

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

3 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	4	GRANTS TO RECIPIENT ORGANIZATIONS AND PROGRAM SERVICES	HUNGER RELIEF, AT RISK YOUTH PROGRAMS AND EARLY CHILDHOOD INITIATIVES, MISSIONS	522,000.
3 a Sub-total	1	4			522,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	4			522,000.

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

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 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	200,000	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT THE COMMUNITY	6,000	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT THE COMMUNITY	25,000	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

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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2011

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

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

2011

**Open to Public
Inspection**

Name of the organization **JEWISH FEDERATION OF METROPOLITAN
DETROIT**

**Employer identification number
38-1359214**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations 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)	68,441.	0.			TO SUPPORT CONSERVATIVE JUDAISM
AISH HATORAH 25725 COOLIDGE HIGHWAY OAK PARK, MI 48237	38-2785489	501(C)(3)	9,580.	0.			TO SUPPORT CONSERVATIVE JUDAISM
AKIVA HEBREW DAY SCHOOL 21100 W. 12 MILE RD SOUTHFIELD, MI 48076	38-1750780	501(C)(3)	1,211,111.	0.			TO SUPPORT JEWISH EDUCATION
AMERICAN JEWISH COMMITTEE THE JACOB BLAUSTEIN BLDG NEW YORK, NY 10022-2746	13-5563393	501(C)(3)	10,875.	0.			TO ENHANCE THE JEWISH WAY OF LIFE
ANTI-DEFAMATION LEAGUE 25800 NORTHWESTERN HWY SOUTHFIELD, MI 48075	13-1818723	501(C)(3)	10,875.	0.			TO FIGHT DISCRIMINATION
ATID 29901 MIDDLEBELT RD FARMINGTON HILLS, MI 48334	38-1437934	501(C)(3)	18,386.	0.			TO SUPPORT EDUCATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **43.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Schedule I (Form 990)

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
BIRMINGHAM TEMPLE 28611 W 12 MILE RD FARMINGTON HILLS, MI 48334	38-1747980	501(C)(3)	12,671.	0.			TO SUPPORT JUDAISM
BIRTHRIGHT ISRAEL FOUNDATION 33 EAST 33RD STREET NEW YORK, NY 10016	13-4092050	501(C)(3)	373,037.	0.			TO SUPPORT JUDAISM
B'NAI BRITH YOUTH ORGANIZATION 6600 WEST MAPLE RD WEST BLOOMFIELD, MI 48322	31-1794932	501(C)(3)	70,088.	0.			TO SUPPORT THE ANNUAL CAMPAIGN
B'NAI BRITH YOUTH ORGANIZATION 6600 WEST MAPLE RD WEST BLOOMFIELD, MI 48322	31-1794932	501(C)(3)	18,030.	0.			TO SUPPORT THE ANNUAL CAMPAIGN
CONGREGATION BETH AHM 5075 W, MAPLE ROAD WEST BLOOMFIELD, MI 48322	38-6004801	501(C)(3)	15,656.	0.			TO SUPPORT CONSERVATIVE JUDAISM
CONGREGATION BETH SHALOM 14601 W LINCOLN RD OAK PARK, MI 48237	38-1572145	501(C)(3)	32,755.	0.			TO SUPPORT CONSERVATIVE JUDAISM
CONGREGATION B'NAI MOSHE 6800 DRAKE RD WEST BLOOMFIELD, MI 48322	38-1357997	501(C)(3)	12,337.	0.			TO SUPPORT CONSERVATIVE JUDAISM
CONGREGATION SHAAREY ZEDEK 27375 BELL RD SOUTHFIELD, MI 48034	38-1420140	501(C)(3)	54,475.	0.			TO SUPPORT CONSERVATIVE JUDAISM
CONGREGATION SHIR TIKVAH 3900 NORHTFIELD PKWY TROY, MI 48084	38-2439322	501(C)(3)	60,156.	0.			TO SUPPORT REFORM JUDAISM

Schedule I (Form 990)

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Schedule I (Form 990)

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
DETROIT PUBLIC TELEVISION 1 CLOVER COURT WIXOM, MI 48393-2247	38-1440200	501(C)(3)	15,000.	0.			TO SUPPORT THE ARTS
EASTERN MICHIGAN UNIVERSITY HILLEL 965 WASHTEAW AVE. YPSILANTI, MI 48197	26-1708791	501(C)(3)	83,476.	0.			TO SUPPORT EDUCATION
FRANKEL JEWISH ACADEMY OF METRO DETROIT - 6600 W MAPLE RD - WEST BLOOMFIELD, MI 48322	38-3428219	501(C)(3)	1,159,937.	0.			TO SUPPORT EDUCATION
FRESH AIR SOCIETY 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48303	38-1360545	501(C)(3)	903,135.	0.			TO SUPPORT THE NEEDS OF CHILDREN
HEBREW FREE LOAN 6735 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301	38-1359260	501(C)(3)	154,193.	0.			TO PROVIDE INTEREST FREE LOANS
HILLEL DAY SCHOOL 32200 MIDDLEBELT RD FARMINGTON HILLS, MI 48334-1715	38-1586703	501(C)(3)	1,730,054.	0.			TO SUPPORT EDUCATION
HILLEL FOUNDATION OF METRO DETROIT 667 GROSBERG RELIGIOUS CTR DETROIT, MI 48202-3919	52-1758804	501(C)(3)	188,186.	0.			TO SUPPORT EDUCATION
JEWISH COMMUNITY CENTER 6600 W MAPLE RD WEST BLOOMFIELD, MI 48322	38-1358397	501(C)(3)	1,860,587.	0.			TO SUPPORT THE COMMUNITY
JEWISH COMMUNITY RELATIONS COUNCIL 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	38-3011194	501(C)(3)	321,138.	0.			TO SUPPORT THE JEWISH COMMUNITY

Schedule I (Form 990)

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Schedule I (Form 990)

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
JEWISH FAMILY SERVICE 6555 W. MAPLE ROAD BLOOMFIELD HILLS, MI 48322	38-0691329	501(C)(3)	3,481,030.	0.			TO SUPPORT JEWISH FAMILIES
JEWISH FEDERATIONS OF NORTH AMERICA - 111 8TH AVENUE - NEW YORK, NY 10011	13-1624240	501(C)(3)	9,478,484.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH PARENTS INSTITUTE 6600 WEST MAPLE RD WEST BLOOMFIELD, MI 48322	38-1358397	501(C)(3)	5,322.	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)	540,259.	0.			TO SUPPORT THE ELDERLY
JVS 15000 WEST TEN MILE ROAD OAK PARK, MI 48237	38-1358013	501(C)(3)	1,435,105.	0.			TO SUPPORT THE ELDERLY
MICHIGAN STATE UNIVERSITY - HILLEL FOUNDATION - 360 CHARLES ST - EAST LANSING, MI 48823	38-3034766	501(C)(3)	199,890.	0.			TO SUPPORT EDUCATION
SIEGAL COLLEGE OF JUDAIC STUDIES 26500 SHAKER BLVD CLEVELAND, OH 44122	34-0946903	501(C)(3)	10,000.	0.			TO SUPPORT EDUCATION
TEMPLE BETH EL 7400 TELEGRAPH RD. BLOOMFIELD HILLS, MI 48301	38-1359595	501(C)(3)	56,272.	0.			TO SUPPORT REFORM JUDAISM
TEMPLE EMANU-EL 14450 W. 10 MILE RD OAK PARK, MI 48237	38-1493514	501(C)(3)	31,128.	0.			TO SUPPORT REFORM JUDAISM

Schedule I (Form 990)

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Schedule I (Form 990)

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
TEMPLE ISRAEL 5725 WALNUT LAKE RD. WEST BLOOMFIELD, MI 48323	38-1490194	501(C)(3)	265,349.	0.			TO SUPPORT REFORM JUDAISM
TEMPLE KOL AMI 5085 WALNUT LAKE RD WEST BLOOMFIELD, MI 48323	38-6140065	501(C)(3)	25,032.	0.			TO SUPPORT REFORM JUDAISM
TEMPLE SHIR SHALOM 3999 WALNUT LAKE RD WEST BLOOMFIELD, MI 48323	38-2803191	501(C)(3)	65,965.	0.			TO SUPPORT REFORM JUDAISM
THE SHUL 6890 W. MAPLE RD WEST BLOOMFIELD, MI 48322	20-1370223	501(C)(3)	8,064.	0.			TO SUPPORT THE JEWISH COMMUNITY
UNITED JEWISH FOUNDATION OF METROPOLITAN DETROIT - 6735 TELEGRAPH ROAD - BLOOMFIELD HILLS, MI 48301	38-1360585	501(C)(3)	1,850,173.	0.			TO SUPPORT THE COMMUNITY
UNIVERSITY OF MICHIGAN - HILLEL 1429 HILL ST ANN ARBOR, MI 48104-3105	38-6119964	501(C)(3)	168,899.	0.			TO SUPPORT EDUCATION
WORLD ORT 274 MADISON AVE NEW YORK, NY 10016	06-1669917	501(C)(3)	40,000.	0.			TO SUPPORT EDUCATION
YESHIVA BETH YEHUDAH 15751 W LINCOLN SOUTHFIELD, MI 48037-2044	38-1437939	501(C)(3)	2,276,640.	0.			TO SUPPORT JEWISH EDUCATION
YESHIVA GEDOLAH 24600 GREENFIELD ROAD OAK PARK, MI 48237-1544	38-2569760	501(C)(3)	170,777.	0.			TO SUPPORT EDUCATION

Schedule I (Form 990)

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Schedule I (Form 990)

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)	409,568.	0.			TO SUPPORT JEWISH EDUCATION

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

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

2011

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" 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)		
<input checked="" 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)									
<p>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</p>	X									
<p>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?</p>	X									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" 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				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" 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									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p>		X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	X									
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>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:</p> <p>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X								
<p>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:</p> <p>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X								
<p>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</p>	7	X								
<p>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</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2011

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Schedule J (Form 990) 2011

38-1359214

Page 2

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SCOTT KAUFMAN	(i)	253,412.	0.	630.	16,500.	11,310.	281,852.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 DOROTHY BENYAS	(i)	175,886.	0.	803.	22,000.	17,324.	216,013.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 ANDREW ECHT	(i)	183,185.	0.	352.	15,600.	14,082.	213,219.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 HOWARD NEISTEIN	(i)	175,886.	0.	1,501.	7,750.	17,420.	202,557.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 ROBERT ARONSON	(i)	273,493.	0.	31,247.	22,000.	26,242.	352,982.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 STACEY CRANE	(i)	163,204.	0.	751.	22,000.	13,952.	199,907.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 JONATHAN LOWE	(i)	158,938.	0.	1,356.	0.	17,639.	177,933.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 MARGO PERNICK	(i)	127,146.	0.	564.	6,098.	16,517.	150,325.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A: SCOTT KAUFMAN - FIRST CLASS TRAVEL NOT TREATED AS

TAXABLE COMPENSATION

PART I, LINE 4B: ROBERT ARONSON - \$36,287

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

2011

Open to Public
Inspection

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

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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 OUT
LOCAL AFFILIATED AGENCIES. IN ADDITION, INCLUDES MISSION EXPENSES TO
FOSTER BETTER RELATIONS WITH ISRAEL.
EXPENSES \$ 7,122,751. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,200,233.

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

PETER M. ALTER AND DOUG ETKIN
EUGENE APPLEBAUM AND PAMELA APPLEBAUM
SUZAN FOLBE CURHAN AND LAWRENCE JACKIER
PHILLIP FISHER AND JANE SHERMAN
DAVID FOLTYN AND ELYSE FOLTYN
CONRAD L. GILES AND LYNDA GILES
HUGH GREENBERG AND CAROLYN GREENBERG
DAN GUYER AND CHERYL GUYER
JEROME HALPERIN AND MARGOT HALPERIN
NANCY HEINRICH AND BRIAN SIEGEL
ROBERT HEINRICH AND NANCY HEINRICH

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

BRIAN HERMELIN AND MARCIE ORLEY

BRIAN HERMELIN AND DOREEN HERMELIN

STUART E. HERTZBERG AND ROBERT HERTZBERG

MICHAEL HOROWITZ AND BARBARA HOROWITZ

LEE HURWITZ AND TODD SACHSE

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

LAWRENCE LAX AND ALLAN NACHMAN

HANNAN LIS AND LISA LIS

HANNAN LIS AND FLORINE MARK

LISA LIS AND FLORINE MARK

ARTHUR LISS AND BEVERLY LISS

HAROLD LOSS AND JOSHUA LEVINE

MICHAEL W. MADDIN AND MARTY MADDIN

MARTY B. MADDIN AND LINDSEY MADDIN

NORMAN A. PAPPAS AND SUSAN PAPPAS

HOWARD M. ROSEN AND MARTY MADDIN

BENJAMIN ROSENTHAL AND MARTA ROSENTHAL

BRIAN SATOVSKY AND NEIL SATOVSKY

JEFFREY B. SCHLUSSEL AND MARK SCHLUSSEL

ALAN S. SCHWARTZ AND SANDRA SCHWARTZ

BRIAN SIEGEL AND ROBERT HEINRICH

CAROLYN TISDALE AND LAURENCE TISDALE

RACHEL WRIGHT AND FLORINE MARK

RACHEL WRIGHT AND MARK MILGROM

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

RACHEL WRIGHT AND MINDI FYNKE

AMY NEISTEIN AND HOWARD NEISTEIN

MIRYAM ROSENZWEIG AND YUDI ROSENZWEIG

THE FOLLOWING BOARD MEMBERS HAVE BUSINESS RELATIONSHIPS:

EUGENE APPLEBAUM AND PAMELA APPLEBAUM

TODD SACHSE AND RICHARD BRODER

TODD SACHSE AND LEE HURWITZ

ROBERT SLATKIN AND MICHAEL MADDIN

ROBERT SLATKIN AND MARK HAUSER

ROBERT SLATKIN AND ALAN KAUFMAN

CAROLYN TISDALE AND LAURENCE TISDALE

DEBORAH G. TYNER AND MINDI FYNKE

MARK HAUSER AND MICHAEL MADDIN

HANNAN LIS AND FLORINE MARK

HANNAN LIS AND LISA LIS

MICHAEL MADDIN AND MARTY MADDIN

TODD SACHSE AND RON CHARFOOS

RONALD SCHWARTZ AND ROBERT SCHWARTZ

BRIAN SIEGEL AND SCOTT KAUFMAN

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 PUBLIC DISCLOSURE COPY 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 THE PUBLIC DISCLOSURE COPY OF THE FORM 990 AFTER IT IS FILED.

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

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 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 MAY 2012. 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:

DONATED SERVICES AND USE OF FACILITIES:	-3,900,000.
ALLOCATED TO UJF AND VARIOUS SUPPORT ORGANIZATIONS	-2,588,682.
RECOVERY OF PRIOR YEAR GRANTS	18,992.
TOTAL TO FORM 990, PART XI, LINE 5	-6,469,690.

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

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

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,
TRUSTEES, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES TO RELATED
ORGANIZATIONS:

SCOTT KAUFMAN - 20 HOURS

DOROTHY BENYAS - 20 HOURS

HOWARD NEISTEIN - 20 HOURS

ROBERT ARONSON - 18 HOURS

MARGO PERNICK - 35 HOURS

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UNITED JEWISH FOUNDATION - 38-1360585 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	HOLDS PROPERTY AND INVESTMENTS	MICHIGAN	501(C)(3)	11, TYPE II	N/A		X
THE JEWISH FUND - 38-3323875 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE II	N/A		X
APPLEBAUM FAMILY SUPPORT FOUNDATION - 38-2870708, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	UNITED JEWISH FOUNDATION	X	
MADELEINE H. AND MANDELL L. BERMAN FAMILY SUPPORT FOUNDATION - 38-2582289, 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
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	
THE 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	
WOODRUN 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
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
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. & SHELIA 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	

JEWISH FEDERATION OF METROPOLITAN

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

JEWISH FEDERATION OF METROPOLITAN

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.

1 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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)		X
j Lease of facilities, equipment, or other assets from related organization(s)	X	
k Performance of services or membership or fundraising solicitations for related organization(s)		X
l Performance of services or membership or fundraising solicitations by related organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
n Sharing of paid employees with related organization(s)	X	
o Reimbursement paid to related organization(s) for expenses	X	
p Reimbursement paid by related organization(s) for expenses	X	
q Other transfer of cash or property to related organization(s)		X
r Other transfer of cash or property from related organization(s)		X

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) PHILLIP W. FISHER SUPPORT FOUNDATION STANLEY & JUDITH FRANKEL SUPPORT	C	117,500.	CASH TRANSACTION
(2) FOUNDATION SAMUEL FRANKEL AND JEAN FRANKEL SUPPORT	C	433,333.	CASH TRANSACTION
(3) FOUNDATION	C	1,781,000.	CASH TRANSACTION
(4) IRWIN AND BETHEA GREEN SUPPORT FOUNDATION	C	55,000.	CASH TRANSACTION
(5) HERMELIN FAMILY SUPPORT FOUNDATION MAXWELL AND MARJORIE JOSPEY SUPPORT	C	65,500.	CASH TRANSACTION
(6) FOUNDATION	C	112,500.	CASH TRANSACTION

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 NORMAN A. & SUSAN L. PAPPAS FAMILY	C	305,000.	CASH TRANSACTION
(8)SUPPORT FOUNDATION	C	110,000.	CASH TRANSACTION
(9)PRENTIS FAMILY SUPPORT FOUNDATION	C	170,000.	CASH TRANSACTION
(10)SCHOSTAK FAMILY SUPPORT FOUNDATION JANE F. & D. LAWRENCE SHERMAN FAMILY	C	265,500.	CASH TRANSACTION
(11)SUPPORT FOUNDATION	C	54,900.	CASH TRANSACTION
(12)ZLOTOFF FAMILY SUPPORT FOUNDATION RITA C. & JOHN HADDOW FAMILY SUPPORT	C	60,000.	CASH TRANSACTION
(13)FOUNDATION	C	90,000.	CASH TRANSACTION
(14)HERBERT W. KAUFMAN FAMILY SUPPORT FOUNDATION	C	80,000.	CASH TRANSACTION
(15)MERTON J. & BEVERLY SEGAL SUPPORT FOUNDATION	C	132,250.	CASH TRANSACTION
(16)ZUCKERMAN FAMILY SUPPORT FOUNDATION	C	50,200.	CASH TRANSACTION
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

JEWISH FEDERATION OF METROPOLITAN

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

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

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

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2011

Department of the Treasury
Internal Revenue Service

For calendar year 2011 or other tax year beginning **JUN 1, 2011**, and ending **MAY 31, 2012**

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) JEWISH FEDERATION OF METROPOLITAN DETROIT Number, street, and room or suite no. If a P.O. box, see instructions. 6735 TELEGRAPH ROAD City or town, state, and ZIP code BLOOMFIELD HILLS, MI 48301	D Employer identification number (Employees' trust, see instructions.) 38-1359214
		E Unrelated business activity codes (See instructions.) 900099
		F Group exemption number (See instructions.) G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
C Book value of all assets at end of year 35,897,630.	F Book value of all assets at end of year (See instructions.)	

H Describe the organization's primary unrelated business activity. **PARTNERSHIP INVESTMENTS**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **LINDA LUTZ** Telephone number **(248) 203-1475**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c Balance		1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4a	2,480.	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5	-112.	STMT 1
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule.)	12		
13	Total. Combine lines 3 through 12	13	2,368.	2,368.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules.)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	2,368.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	2,368.
33	Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	1,368.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34	35c	205.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	205.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	205.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42	
43 Total tax. Add lines 41 and 42	43	205.
44a Payments: A 2010 overpayment credited to 2011	44a	
b 2011 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	205.
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44g	
45 Total payments. Add lines 44a through 44g	45	205.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	0.
49 Enter the amount of line 48 you want: Credited to 2012 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	49	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ISRAEL	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.	X	X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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

CHIEF FINANCIAL OFFICER

Signature of officer _____ Date _____ Title _____

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

Paid Preparer Use Only

Print/Type preparer's name: **LYNNE M. HUISMANN** Preparer's signature: _____ Date: _____ Check if self-employed PTIN: **P00053811**

Firm's name **PLANTE & MORAN, PLLC** Firm's EIN **38-1357951**

Firm's address **2601 CAMBRIDGE CT., SUITE 500** Phone no. **248-375-7100**

Firm's address **AUBURN HILLS, MI 48326**

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	1
------------	---------------------------------	-----------	---

DESCRIPTION	AMOUNT
PAUL CAPITAL PARNTERS IX LP	-113.
SIGULAR GUFF DISTRESSED OPPORTUNITIES FUND III,LP	1.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-112.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ See separate instructions.

OMB No. 1545-0123

2011

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

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example: 100 shares of Z Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) (Subtract (e) from (d))
1 FROM PAUL CAPITAL PARTNERS IX LP K-1			132.		132.

2 Short-term capital gain from installment sales from Form 6252, line 26 or 37	2	
3 Short-term gain or (loss) from like-kind exchanges from Form 8824	3	
4 Unused capital loss carryover (attach computation)	4	()
5 Net short-term capital gain or (loss). Combine lines 1 through 4	5	132.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

6 FROM PAUL CAPITAL PARTNERS IX LP K-1			2,348.		2,348.

7 Enter gain from Form 4797, line 7 or 9	7	
8 Long-term capital gain from installment sales from Form 6252, line 26 or 37	8	
9 Long-term gain or (loss) from like-kind exchanges from Form 8824	9	
10 Capital gain distributions (see instructions)	10	
11 Net long-term capital gain or (loss). Combine lines 6 through 10	11	2,348.

Part III Summary of Parts I and II

12 Enter excess of net short-term capital gain (line 5) over net long-term capital loss (line 11)	12	132.
13 Net capital gain. Enter excess of net long-term capital gain (line 11) over net short-term capital loss (line 5)	13	2,348.
14 Add lines 12 and 13. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	14	2,480.

Note. If losses exceed gains, see **Capital losses** in the instructions.

Application for Extension of Time To File an Exempt Organization Return

▶ **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 **X**
- 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 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 or other filer, see instructions. JEWISH FEDERATION OF METROPOLITAN DETROIT	Employer identification number (EIN) or <input checked="" type="checkbox"/> 38-1359214
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. 6735 TELEGRAPH ROAD	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BLOOMFIELD HILLS, MI 48301	

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	01	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, 2013**, 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, 2011**, and ending **MAY 31, 2012**.

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

3a 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.	3a	\$	0.
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.	3b	\$	0.
c 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.	3c	\$	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.

Application for Extension of Time To File an Exempt Organization Return

▶ **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 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 or other filer, see instructions. JEWISH FEDERATION OF METROPOLITAN DETROIT	Employer identification number (EIN) or <input checked="" type="checkbox"/> 38-1359214
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. 6735 TELEGRAPH ROAD	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BLOOMFIELD HILLS, MI 48301	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

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	01	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 **APRIL 15, 2013**, 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, 2011**, and ending **MAY 31, 2012**.

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

3a 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.	3a	\$	205.
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.	3b	\$	0.
c 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.	3c	\$	205.

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.