

Form **990**

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

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

B 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 UNITED JEWISH FOUNDATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6735 TELEGRAPH ROAD City or town, state or country, and ZIP + 4 BLOOMFIELD HILLS, MI 48301 F Name and address of principal officer: SCOTT KAUFMAN SAME AS C ABOVE	D Employer identification number 38-1360585 E Telephone number (248) 642-4260 G Gross receipts \$ 22,726,474. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
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		
J Website: ▶ WWW.JEWISHDETROIT.ORG		
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: 1899 M State of legal domicile: MI

Part I Summary			
	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION OWNS, MANAGES AND INVESTS JEWISH COMMUNAL ASSETS TO PROVIDE FOR THE FUTURE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	91
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	86
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	340
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	39,904.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	38,703.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	19,907,987.	9,682,196.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	187,684.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,542,705.	8,949,985.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	724,890.	2,497,961.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	33,363,266.	21,130,142.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	29,401,589.	27,977,859.
	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)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 770,741.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	6,575,802.	8,030,602.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	35,977,391.	36,008,461.
19 Revenue less expenses. Subtract line 18 from line 12	-2,614,125.	-14,878,319.	
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)	331,046,094.	345,974,078.
	22 Net assets or fund balances. Subtract line 21 from line 20	25,801,412.	24,779,147.
		305,244,682.	321,194,931.

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE UNITED JEWISH FOUNDATION OF METROPOLITAN DETROIT OWNS, MANAGES AND INVESTS JEWISH COMMUNAL ASSETS, INCLUDING GENERAL AND ENDOWMENT FUNDS, AGENCY ENDOWMENTS, SUPPORTING FOUNDATIONS AND REAL PROPERTY. THE FOUNDATION IS COMMITTED TO ENSURING THAT ASSETS ARE AVAILABLE TO

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 27,993,859. including grants of \$ 27,993,859.) (Revenue \$) DISTRIBUTION OF ASSETS TO THE JEWISH FEDERATION'S ANNUAL CAMPAIGN AND TO OTHER QUALIFIED 501(C)(3) ORGANIZATIONS SERVING THE JEWISH COMMUNITY LOCALLY AND NATIONALLY

4b (Code:) (Expenses \$ 4,526,916. including grants of \$ 0.) (Revenue \$) OTHER PROGRAM SERVICES

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 32,520,775.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 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>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 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?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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
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 a grant selection committee member, or to a person related to such an individual? <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
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
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	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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
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
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	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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
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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Main form area containing questions 1a through 14b and corresponding Yes/No columns. Includes sub-questions for various IRS forms and financial reporting.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (91); 1b Enter the number of voting members included in line 1a, above, who are independent (86); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?.

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed MI
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
LINDA LUTZ - (248) 203-1475
6735 TELEGRAPH ROAD, 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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARK ADLER DIRECTOR	0.50	X					0.	0.	0.	
KAREN ALPNER DIRECTOR	0.50	X					0.	0.	0.	
PETER M. ALTER DIRECTOR	0.50	X					0.	0.	0.	
EUGENE M. APPLEBAUM DIRECTOR	0.50	X					0.	0.	0.	
PAMELA APPLEBAUM VICE PRESIDENT	0.50	X		X			0.	0.	0.	
JAMES BELLINSON DIRECTOR	0.50	X					0.	0.	0.	
MICHAEL E. BERGER DIRECTOR	0.50	X					0.	0.	0.	
MANDELL L. BERMAN DIRECTOR	0.50	X					0.	0.	0.	
DENNIS S. BERNARD DIRECTOR	0.50	X					0.	0.	0.	
FREDERICK BLECHMAN DIRECTOR	0.50	X					0.	0.	0.	
DOUGLAS A. BLOOM DIRECTOR	0.50	X					0.	0.	0.	
PENNY B. BLUMENSTEIN DIRECTOR	0.50	X					0.	0.	0.	
HARVEY BRONSTEIN DIRECTOR	0.50	X					0.	0.	0.	
HOWARD BROWN DIRECTOR	0.50	X					0.	0.	0.	
RONALD B. CHARFOOS DIRECTOR	0.50	X					0.	0.	0.	
JONATHAN CITRIN DIRECTOR	0.50	X					0.	0.	0.	
SUSIE CITRIN DIRECTOR	0.50	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
AVERN L. COHN DIRECTOR	0.50	X						0.	0.	0.
ROBERT S. COLBURN DIRECTOR	0.50	X						0.	0.	0.
SUZAN CURHAN DIRECTOR	0.50	X						0.	0.	0.
JEFFREY M. DAVIDSON DIRECTOR	0.50	X						0.	0.	0.
LEO EISENBERG DIRECTOR	0.50	X						0.	0.	0.
SCOTT A. EISENERG DIRECTOR	0.50	X						0.	0.	0.
MICHAEL J. EIZELMAN DIRECTOR	0.50	X						0.	0.	0.
DOUGLAS ETKIN PRESIDENT	0.50	X		X				0.	0.	0.
TERRI FARBER ROTH DIRECTOR	0.50	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	1,083,927.	148,751.
d Total (add lines 1b and 1c)								0.	1,083,927.	148,751.

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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			
PHILLIP WM. FISHER VICE PRESIDENT	0.50	X		X				0.	0.	0.
ELYSE ESSICK FOLTYN VICE PRESIDENT	0.50	X		X				0.	0.	0.
JENNIFER FRIEDMAN DIRECTOR	0.50	X						0.	0.	0.
CONRAD L. GILES DIRECTOR	0.50	X						0.	0.	0.
LYNDA GILES DIRECTOR	0.50	X						0.	0.	0.
GAYLE GOLD DIRECTOR	0.50	X						0.	0.	0.
JAMES GROSFELD DIRECTOR	0.50	X						0.	0.	0.
NANCY GROSFELD DIRECTOR	0.50	X						0.	0.	0.
DIANE GOLDSTEIN DIRECTOR	0.50	X						0.	0.	0.
DAVID HANDLEMAN DIRECTOR	0.50	X						0.	0.	0.
MARK R. HAUSER DIRECTOR	0.50	X						0.	0.	0.
NANCY HEINRICH DIRECTOR	0.50	X						0.	0.	0.
DOREEN HERMELIN DIRECTOR	0.50	X						0.	0.	0.
MICHAEL P. HOROWITZ DIRECTOR	0.50	X						0.	0.	0.
LAWRENCE S. JACKIER DIRECTOR	0.50	X						0.	0.	0.
JOHN E. JACOBS DIRECTOR	0.50	X						0.	0.	0.
ALAN J. KAUFMAN TREASURER	0.50	X		X				0.	0.	0.
SCOTT KAUFMAN SECRETARY	20.00	X		X				0.	253,678.	11,292.
BERNARD KENT DIRECTOR	0.50	X						0.	0.	0.
RONALD A. KLEIN DIRECTOR	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID KRAMER DIRECTOR	0.50	X						0.	0.	0.
RICHARD KRUGEL DIRECTOR	0.50	X						0.	0.	0.
MARK G. LANDAU DIRECTOR	0.50	X						0.	0.	0.
LAWRENCE S. LAX DIRECTOR	0.50	X						0.	0.	0.
MATTHEW B. LESTER DIRECTOR	0.50	X						0.	0.	0.
HANNAN LIS DIRECTOR	0.50	X						0.	0.	0.
BEVERLY LISS DIRECTOR	0.50	X						0.	0.	0.
MICHAEL W. MADDIN DIRECTOR	0.50	X						0.	0.	0.
KENNETH E. MARBLESTONE DIRECTOR	0.50	X						0.	0.	0.
FLORINE MARK DIRECTOR	0.50	X						0.	0.	0.
ALLAN NACHMAN DIRECTOR	0.50	X						0.	0.	0.
ROBERT H. NAFTALY DIRECTOR	0.50	X						0.	0.	0.
LARRY M. NEMER DIRECTOR	0.50	X						0.	0.	0.
TERRY NOSAN DIRECTOR	0.50	X						0.	0.	0.
GRAHAM A. ORLEY DIRECTOR	0.50	X						0.	0.	0.
MARCIE ORLEY DIRECTOR	0.50	X						0.	0.	0.
DAVID K. PAGE DIRECTOR	0.50	X						0.	0.	0.
NORMAN A. PAPPAS DIRECTOR	0.50	X						0.	0.	0.
DIANE B. PERLMAN DIRECTOR	0.50	X						0.	0.	0.
JACK A. ROBINSON DIRECTOR	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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			
WARREN E. ROSE DIRECTOR	0.50	X						0.	0.	0.
BENJAMIN F. ROSENTHAL VICE PRESIDENT	0.50	X		X				0.	0.	0.
MARTA ROSENTHAL DIRECTOR	0.50	X						0.	0.	0.
TODD SACHSE VICE PRESIDENT	0.50	X		X				0.	0.	0.
BRIAN SATOVSKY DIRECTOR	0.50	X						0.	0.	0.
AMY SCHLUSSEL DIRECTOR	0.50	X						0.	0.	0.
JEFFREY SCHUSSEL DIRECTOR	0.50	X						0.	0.	0.
MARK E. SCHLUSSEL DIRECTOR	0.50	X						0.	0.	0.
DAVID W. SCHOSTAK DIRECTOR	0.50	X						0.	0.	0.
ALAN E. SCHWARTZ DIRECTOR	0.50	X						0.	0.	0.
JANE F. SHERMAN DIRECTOR	0.50	X						0.	0.	0.
GARY A. SHIFFMAN DIRECTOR	0.50	X						0.	0.	0.
BRIAN D. SIEGEL DIRECTOR	0.50	X						0.	0.	0.
SUSIE SILLS DIRECTOR	0.50	X						0.	0.	0.
PAUL R. SILVERMAN DIRECTOR	0.50	X						0.	0.	0.
ERWIN S. SIMON DIRECTOR	0.50	X						0.	0.	0.
ROBERT SLATKIN DIRECTOR	0.50	X						0.	0.	0.
JOEL D. TAUBER DIRECTOR	0.50	X						0.	0.	0.
GARY TORGOW DIRECTOR	0.50	X						0.	0.	0.
BRAD URDAN DIRECTOR	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STEWART C. WEINER DIRECTOR	0.50	X						0.	0.	0.
STEVEN WEISBERG DIRECTOR	0.50	X						0.	0.	0.
TRUDI WINEMAN DIRECTOR	0.50	X						0.	0.	0.
ALAN S. ZELESKMAN VICE PRESIDENT	0.50	X		X				0.	0.	0.
GEORGE M. ZELTZER DIRECTOR	0.50	X						0.	0.	0.
DOROTHY BENYAS CFO	20.00			X				0.	175,082.	35,004.
ANDREW ECHE CHIEF DEVEL. OFFICER	20.00			X				0.	174,617.	29,018.
HOWARD NEISTEIN CHIEF ADMIN. OFFICER	20.00			X				0.	175,797.	23,363.
ROBERT ARONSON FORMER CEO/SECRETARY	17.00					X		0.	304,753.	50,074.
Total to Part VII, Section A, line 1c								1,083,927.	148,751.	

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	4,613,075.					
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,069,121.					
	g Noncash contributions included in lines 1a-1f: \$		4,178,190.					
	h Total. Add lines 1a-1f			9,682,196.				
Program Service Revenue	2 a	Business Code						
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,495,836.			4495836.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross Rents	(i) Real	836,404.					
		(ii) Personal						
		b Less: rental expenses	501,172.					
		c Rental income or (loss)	335,232.					
	d Net rental income or (loss)			335,232.			335,232.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	5478283.					
		(ii) Other	71,026.					
		b Less: cost or other basis and sales expenses	20,904.	1074256.				
		c Gain or (loss)	5457379.	-1003230				
	d Net gain or (loss)			4,454,149.			4454149.	
	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						
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							
	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							
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a INSURANCE PROCEEDS	900099	1,950,663.				1950663.		
b CONTR. TO INSR. RESERV	900099	125,000.				125,000.		
c PARTNERSHIP INCOME	900099	42,535.			39,904.	2,631.		
d All other revenue	900099	44,531.				44,531.		
e Total. Add lines 11a-11d			2,162,729.					
12 Total revenue. See instructions.			21130142.	0.	39,904.	11408042.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	27,970,359.	27,970,359.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	7,500.	7,500.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	11,145.		11,145.	
c Accounting	95,202.		95,202.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	3,670.		3,670.	
12 Advertising and promotion				
13 Office expenses	26,886.		26,886.	
14 Information technology				
15 Royalties				
16 Occupancy	691,143.	633,309.	57,834.	
17 Travel	1,716.	1,716.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,933.		17,933.	
20 Interest	143,684.	78,404.	65,280.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,835,165.	3,813,487.	21,678.	
23 Insurance	48,559.		48,559.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a JFMD FUND. & ADMIN. EXP	1,985,077.		1,214,336.	770,741.
b PLEDGE DEBT	1,284,110.		1,284,110.	
c OTHER EXPENSES	387,484.	16,000.	371,484.	
d RENTAL EXPENSES REPORTE	-501,172.		-501,172.	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	36,008,461.	32,520,775.	2,716,945.	770,741.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	20,257,103.	2	13,442,780.
	3 Pledges and grants receivable, net	13,247,430.	3	5,370,091.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	142,000.	5	142,000.
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,075,327.	9	2,170,106.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 129,530,839.		
	b Less: accumulated depreciation	10b 53,692,758.		
		73,320,853.	10c	75,838,081.
	11 Investments - publicly traded securities	127,934,632.	11	180,953,388.
	12 Investments - other securities. See Part IV, line 11	81,500,069.	12	54,264,026.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	12,568,680.	15	13,793,606.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	331,046,094.	16	345,974,078.	
Liabilities	17 Accounts payable and accrued expenses	4,519,165.	17	2,351,093.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	2,272,616.	20	2,052,335.
	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	2,491,458.	23	1,988,997.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	16,518,173.	25	18,386,722.
	26 Total liabilities. Add lines 17 through 25	25,801,412.	26	24,779,147.
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	123,698,950.	27	133,986,778.
	28 Temporarily restricted net assets	37,991,415.	28	41,859,041.
	29 Permanently restricted net assets	143,554,317.	29	145,349,112.
	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	305,244,682.	33	321,194,931.	
34 Total liabilities and net assets/fund balances	331,046,094.	34	345,974,078.	

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	21,130,142.
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,008,461.
3	Revenue less expenses. Subtract line 2 from line 1	3	-14,878,319.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	305,244,682.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	30,828,568.
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	321,194,931.

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
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

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

2010

Open to Public Inspection

Name of the organization **UNITED JEWISH FOUNDATION** Employer identification number **38-1360585**

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?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X
- 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	
JEWISH FEDERATION	O38-13592147		X		X		X		11355925.
Total									11,355,925.

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

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

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization

UNITED JEWISH FOUNDATION

Employer identification number

38-1360585

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Name of organization UNITED JEWISH FOUNDATION	Employer identification number 38-1360585
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/>	\$ 1,024,969.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<hr/> <hr/> <hr/>	\$ 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.)
4	<hr/> <hr/> <hr/>	\$ 670,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<hr/> <hr/> <hr/>	\$ 665,732.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	<hr/> <hr/> <hr/>	\$ 200,000.	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 UNITED JEWISH FOUNDATION	Employer identification number 38-1360585
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 475,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 273,452.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 4,613,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization UNITED JEWISH FOUNDATION	Employer identification number 38-1360585
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
10	MARKETABLE SECURITIES _____ _____ _____	\$ 273,452.	11/10/10
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization UNITED JEWISH FOUNDATION	Employer identification number 38-1360585
--	--

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization **UNITED JEWISH FOUNDATION** Employer identification number **38-1360585**

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	511	951
2 Aggregate contributions to (during year)	8,832,994.	1,256,843.
3 Aggregate grants from (during year)	14,299,832.	12,143,738.
4 Aggregate value at end of year	55,091,750.	176,936,457.
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 checked="" 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 checked="" 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?
- 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)?
- 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	148,096,045.	138,620,141.	163,886,641.		
b Contributions	1,550,734.	1,882,929.	3,841,004.		
c Net investment earnings, gains, and losses	18,638,756.	16,215,850.	-17,993,734.		
d Grants or scholarships	9,910,621.	8,622,875.	10,249,256.		
e Other expenditures for facilities and programs					
f Administrative expenses			864,514.		
g End of year balance	158,374,914.	148,096,045.	138,620,141.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
- b Permanent endowment 87.00 %
- c Term endowment 13.00 %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	2,584,000.	7,293,372.		9,877,372.
b Buildings		110,487,658.	51,595,174.	58,892,484.
c Leasehold improvements				
d Equipment		2,747,670.	2,097,584.	650,086.
e Other		6,418,139.		6,418,139.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				75,838,081.

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) PARTNERSHIP INT. & TRSTS.	158,554.	COST
(B) INCOME ANNUITY ARBITRAGE	1,039,501.	COST
(C) ALTERNATIVE INVESTMENTS	52,013,272.	END-OF-YEAR MARKET VALUE
(D) DEBT INSTRUMENTS OF		
(E) ISRAEL	267,727.	COST
(F) CERTIFICATES OF DEPOSIT	784,972.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	54,264,026.	

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) Amount
(1) Federal income taxes	
(2) CONSTITUENT AGENCIES DEPOSITS	13,207,115.
(3) OTHER ORGANIZATIONS PAYABLE	2,403,241.
(4) CHARITABLE GIFT ANNUITIES PAYABLE	1,879,144.
(5) CONSTRUCTION LINE-OF-CREDIT	897,222.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	18,386,722.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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	21,130,142.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	36,008,461.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-14,878,319.
4	Net unrealized gains (losses) on investments	4	22,646,929.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	8,181,639.
9	Total adjustments (net). Add lines 4 through 8	9	30,828,568.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	15,950,249.

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	74,386,233.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	22,646,929.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	30,107,990.
e	Add lines 2a through 2d	2e	52,754,919.
3	Subtract line 2e from line 1	3	21,631,314.
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	-501,172.
c	Add lines 4a and 4b	4c	-501,172.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	21,130,142.

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

1	Total expenses and losses per audited financial statements	1	49,534,417.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	15,511,033.
e	Add lines 2a through 2d	2e	15,511,033.
3	Subtract line 2e from line 1	3	34,023,384.
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	1,985,077.
c	Add lines 4a and 4b	4c	1,985,077.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	36,008,461.

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 V, LINE 4: ALL ENDOWMENT FUNDS ARE USED TO SUPPORT THE MISSION OF

THE ORGANIZATION.

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

UNDER SECTION 509(A)(3) OF THE INTERNAL REVENUE CODE THAT HAS BEEN GRANTED

AN EXEMPTION FROM THE PAYMENT OF INCOME TAXES UNDER SECTION 501(C)(3) AND

HAS BEEN DETERMINED TO BE OTHER THAN PRIVATE FOUNDATIONS. THE

ORGANIZATION'S MANAGEMENT BELIEVES THAT THE ORGANIZATIONS CONTINUE TO

Part XIV Supplemental Information (continued)

OPERATE IN A MANNER THAT PRESERVES ITS TAX EXEMPT STATUS.

THE ORGANIZATIONS APPLY THE STANDARDS FOR ACCOUNTING FOR UNCERTAINTY IN 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:

ALLOCATION OF JFMD FUNDRAISING & ADMINISTRATIVE EXPENSES TO

UJF	1,985,077.
INTERORGANIZATION APPROPRIATIONS	4,480,671.

Part XIV Supplemental information (continued)

NET INTERFUND TRANSFERS NOT INCLUDED ON RETURN	1,715,891.
TOTAL TO SCHEDULE D, PART XI, LINE 8	8,181,639.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SUPPORT FOUNDATION REVENUE	21,076,738.
CHARITABLE REMAINDER TRUST REVENUE	650,581.
INTERORGANIZATION APPROPRIATIONS	4,480,671.
IN-KIND RENTAL INCOME	3,900,000.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	30,107,990.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSE	-501,172.
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PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SUPPORT FOUNDATION EXPENSES	11,109,861.
RENTAL EXPENSE	501,172.
IN-KIND CONTRIBUTED RENT	3,900,000.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	15,511,033.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

JFMD FUNDRAISING/ADMIN. EXP	1,985,077.
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

UNITED JEWISH FOUNDATION

Employer identification number

38-1360585

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		49,110,910.
EUROPE	0	0	INVESTMENTS		10,350,374.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		7,500.
3 a Sub-total	0	0			59,468,784.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			59,468,784.

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

Schedule F (Form 990) 2010

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	7,500	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 1
 3 Enter total number of other organizations or entities 0

UNITED JEWISH FOUNDATION

38-1360585

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: ORGANIZATION RECEIVES PERIODIC REPORTING FROM RECIPIENT ORGANIZATIONS AND ALSO UTILIZE STAFF IN ISRAEL TO CONDUCT ON-SITE MONITORING.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

UNITED JEWISH FOUNDATION

Employer identification number
38-1360585

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
ACUMEN FUND, INC 76 NINTH AVENUE, SUITE 315 NEW YORK, NY 10011	13-4166228	501(C)(3)	10,000.	0.			TO SUPPORT THE COMMUNITY
ADAT SHALOM SYNAGOGUE 29901 MIDDLEBELT FARMINGTON HILLS, MI 48334	38-1437934	501(C)(3)	182,392.	0.			TO SUPPORT CONSERVATIVE JUDAISM
AISH HATORAH 25725 COOLIDGE HIGHWAY OAK PARK, MI 48237	38-2785489	501(C)(3)	13,250.	0.			TO SUPPORT THE JEWISH COMMUNITY
AKIVA HEBREW DAY SCHOOL 21100 W TWELVE MILE RD SOUTHFIELD, MI 48076	38-1750780	501(C)(3)	52,914.	0.			TO SUPPORT EDUCATION
ALZHEIMER'S ASSOCIATION 20300 CIVIC CENTER DRIVE #100 SOUTHFIELD, MI 48076	38-2919674	501(C)(3)	19,400.	0.			TO SUPPORT MEDICAL RESEARCH
AM COMMITTEE FOR SHAARE ZEDEK HOSPITAL IN JER - 6600 NORTH LINCOLN AVE - LINCOLNWOOD, IL 60712	13-5645878	501(C)(3)	25,000.	0.			TO SUPPORT ISRAEL

2 Enter total number of section 501(c)(3) and government organizations **186.**

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

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
AM FRIENDS OF THE HEBREW UNIVERSITY - 500 N MICHIGAN AVE - CHICAGO, IL 60611	13-1568923	501(C)(3)	10,000.	0.			TO SUPPORT JEWISH EDUCATION
AM FRIENDS OF THE ISRAEL PHILHARMONIC ORCHEST - 122 EAST 42ND STREET STE 4507 - NEW YORK, NY 10168	23-7183563	501(C)(3)	10,000.	0.			TO SUPPORT THE ARTS
AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE - P.O. BOX 19002 - NEW YORK, NY 10277-0672	13-1623886	501(C)(3)	11,550.	0.			TO SUPPORT EDUCATION
AMERICAN FRIENDS OF THE HEBREW UNIVERSITY INC - ONE BATTERY PARK PLAZA - NEW YORK, NY 10004-1405	13-1568923	501(C)(3)	6,000.	0.			TO SUPPORT JEWISH EDUCATION
AMERICAN ISRAEL EDUCATION FOUNDATION, INC - 120 W. MADISON, STE 500 - CHICAGO, IL 60602	52-1623781	501(C)(3)	425,000.	0.			TO SUPPORT JEWISH EDUCATION
AMERICAN JEWISH COMMITTEE 165 EAST 56TH ST NEW YORK, NY 10022-2746	13-5563393	501(C)(3)	46,300.	0.			TO ENHANCE THE JEWISH WAY OF LIFE
AMERICAN RED MAGEN DAVID FOR ISRAEL - 23470 RIVERVIEW DR - SOUTHFIELD, MI 48034-2051	23-7231942	501(C)(3)	10,000.	0.			TO PROVIDE SUPPORT TO ISRAEL
AMERICAN SOCIETY FOR TECHNION 30230 ORCHARD LAKE RD FARMINGTON HILLS, MI 48334	13-0434195	501(C)(3)	332,177.	0.			TO SUPPORT HIGHER EDUCATION
ANTI-DEFAMATION LEAGUE 25800 NORTHWESTERN HWY SOUTHFIELD, MI 48075	13-1818723	501(C)(3)	24,200.	0.			TO FIGHT DISCRIMINATION

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVENTURA TURNBERRY JEWISH CENTER BETH JACOB INC - 20400 N.E. 30TH AVE - AVENTURA, FL 33180	59-1673246	501(C)(3)	25,300.	0.			TO SUPPORT THE COMMUNITY
BAS CHABAD OF WEST BLOOMFIELD 5595 W. MAPLE RD. WEST BLOOMFIELD, MI 48322	38-2388299	501(C)(3)	7,160.	0.			TO SUPPORT JEWISH EDUCATION
BAR - ILAN UNIVERSITY 6735 TELEGRAPH RD. BLOOMFIELD HILLS, MI 48301	13-6192275	501(C)(3)	10,099.	0.			TO SUPPORT JEWISH EDUCATION
BEAR HUG FOUNDATION PO BOX 2197 BIRMINGHAM, MI 48012	38-3501554	501(C)(3)	10,500.	0.			TO SUPPORT CHILDREN
BEAUMONT FOUNDATION PO BOX 5802 TROY, MI 48007-9620	38-2707084	501(C)(3)	42,500.	0.			TO SUPPORT MEDICAL RESEARCH
BETH ISRAEL CONGREGATION 2000 WASHTEAW ANN ARBOR, MI 48104	38-1794360	501(C)(3)	5,000.	0.			TO SUPPORT JEWISH EDUCATION
BETH JACOB OF JERUSALEM PO BOX 300369 BROOKLYN, NY 11230	13-6258134	501(C)(3)	8,000.	0.			TO SUPPORT JEWISH EDUCATION
BEYOND BASICS P.O. BOX 7 BLOOMFIELD HILLS, MI 48303	75-2993015	501(C)(3)	6,000.	0.			TO SUPPORT CHILDREN
BIRTHRIGHT ISRAEL FOUNDATION 33 EAST 33RD STREET NEW YORK, NY 10016	13-4092050	501(C)(3)	1,007,800.	0.			TO SUPPORT FOUNDATION

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
B'NAI BRITH YOUTH ORGANIZATION 6600 WEST MAPLE RD WEST BLOOMFIELD, MI 48322	31-1794932	501(C)(3)	31,758.	0.			TO SUPPORT THE ANNUAL CAMPAIGN
BOYS & GIRLS CLUB OF KING COUNTY-MERCER ISLAN - 603 STEWART #300 - SEATTLE, WA 98101	91-0532600	501(C)(3)	50,000.	0.			TO SUPPORT CHILDREN
BOYS TOWN JERUSALEM FOUNDATION OF AMERICA - 12 W 31ST ST #300 - NEW YORK, NY 10001-4415	11-5324002	501(C)(3)	25,000.	0.			TO SUPPORT JEWISH EDUCATION
BRAVO COLORADO AT VAIL-BEAVER CREEK - P.O. BOX 2270 - VAIL, CO 81658	84-1074065	501(C)(3)	20,600.	0.			TO SUPPORT THE ARTS
CENTRAL EUROPE CTR FOR RESEARCH & DOCUMENTATI - 3500 PIEDMONT RD NE STE 600 - ATLANTA, GA 30305	58-1970134	501(C)(3)	25,000.	0.			TO SUPPORT RESEARCH IN ETHNIC MINORITIES
CHALLENGED ATHLETES FOUNDATION P.O. BOX 910769 SAN DIEGO, CA 92191	33-0739596	501(C)(3)	15,000.	0.			TO SUPPORT SPORTSMANSHIP
CHAMBER MUSIC SOCIETY OF DETROIT 31731 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334	38-2794258	501(C)(3)	6,700.	0.			TO SUPPORT THE ARTS
CHANNEL 56 TV - WTVS ONE CLOVER CT WIXOM, MI 48393	38-1440200	501(C)(3)	14,609.	0.			TO SUPPORT THE ARTS
CHILDREN'S CENTER OF WAYNE COUNTY, INC - 79 W. ALEXANDRINE - DETROIT, MI 48201	38-1359505	501(C)(3)	5,000.	0.			TO SUPPORT CHILDREN

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HEALTH FOUNDATION 400 W MAIN ST SUITE 210 ASPEN, CO 81611	20-2015631	501(C)(3)	10,000.	0.			TO SUPPORT MEDICAL RESEARCH
CLAL 440 PARK AVENUE S, 4TH FL NEW YORK, NY 10016-8012	23-7390358	501(C)(3)	18,000.	0.			TO SUPPORT JEWISH EDUCATION
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE CLEVELAND, OH 44193-1655	34-0714585	501(C)(3)	15,000.	0.			TO SUPPORT HEALTH CARE
COLLABORATION FOR EARLY CHILDHOOD CARE & EDUCATION - PO BOX 4105 - OAK PARK, IL 60603	30-0132292	501(C)(3)	15,000.	0.			TO SUPPORT EDUCATION
COMMUNITY FOUNDATION FOR S.E. MICHIGAN - 333 W FORT ST - DETROIT, MI 48226	38-2530980	501(C)(3)	20,000.	0.			TO SUPPORT THE COMMUNITY
CONGREGATION ASHAVAT SHALOM 1015 N MARION DRIVE TRAVERSE CITY, MI 49666	38-3380218	501(C)(3)	5,000.	0.			TO SUPPORT JEWISH EDUCATION
CONGREGATION BETH AHM 5075 W. MAPLE RD. WEST BLOOMFIELD, MI 48322	38-6004801	501(C)(3)	36,795.	0.			TO SUPPORT CONSERVATIVE JUDAISM
CONGREGATION BETH SHALOM 14601 W LINCOLN RD OAK PARK, MI 48237	38-1572145	501(C)(3)	26,615.	0.			TO SUPPORT CONSERVATIVE JUDAISM
CONGREGATION B'NAI MOSHE 6800 DRAKE RD WEST BLOOMFIELD, MI 48322	38-1357997	501(C)(3)	17,050.	0.			TO SUPPORT CONSERVATIVE JUDAISM

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGREGATION SHAAREY ZEDEK 27375 BELL RD SOUTHFIELD, MI 48034	38-1420140	501(C)(3)	36,571.	0.			TO SUPPORT CONSERVATIVE JUDAISM
CONGREGATION SHIR TIKVAH 3900 NORTHFIELD PKWY TROY, MI 48084	38-2439322	501(C)(3)	17,101.	0.			TO SUPPORT REFORM JUDAISM
CRANBROOK EDUCATIONAL COMMUNITY P.O. BOX 801 BLOOMFIELD HILLS, MI 48303-0801	38-2015048	501(C)(3)	204,450.	0.			TO SUPPORT EDUCATION
CROHN'S & COLITIS FOUNDATION OF AMERICA - 31313 NORTHWESTERN HWY SUITE #204 - FARMINGTON HILLS, MI 48334	13-6193105	501(C)(3)	18,300.	0.			TO SUPPORT MEDICAL RESEARCH
DESTINY FOUNDATION 386 ROUTE 59 AIRMONT, NY 10952	38-3291795	501(C)(3)	10,000.	0.			TO SUPPORT JEWISH EDUCATION
DETROIT COUNTRY DAY SCHOOL 22305 W THIRTEEN MILE RD BEVERLY HILLS, MI 48025	38-1359251	501(C)(3)	5,400.	0.			TO SUPPORT EDUCATION
DETROIT INSTITUTE OF ARTS 5200 WOODWARD AVE DETROIT, MI 48202	38-1359510	501(C)(3)	29,356.	0.			TO SUPPORT THE ARTS
DETROIT SYMPHONY ORCHESTRA 3711 WOODWARD AVENUE DETROIT, MI 48201	38-1385132	501(C)(3)	89,200.	0.			TO SUPPORT THE ARTS
DETROIT ZOOLOGICAL SOCIETY 8450 W. 10 MILE ROAD ROYAL OAK, MI 48067	38-6027356	501(C)(3)	9,550.	0.			TO SUPPORT THE ZOO

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Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
E.L.E.M 270 MADISON AVE NEW YORK, NY 10016	13-3171815	501(C)(3)	15,500.	0.			TO SUPPORT CHILDREN
ECONOMIC EMPOWERMENT FOR WOMEN 2709 W I 44 SERVICE RD OKLAHOMA CITY, OK 73112	20-4541417	501(C)(3)	49,500.	0.			TO SUPPORT WOMEN'S CAUSES
EDGEWATER COMMUNITY COUNCIL 6044 NORTH BROADWAY CHICAGO, IL 60640	36-2468991	501(C)(3)	5,000.	0.			TO SUPPORT THE COMMUNITY
EPISCOPAL COMMUNITY SERVICES 165 EIGHTH STREET SAN FRANCISCO, CA 94103	95-1945256	501(C)(3)	75,000.	0.			TO HELP THE NEEDY
ETON ACADEMY 1755 E. MELTON BIRMINGHAM, MI 48009	38-2298096	501(C)(3)	22,000.	0.			TO SUPPORT EDUCATION
EXPANDING LIVES 5541 NORTH ST. LOUIS CHICAGO, IL 60625	26-1336895	501(C)(3)	5,000.	0.			TO SUPPORT WOMEN'S CAUSES
FACING HISTORY & OURSELVES NATIONAL FOUNDATION - 14 EAST 4TH STREET - NEW YORK, NY 10012	04-2761636	501(C)(3)	20,500.	0.			TO SUPPORT THE ARTS
FILM INDEPENDENT INC 9911 W. PICO BLVD LOS ANGELES, CA 90035	95-3943485	501(C)(3)	5,000.	0.			TO SUPPORT THE ARTS
FJC-A FOUNDATION OF DONOR ADVISED FUNDS - 520 EIGHTH AVE - NEW YORK, NY 10018	13-3848582	501(C)(3)	8,500.	0.			TO SUPPORT THE JEWISH COMMUNITY

LHA

Schedule I (Form 990)

UNITED JEWISH FOUNDATION

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
FOOD LIFELINE 1702 NE 150TH ST SEATTLE, WA 98155	91-1090450	501(C)(3)	12,500.	0.			TO FEED THE HUNGRY
FORGOTTEN HARVEST 21800 GREENFIELD OAK PARK, MI 48237	38-2926476	501(C)(3)	5,250.	0.			TO FEED THE HUNGRY
FOUNDATION FOR JEWISH CULTURE 330 SEVENTH AVENUE NEW YORK, NY 10001	13-1927751	501(C)(3)	5,609.	0.			TO SUPPORT THE JEWISH COMMUNITY
FRANKEL JEWISH ACADEMY OF METRO DETROIT - 6600 WEST MAPLE RD - WEST BLOOMFIELD, MI 48322	38-3428219	501(C)(3)	244,983.	0.			TO SUPPORT EDUCATION
FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVE. N., J5-200 - SEATTLE, WA 98109	91-1540426	501(C)(3)	10,000.	0.			TO SUPPORT MEDICAL RESEARCH
FRESH AIR SOCIETY 6735 TELEGRAPH RD. BLOOMFIELD HILLS, MI 48301	38-1360545	501(C)(3)	291,317.	0.			TO SUPPORT THE NEEDS OF CHILDREN
FRIENDS OF THE ISRAEL DEFENSE FORCES - 8451 BOULDER CT. - WALLED LAKE, MI 48390	13-3156445	501(C)(3)	24,084.	0.			TO SUPPORT ISRAEL DEFENSE FORCES
FRIENDS OF YEMIN ORDE 4501 CONNECTICUT AVE, NW WASHINGTON, DC 20008	22-3090463	501(C)(3)	208,000.	0.			TO SUPPORT CHILDREN IN ISRAEL
FRIENDSHIP CIRCLE 6892 W MAPLE RD WEST BLOOMFIELD, MI 48322	38-3613944	501(C)(3)	785,086.	0.			TO SUPPORT FAMILIES WITH SPECIAL NEEDS

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Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HADASSAH HOUSE, INC 5030 ORCHARD LAKE RD W BLOOMFIELD, MI 48323	38-6058400	501(C)(3)	5,056.	0.			TO SUPPORT WOMEN'S CAUSES
HADASSAH-GREATER DETROIT CHAPTER 5030 ORCHARD LAKE RD W. BLOOMFIELD, MI 48323-2752	38-1396062	501(C)(3)	15,443.	0.			TO SUPPORT WOMEN'S CAUSES
HARVARD-WESTLAKE SCHOOL 3700 COLDWATER CANYON N HOLLYWOOD, CA 91604	95-1644019	501(C)(3)	100,000.	0.			TO SUPPORT EDUCATION
HEBREW FREE LOAN 6735 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301	38-1359260	501(C)(3)	88,926.	0.			TO PROVIDE INTEREST FREE LOANS
HENRY FORD HEALTH SYSTEM ONE FORD PLACE DETROIT, MI 48202-3450	38-1357020	501(C)(3)	12,850.	0.			TO SUPPORT HEALTH CARE
HILLEL DAY SCHOOL 32200 MIDDLEBELT ROAD FARMINGTON HILLS, MI 48334	38-1586703	501(C)(3)	87,302.	0.			TO SUPPORT EDUCATION
HILLEL OF METRO DETROIT 667 GROSBERG CENTER DETROIT, MI 48202	52-1758804	501(C)(3)	12,600.	0.			TO SUPPORT EDUCATION
HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE - 800 EIGHTH ST, NW - WASHINGTON, DC 20001	52-1844823	501(C)(3)	10,000.	0.			TO SUPPORT JEWISH EDUCATION
HOLOCAUST MEMORIAL CENTER 28123 ORCHARD LAKE RD FARMINGTON HILLS, MI 48334-3738	38-2402635	501(C)(3)	11,000.	0.			TO PRESERVE THE PAST AND PROTECT THE FUTURE

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Schedule I (Form 990)

Schedule I (Form 990) **UNITED JEWISH FOUNDATION**

38-1360585

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
IKAR 5870 W OLYMPIC BLVD LOS ANGELES, CA 90036	20-1210098	501(C)(3)	5,000.	0.			TO SUPPORT THE JEWISH COMMUNITY
IMERMAN ANGELS 400 W ERIE ST CHICAGO, IL 60610	20-5621272	501(C)(3)	101,800.	0.			TO SUPPORT MEDICAL RESEARCH
INSTITUTE FOR CLINICAL SOCIAL WORK 200 N MICHIGAN AVE CHICAGO, IL 60601-5908	36-3157451	501(C)(3)	6,000.	0.			TO SUPPORT EDUCATION
INSTITUTE FOR DAYANIM 25625 SOUTHFIELD ROAD SOUTHFIELD, MI 48075	20-0899773	501(C)(3)	8,640.	0.			TO SUPPORT EDUCATION
INSTITUTE FOR THE ANALYSIS OF GLOBAL SECURITY - 7811 MONTROSE RD STE 505 - POTOMAC, MA 20854	22-3880419	501(C)(3)	15,000.	0.			TO ENHANCE GLOBAL SECURITY
INTERNATIONAL SEPHARDIC EDUCATION FNDN - 13 E 37TH ST 3RD FLR - NEW YORK, NY 10016	13-2909403	501(C)(3)	7,500.	0.			TO SUPPORT JEWISH EDUCATION
INVESTIGATIVE PROJECT ON TERRORISM FOUNDATION - 5505 CONNECTICUT AVENUE N.W. - WASHINGTON, DC 20015	13-4331855	501(C)(3)	25,000.	0.			TO ENHANCE GLOBAL SECURITY
ISRAEL 21C 1221 VAN DYCK DRIVE SUNNYVALE, CA 94087	77-0571579	501(C)(3)	25,000.	0.			TO PROVIDE EDUCATION ABOUT ISRAEL
ISRAEL STRATEGIC ALTERNATIVE ENERGY FOUNDATION - 121 STEUART STREET - SAN FRANCISCO, CA 94105	80-0263559	501(C)(3)	200,000.	0.			TO SUPPORT ENERGY RESEARCH

LHA

Schedule I (Form 990)

UNITED JEWISH FOUNDATION

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
JARC 30301 NORTHWESTERN HWY SUITE 100 FARMINGTON HILLS, MI 48334	38-3690103	501(C)(3)	178,891.	0.			TO SUPPORT DISABLED INDIVIDUALS
JCRC OF SAN FRANCISCO MARIN & PENINSULA - 121 STEUART ST - SAN FRANCISCO, CA 94105	94-1156335	501(C)(3)	100,000.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH COMM SERVICE OF FLINT 619 WALLENBERG ST FLINT, MI 48502-1714	38-2752384	501(C)(3)	5,000.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH COMMUNITY CENTER 6600 WEST MAPLE ROAD WEST BLOOMFIELD, MI 48322	38-1358397	501(C)(3)	853,581.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO - 121 STEUART STREET - SAN FRANCISCO, CA 94105	94-1156533	501(C)(3)	1,006,000.	0.			TO SUPPORT THE COMMUNITY
JEWISH COMMUNITY RELATIONS COUNCIL 6735 TELEGRAPH RD. BLOOMFIELD HILLS, MI 48301	38-3011194	501(C)(3)	10,674.	0.			TO SUPPORT PUBLIC AFFAIRS IN THE COMMUNITY
JEWISH COUNCIL FOR PUBLIC AFFAIRS 116 E 27TH ST NEW YORK, NY 10016	13-1624104	501(C)(3)	25,000.	0.			TO PROVIDE EDUCATION ABOUT ISRAELI ISSUES
JEWISH FAMILY SERVICE 6555 WEST MAPLE RD WEST BLOOMFIELD, MI 48322	38-0691329	501(C)(3)	793,466.	0.			TO SUPPORT JEWISH FAMILIES
JEWISH FEDERATION COUNCIL OF GREATER LOS ANGE - 6505 WILSHIRE BLVD - LOS ANGELES, CA 90048	95-1643388	501(C)(3)	8,000.	0.			TO SUPPORT THE JEWISH COMMUNITY

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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 FEDERATION FOUNDATION, INC 3801 E WILLOW STREET LONG BEACH, CA 90815	23-7397882	501(C)(3)	157,951.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH FEDERATION OF GRAND RAPIDS 4127 EMBASSY DR, SE GRAND RAPIDS, MI 49546	38-6099686	501(C)(3)	5,226.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH FEDERATION OF GREATER PHOENIX - 12701 N SCOTTSDALE RD - SCOTTSDALE, AZ 85254-5453	86-0096784	501(C)(3)	10,500.	0.			TO SUPPORT THE COMMUNITY
JEWISH FEDERATION OF METRO DETROIT 6735 TELEGRAPH BLOOMFIELD HILLS, MI 48303	38-1359214	501(C)(3)	11,355,925.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH FEDERATION OF SOUTH PALM BEACH COUNTY - 9901 DONNA KLEIN BLVD - BOCA RATON, FL 33428-1788	59-1945109	501(C)(3)	16,550.	0.			TO SUPPORT THE COMMUNITY
JEWISH FUND FOR JUSTICE 330 SEVENTH AVE NEW YORK, NY 10001	52-1332694	501(C)(3)	12,500.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH GAY NETWORK OF MICHIGAN 6600 W MAPLE RD WEST BLOOMFIELD, MI 48322	20-1703431	501(C)(3)	10,250.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH HOME AND SENIOR LIVING FOUNDATION - 302 SILVER AVE - SAN FRANCISCO, CA 94112	02-0724278	501(C)(3)	90,000.	0.			TO SUPPORT THE ELDERLY
JEWISH HOSPICE & CHAPLAINCY NETWORK - 6555 W MAPLE RD - WEST BLOOMFIELD, MI 48322	38-3429268	501(C)(3)	68,000.	0.			TO SUPPORT THE ELDERLY

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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 NATIONAL FUND PO BOX 5609 HICKSVILLE, NY 11802	13-1659627	501(C)(3)	32,268.	0.			TO SUPPORT ISRAEL
JEWISH RESOURCE CENTER CHABAD OF ASPEN - 435 W MAIN ST - ASPEN, CO 81611	22-3787221	501(C)(3)	5,000.	0.			TO SUPPORT JEWISH EDUCATION
JEWISH SENIOR LIFE 15000 WEST TEN MILE ROAD OAK PARK, MI 48237	38-2693397	501(C)(3)	1,597,264.	0.			TO SUPPORT THE ELDERLY
JEWISH THEOLOGICAL SEMINARY 6735 TELEGRAPH RD., STE 310 BLOOMFIELD HILLS, MI 48301-3143	13-0887640	501(C)(3)	61,723.	0.			TO SUPPORT EDUCATION
JEWISH UNITED FUND OF METRO CHICAGO - 30 S WELLS ST - CHICAGO, IL 60606	36-2167034	501(C)(3)	15,860.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH VOCATIONAL & CAREER COUNSELING SERVICE - 225 BUSH ST - SAN FRANCISCO, CA 94104	94-2213100	501(C)(3)	25,000.	0.			TO PROVIDE VOCATIONAL TRAINING AND SUPPORT
JEWISH VOCATIONAL SERVICE 29699 SOUTHFIELD RD SOUTHFIELD, MI 48076	38-1358013	501(C)(3)	453,580.	0.			TO AID JOB RESEARCH
JHA DEVELOPMENT SERVICES INC 6710 W. MAPLE ROAD WEST BLOOMFIELD, MI 48322	38-2693397	501(C)(3)	56,300.	0.			TO SUPPORT THE JEWISH COMMUNITY
JUVENILE DIABETES RESEARCH FOUNDATION - 24359 NORTHWESTERN HWY SUITE 225 - SOUTHFIELD, MI 48075	23-1907729	501(C)(3)	35,338.	0.			TO SUPPORT MEDICAL RESEARCH

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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
KADIMA 15999 W 12 MILE RD SOUTHFIELD, MI 48076	38-2630596	501(C)(3)	88,113.	0.			TO SUPPORT INDIVIDUALS WITH SPECIAL NEEDS
KARMANOS CANCER INSTITUTE 4100 JOHN R DETROIT, MI 48201	38-1613280	501(C)(3)	299,340.	0.			TO SUPPORT MEDICAL RESEARCH
KEHILLAT ISRAEL - JEWISH CONGREGATION OF PACI - 16019 W SUNSET BLVD - PACIFIC PALISADES, CA 90272	95-2056645	501(C)(3)	18,000.	0.			TO SUPPORT JEWISH EDUCATION
KOLLEL INSTITUTE OF GTR DETROIT 15230 WEST LINCOLN RD OAK PARK, MI 48237	38-2114751	501(C)(3)	51,443.	0.			TO SUPPORT JEWISH EDUCATION
LEADER DOGS FOR THE BLIND INC 1039 S ROCHESTER RD ROCHESTER, MI 48307-3115	38-1366931	501(C)(3)	5,500.	0.			TO SUPPORT THE COMMUNITY
LUBAVITCH FOUNDATION 14100 W. 9 MILE RD. OAK PARK, MI 48237	38-2346125	501(C)(3)	16,977.	0.			TO SUPPORT ORTHODOX JUDAISM
MAKE-A-WISH FOUNDATION OF MICHIGAN 28697 APPLE BLOSSOM LANE FARMINGTON HILLS, MI 48331	38-2505812	501(C)(3)	10,350.	0.			TO PROVIDE SUPPORT TO THE TERMINALLY ILL
MATAN B'SETER 15699 JEANETTE OAK PARK, MI 48237	11-3405224	501(C)(3)	50,000.	0.			TO SUPPORT JEWISH EDUCATION
MEMORIAL MEDICAL CENTER FOUNDATION 2801 ATLANTIC AVE LONG BEACH, CA 90806	95-6105984	501(C)(3)	50,000.	0.			TO SUPPORT HEALTH CARE

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ME' OHR BALS YAAKOV 110 CHESTNUT RIDGE RD MONTVALE, NJ 07645	22-3523224	501(C)(3)	11,000.	0.			TO SUPPORT JEWISH EDUCATION
MERCER ISLAND SCHOOLS FOUNDATION P.O. BOX 1243 MERCER ISLAND, WA 98040	91-1143444	501(C)(3)	6,000.	0.			TO SUPPORT EDUCATION
MICHIGAN AIDS COALITION 429 LIVERNOIS ST FERNDALE, MI 48220	38-2804679	501(C)(3)	20,000.	0.			TO SUPPORT MEDICAL RESEARCH
MICHIGAN OPERA THEATRE 1526 BROADWAY DETROIT, MI 48226	38-2052726	501(C)(3)	55,208.	0.			TO SUPPORT THE ARTS
MICHIGAN ROUNDTABLE FOR DIVERSITY & INCLUSION - 3031 W GRAND BLVD - DETROIT, MI 48202	20-3122770	501(C)(3)	7,500.	0.			TO SUPPORT THE COMMUNITY
MICHIGAN STATE UNIVERSITY A217 EAST FEE HALL EAST LANSING, MI 48224	38-6005984	501(C)(3)	24,500.	0.			TO SUPPORT EDUCATION
MICHIGAN STATE UNIVERSITY - HILLEL FOUNDATION - 360 CHARLES STREET - EAST LANSING, MI 48824	38-3034766	501(C)(3)	94,185.	0.			TO SUPPORT EDUCATION
MOTOR CITY YOUTH INITIATIVE 255 E BROWN ST BIRMINGHAM, MI 48009	13-4280648	501(C)(3)	5,000.	0.			TO SUPPORT CHILDREN
MPTF, CORP P.O. BOX 51150 LOS ANGELES, CA 90051-9706 LHA	95-4597683	501(C)(3)	45,000.	0.			TO SUPPORT THE ARTS

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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MULTIPLE MYELOMA RESEARCH FOUNDATION - 383 MAIN AVE - NORWALK, CT 06851	06-1504413	501(C)(3)	1,900,500.	0.			TO SUPPORT MEDICAL RESEARCH
MUSEUM OF CONTEMPORARY ART DETROIT 4454 WOODWARD AVE DETROIT, MI 48201	20-3872376	501(C)(3)	5,000.	0.			TO SUPPORT THE ARTS
NATIONAL COUNCIL OF JEWISH WOMEN GREATER DETROIT SECTION SOUTHFIELD, MI 48034-2624	38-1358385	501(C)(3)	22,640.	0.			TO SUPPORT WOMEN'S CAUSES
NCSY NATIONAL OFFICE 11 BROADWAY NEW YORK, NY 10004	13-5623717	501(C)(3)	8,949.	0.			TO SUPPORT JEWISH CHILDREN
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - 530 FIRST AVE - NEW YORK, NY 10016	23-7268635	501(C)(3)	5,000.	0.			TO SUPPORT EDUCATION
NORTHSIDE COLLEGE PREP HIGH SCHOOL 5501 N. KEDZIE AVE CHICAGO, IL 60625	36-4391169	501(C)(3)	6,945.	0.			TO SUPPORT EDUCATION
OAKLAND UNIVERSITY 2200 N SQUIRREL RD ROCHESTER, MI 48309-4401	38-6078765	501(C)(3)	10,500.	0.			TO SUPPORT EDUCATION
ORCHARDS CHILDREN'S SERVICE 30215 SOUTHFIELD RD SOUTHFIELD, MI 48076	38-2712084	501(C)(3)	13,500.	0.			TO SUPPORT CHILDREN
ORR SHALOM 1600 S HANLEY RD ST LOUIS, MS 63144	13-3502817	501(C)(3)	35,000.	0.			TO SUPPORT JEWISH EDUCATION

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
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ORT AMERICA 6735 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301	13-5562424	501(C)(3)	35,550.	0.			TO SUPPORT JOB EDUCATION
PARTNERS IN HEALTH P.O. BOX 845578 BOSTON, MA 02284-5578	04-3567502	501(C)(3)	6,000.	0.			TO PROVIDE HEALTH CARE TO NEEDY COMMUNITIES
PATH 1455 NW LEARY WAY SEATTLE, WA 98107	91-1157127	501(C)(3)	10,000.	0.			TO SUPPORT HEALTH CARE
PFLAG P.O. BOX 96519 WASHINGTON, DC 20090-6519	95-3750694	501(C)(3)	5,250.	0.			TO SUPPORT THE COMMUNITY
PLANNED PARENTHOOD OF MID & SOUTH MICHIGAN - P. O. BOX 3673 - ANN ARBOR, MI 48106	38-1707521	501(C)(3)	8,000.	0.			TO SUPPORT THE COMMUNITY
REBOOT, INC 116 WEST 23RD STREET NEW YORK, NY 10011	57-1154844	501(C)(3)	5,000.	0.			TO SUPPORT THE JEWISH COMMUNITY
RECONSTRUCTIONIST CONGREGATION OF DETROIT - 1409 NICOLET - DETROIT, MI 48207	13-2500888	501(C)(3)	9,316.	0.			TO SUPPORT RECONSTRUCTIONIST JUDAISM
SAN FRANCISCO SYMPHONY 201 VAN NESS AVE SAN FRANCISCO, CA 94102	94-1156284	501(C)(3)	10,000.	0.			TO SUPPORT THE ARTS
SARASOTA MANATEE JEWISH FEDERATION 580 S. MCINTOSH RD SARASOTA, FL 34232-1959	59-1227747	501(C)(3)	6,000.	0.			TO SUPPORT THE JEWISH COMMUNITY

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

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SOCIAL VENTURE PARTNERS 1601 2ND AVE SEATTLE, WA 98101-1539	91-1894424	501(C)(3)	5,700.	0.			TO SUPPORT THE COMMUNITY
SUSAN G KOMEN BREAST CANCER FOUNDATION - 5005 LBJ FREEWAY STE 250 - DALLAS, TX 75266-0843	75-2462834	501(C)(3)	21,625.	0.			TO SUPPORT MEDICAL RESEARCH
TAKE ME HOME 20 OCEAN PARK BLVD #8 SANTA MONICA, CA 90405	95-4835234	501(C)(3)	100,000.	0.			TO SUPPORT THE JEWISH COMMUNITY
TEMPLE BETH EL 7400 TELEGRAPH RD. BLOOMFIELD HILLS, MI 48301	38-1359595	501(C)(3)	46,665.	0.			TO SUPPORT REFORM JUDAISM
TEMPLE BETH EMETH 2309 PACKARD AVE. ANN ARBOR, MI 48104	38-1846364	501(C)(3)	5,900.	0.			TO SUPPORT JEWISH EDUCATION
TEMPLE BETH ISRAEL OF EUGENE OREGON - 1175 EAST 29TH AVENUE - EUGENE, OR 97403	93-0706752	501(C)(3)	6,600.	0.			TO SUPPORT JEWISH EDUCATION
TEMPLE ISRAEL 5725 WALNUT LAKE RD. WEST BLOOMFIELD, MI 48323	38-1490194	501(C)(3)	72,625.	0.			TO SUPPORT REFORM JUDAISM
TEMPLE ISRAEL OF LONG BEACH 269 LOMA LONG BEACH, CA 90803	95-1684093	501(C)(3)	100,000.	0.			TO SUPPORT JUDAISM
TEMPLE JUDEA OF PALM BEACH COUNTY 4311 HOOD RD PALM BEACH GARDENS, FL 33410	59-2100649	501(C)(3)	7,000.	0.			TO SUPPORT REFORM JUDAISM

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TEMPLE KOL AMI 5085 WALNUT LAKE RD. WEST BLOOMFIELD, MI 48323	38-6140065	501(C)(3)	7,470.	0.			TO SUPPORT JEWISH EDUCATION
TEMPLE SHIR SHALOM 3999 WALNUT LAKE RD WEST BLOOMFIELD, MI 48323	38-2803191	501(C)(3)	16,200.	0.			TO SUPPORT REFORM JUDAISM
THE AMERICAN FRIENDS OF UHN, INC. 399 BATHURST TORONTO, ONTARIO, CANADA M5T 2S8	20-3193115	501(C)(3)	20,000.	0.			TO SUPPORT ISRAEL
THE ART OF ELYSIUM 3278 WILSHIRE BLVD - PENTHOUSE LOS ANGELES, CA 90010	95-4673306	501(C)(3)	31,000.	0.			TO SUPPORT THE ARTS
THE JAKE & JOHNNY CLUB INC 30665 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334	68-0654862	501(C)(3)	5,000.	0.			TO SUPPORT THE COMMUNITY
THE JEWISH ENSEMBLE THEATRE 6600 WEST MAPLE ROAD WEST BLOOMFIELD, MI 48322	38-2861818	501(C)(3)	47,745.	0.			TO SUPPORT THE ARTS
THE JEWISH FEDERATIONS OF NORTH AMERICA - 111 EIGHTH AVE STE 11E - NEW YORK, NY 10011	13-1624240	501(C)(3)	6,575.	0.			TO SUPPORT THE JEWISH COMMUNITY
UNITED WAY FOR SOUTHEASTERN MICHIGAN - 1212 GRISWOLD ST - DETROIT, MI 48226-9925	20-3099071	501(C)(3)	13,350.	0.			TO SUPPORT THE ANNUAL CAMPAIGN
UNIV OF MICHIGAN - HILLEL 1429 HILL ST ANN ARBOR, MI 48104-3105	38-6119964	501(C)(3)	256,483.	0.			TO SUPPORT JEWISH EDUCATION

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UNITED JEWISH FOUNDATION

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

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UNIVERSITY OF MIAMI P.O. BOX 248106 CORAL GABLES, FL 33124	59-0624458	501(C)(3)	10,000.	0.			TO SUPPORT EDUCATION
UNIVERSITY OF MICHIGAN 3003 S STATE ST ANN ARBOR, MI 48109-1288	38-6006309	501(C)(3)	212,900.	0.			TO SUPPORT EDUCATION
UNIVERSITY OF MICHIGAN SCHOOL OF SOCIAL WORK - 1080 SOUTH UNIVERSITY AVE - ANN ARBOR, MI 48109-1106	38-6006309	501(C)(3)	8,972.	0.			TO SUPPORT EDUCATION
UNIVERSITY OF PENNSYLVANIA 601 FRANKLIN BUILDING PHILADELPHIA, PA 19104-6205	23-1352685	501(C)(3)	10,500.	0.			TO SUPPORT EDUCATION
VARIETY-THE CHILDREN'S CHARITY 30161 SOUTHFIELD RD SOUTHFIELD, MI 48076	38-2140520	501(C)(3)	5,000.	0.			TO SUPPORT CHILDREN
WALLACE CUNNINGHAM FNDN FOR ARCHITECTURE PLAN - 1115 W ARBOR DR - SAN DIEGO, CA 92103	58-2667459	501(C)(3)	5,000.	0.			TO SUPPORT THE ARTS
WALSH COLLEGE 3838 LIVERNOIS RD TROY, MI 48007-9810	38-6090208	501(C)(3)	66,818.	0.			TO SUPPORT EDUCATION
WASHINGTON UNIVERSITY CAMPUS BOX 1082 ST LOUIS, MO 63130-9989	43-0653611	501(C)(3)	8,000.	0.			TO SUPPORT EDUCATION
WAYNE STATE UNIVERSITY 5700 CASS AVENUE STE 3100 DETROIT, MI 48202	38-6028429	501(C)(3)	7,500.	0.			TO SUPPORT EDUCATION

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

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WAYNE STATE UNIVERSITY-LAW SCHOOL 471 WEST PALMER STREET DETROIT, MI 48202	38-6028430	501(C)(3)	39,750.	0.			TO SUPPORT EDUCATION
WOMEN IN FILM 6100 WILSHIRE BLVD STE 710 LOS ANGELES, CA 90048	23-7322834	501(C)(3)	25,000.	0.			TO SUPPORT THE ARTS
WORLD SECURITY INSTITUTE 1779 MASSACHUSETTS AVE., NW WASHINGTON, DC 20036	52-1289743	501(C)(3)	50,000.	0.			TO ENHANCE GLOBAL SECURITY
YAD EZRA 2850 W. ELEVEN MILE RD BERKLEY, MI 48072-3039	38-2904733	501(C)(3)	106,730.	0.			TO FEED THE HUNGRY
YESHIVA BETH YEHUDAH 15751 W. LINCOLN SOUTHFIELD, MI 48076	38-1437939	501(C)(3)	204,463.	0.			TO SUPPORT JEWISH EDUCATION
YESHIVA GEDOLAH 24600 GREENFIELD RD OAK PARK, MI 48237	38-2569760	501(C)(3)	18,305.	0.			TO SUPPORT JEWISH EDUCATION
YESHIVA TORAS CHAIM OF GREATER MIAMI, INC - 1025 N MIAMI GARDENS DRIVE - N MIAMI BEACH, FL 33179	59-2462426	501(C)(3)	324,538.	0.			TO SUPPORT JEWISH EDUCATION
YESHIVAT SHAALVIM INC 1144 EAST 29TH ST BROOKLYN, NY 11210	11-3221587	501(C)(3)	15,000.	0.			TO SUPPORT JEWISH EDUCATION
ZIMMER CHILDREN'S MUSEUM 6505 WILSHIRE BLVD #100 LOS ANGELES, CA 90048	20-1470992	501(C)(3)	13,800.	0.			TO SUPPORT THE ARTS

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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.

SCHEDULE I, PART I, LINE 2: TO MONITOR OUR CONSTITUENT AGENCIES, WE RECEIVE ANNUAL BUDGET PROPOSALS AND PERIODIC PROGRAM AND BUDGET REPORTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

UNITED JEWISH FOUNDATION

Employer identification number

38-1360585

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment from the organization or a related organization?

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

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

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2010

UNITED JEWISH FOUNDATION

38-1360585

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SCOTT KAUFMAN	(i)	0.	0.	0.	0.	0.	0.
	(ii)	253,258.	0.	420.	11,292.	264,970.	0.
2 DOROTHY BENYAS	(i)	0.	0.	0.	0.	0.	0.
	(ii)	174,260.	0.	822.	16,177.	210,086.	0.
3 ANDREW ECHT	(i)	0.	0.	0.	0.	0.	0.
	(ii)	174,260.	0.	357.	13,418.	203,635.	0.
4 HOWARD NEISTEIN	(i)	0.	0.	0.	0.	0.	0.
	(ii)	174,260.	0.	1,537.	16,363.	199,160.	0.
5 ROBERT ARONSON	(i)	0.	0.	0.	0.	0.	0.
	(ii)	262,803.	0.	41,950.	28,074.	354,827.	0.
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
 Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.
 Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

UNITED JEWISH FOUNDATION

Employer identification number
38-1360585

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased (h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No
A MICHIGAN STRATEGIC FUND	52-1417332	NONE	08/10/07	2,146,887.	SEE PART V		X		X
B									
C									
D									

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		2,146,887.						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		2,146,887.						
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion								
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b Are there any research agreements that may result in private business use of bond-financed property?		X						
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X						
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2 Is the bond issue a variable rate issue?		X						
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintergrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X						
6 Did the bond issue qualify for an exception to rebate?		X						

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

SCHEDULE K, PART I, LINE A, COLUMN F
DESCRIPTION OF PURPOSE:
 TO FINANCE THE ACQUISITION AND INSTALLATION OF VARIOUS ENERGY SAVING IMPROVEMENTS INCLUDING HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS, TEMPERATURE CONTROL SYSTEMS, BUILDING ENVELOPE AND INSULATION

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

SYSTEMS, LIGHTING SYSTEMS AND VARIOUS PLUMBING DEVICES TO BE LOCATED AT THE JEWISH COMMUNITY CENTER JPM FACILITY IN THE CITY OF OAK PARK.

Multiple horizontal lines for supplemental information.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

UNITED JEWISH FOUNDATION

Employer identification number

38-1360585

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	ROBERT ARONSON -				X	142,000.	142,000.	X	X	X
Total				▶ \$	142,000.					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SACHSE CONSTRUCTION	TODD SACHSE, BOARD	6,000,000.	CONSTRUCTIO		X
ETKIN EQUITIES	DOUGLAS ETKIN, BOAR	233,000.	ETKIN EQUIT		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: ROBERT ARONSON

(A) PURPOSE OF LOAN: SECOND MORTGAGE

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SACHSE CONSTRUCTION

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TODD SACHSE, BOARD MEMBER, IS THE OWNER OF SACHSE CONSTRUCTION

(D) DESCRIPTION OF TRANSACTION: CONSTRUCTION COSTS PAID TO SACHSE
CONSTRUCTION FOR BERMAN THEATER

(A) NAME OF PERSON: ETKIN EQUITIES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DOUGLAS ETKIN, BOARD MEMBER, IS THE OWNER OF ETKIN EQUITIES

(D) DESCRIPTION OF TRANSACTION: ETKIN EQUITIES IS THE PROPERTY MANAGER
OF THE APPLEBAUM CAMPUS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
▶ Attach to Form 990.**

Name of the organization **UNITED JEWISH FOUNDATION** Employer identification number **38-1360585**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	67	3,991,708.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	1	158,550.	FAIR MARKET VALUE
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (LEASEHOLD IMP)	X	1	20,282.	FAIR MARKET VALUE
26 Other ▶ (LIFE INSURANC)	X	1	7,650.	FAIR MARKET VALUE
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

UNITED JEWISH FOUNDATION

Employer identification number

38-1360585

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

PROMOTE THE CONTINUITY OF THE JEWISH PEOPLE.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

CAYMAN ISLANDS, UNITED KINGDOM, IRELAND, BERMUDA

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

FAMILY RELATIONSHIPS:

EUGENE APPLEBAUM AND PAMELA APPLEBAUM

HAROLD BLUMENSTEIN AND PENNY BLUMENSTEIN

SANDY DANTO AND MARVIN DANTO

DOUGLAS ETKIN AND PETER ALTER

PHILLIP FISHER AND JANE SHERMAN

DAVID FOLTYN AND ELYSE FOLTYN

CONRAD L. GILES AND LYNDIA GILES

HUGH GREENBERG AND CAROLYN GREENBERG

JAMES GROSFELD AND NANCY GROSFELD

DAN GUYER AND CHERYL GUYER

JEROME HALPERIN AND MARGOT HALPERIN

MARK HAUSER AND MICHAEL HAUSER

NANCY HEINRICH AND BRIAN SIEGEL

ROBERT HEINRICH AND NANCY HEINRICH

DOREEN HERMELIN AND MARCIE ORLEY

MICHAEL HOROWITZ AND BARBARA HOROWITZ

LEE HURWITZ AND TODD SACHSE

JOHN E. JACOBS AND MICHAEL HOROWITZ

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

Name of the organization UNITED JEWISH FOUNDATION	Employer identification number 38-1360585
--	--

DAVID JACOBSON AND NANCY JACOBSON

EMERY KLEIN AND DIANE KLEIN

DIANE KLEIN AND BARBARA ZALTZ

EMERY KLEIN AND BARBARA ZALTZ

DAVID KRAMER AND ANESSA KRAMER

HANNAN LIS AND LISA LIS

HANNAN LIS AND FLORINE MARK

LISA LIS AND FLORINE MARK

ARTHUR LISS AND BEVERLY LISS

BRIAN MEER AND EDWARD MEER

ROBERT NAFTALY AND HOWARD BROWN

LARRY NEMER AND PATTI NEMER

MARCIE ORLEY AND BRIAN HERMELIN

MARCIE ORLEY AND LARRY LAX

MARCIE ORLEY AND ALLAN NACHMAN

BENJAMIN ROSENTHAL AND MARTA ROSENTHAL

BRIAN SATOVSKY AND NEIL SATOVSKY

JUDITH SCHRAM AND MICHAEL HOROWITZ

ALAN S. SCHWARTZ AND SANDRA SCHWARTZ

BRIAN SIEGEL AND ROBERT HEINRICH

BARBARA ZALTZ AND DIANE KLEIN

BARBARA ZALTZ AND EMERY KLEIN

THE FOLLOWING BOARD MEMBERS HAVE BUSINESS RELATIONSHIPS:

EUGENE APPLEBAUM AND PAMELA APPLEBAUM

TODD SACHSE AND DOUGLAS ETKIN

MARK HAUSER AND MICHAEL MADDIN

LEE HURWITZ AND TODD SACHSE

Name of the organization UNITED JEWISH FOUNDATION	Employer identification number 38-1360585
---	---

LEE HURWITZ AND RICH BRODER

HANNAN LIS AND FLORINE MARK

HANNAN LIS AND LISA LIS

TODD SACHSE AND RICH BRODER

JUDITH SCHRAM AND MICHAEL HOROWITZ

RONALD SCHWARTZ AND ROBERT SCHWARTZ

BRIAN SIEGEL AND SCOTT KAUFMAN

ROBERT SLATKIN AND MARK HAUSER

ROBERT SLATKIN AND MICHAEL MADDIN

FORM 990, PART VI, SECTION A, LINE 3: THE ORGANIZATION DELEGATED MANAGEMENT DUTIES TO THE JEWISH FEDERATION OF METROPOLITAN DETROIT.

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 DIRECTORS. THE FORM 990 IS REVIEWED INTERNALLY BY THE FINANCE DIRECTOR AND CHIEF FINANCIAL OFFICER. THE DRAFT IS THEN REVIEWED AND APPROVED BY THE AUDIT COMMITTEE. FOLLOWING AUDIT COMMITTEE APPROVAL, THE FORM 990 IS FILED. THE BOARD OF UNITED JEWISH FOUNDATION RECEIVE A COPY OF THE FORM 990 AFTER IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS, BOARD MEMBERS OF UNITED JEWISH FOUNDATION 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 REPORTED IN THE BOARD MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 15: A COMPENSATION COMMITTEE DETERMINES

Name of the organization UNITED JEWISH FOUNDATION	Employer identification number 38-1360585
---	---

COMPENSATION BASED ON ESTABLISHED GOALS AND OBJECTIVES. THE COMMITTEE WILL ALSO CONSIDER COMPARABLE SALARY DATA FROM OTHER JEWISH FEDERATIONS OR NON-PROFIT ORGANIZATIONS. THIS PROCESS IS DONE ANNUALLY FOR THE CEO, CFO, CHIEF FINANCIAL RESOURCE DEVELOPMENT OFFICER AND THE CHIEF ADMINISTRATIVE OFFICER AND LAST OCCURRED IN FEBRUARY 2011. THE ANALYSIS AND CONCLUSIONS ARE DOCUMENTED IN THE COMMITTEE MEETING MINUTES.

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

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

NET UNREALIZED GAINS ON INVESTMENTS:	22,646,929.
ALLOCATION OF JFMD FUNDRAISING & ADMINISTRATIVE EXPENSES TO	
UJF	1,985,077.
INTERORGANIZATION APPROPRIATIONS	4,480,671.
NET INTERFUND TRANSFERS NOT INCLUDED ON RETURN	1,715,891.
TOTAL TO FORM 990, PART XI, LINE 5	30,828,568.

FORM 990, PART XI, LINE 2C
 UNITED JEWISH FOUNDATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTING FIRM. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART VII
 AVERAGE HOURS DEVOTED TO RELATED ORGANIZATIONS:
 THE HOURS REPORTED BELOW ARE THE HOURS DEVOTED BY THE OFFICERS,

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2010
Open to Public
Inspection

Name of the organization

UNITED JEWISH FOUNDATION

Employer identification number
38-1360585

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
JEWISH FEDERATION OF METROPOLITAN DETROIT - 38-1359214, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	SUPPORTS JEWISH COMMUNITY SUPPORTS JEWISH HEALTH CARE IN THE METRO DETROIT AREA	MICHIGAN	501(C)(3)	7	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 I	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	N/A		X
MADELINE 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	N/A		X

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

Schedule R (Form 990) 2010

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	N/A		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	N/A		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	N/A		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	N/A		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	N/A		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	N/A		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	N/A		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	N/A		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	N/A		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	N/A		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	N/A		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	N/A		X

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	N/A		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	N/A		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	N/A		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	N/A		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	N/A		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	N/A		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	N/A		X
PRENTISS FAMILY SUPPORT FOUNDATION - 38-2805115, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A		X
JACK A. & AVIVA ROBINSON FAMILY SUPPORT FOUNDATION - 38-2993215, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A		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	N/A		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	N/A		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	N/A		X

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	N/A		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	N/A		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	N/A		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	N/A		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	N/A		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	N/A		X
TAUBER FAMILY SUPPORT FOUNDATION - 38-2591585, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A		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	N/A		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	N/A		X
WOODRUM FOUNDATION - 38-3316513 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A		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	N/A		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	N/A		X

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	N/A		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	N/A		X
COVILLE-TRIST FAMILY FOUNDATION - 38-2548695, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A		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	N/A		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	N/A		X
RUBIN SHAVE FOUNDATION - 38-6091304 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A		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	N/A		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	N/A		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	N/A		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	N/A		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	N/A		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	N/A		X

UNITED JEWISH FOUNDATION

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

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

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

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)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.

Form 990-T

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

OMB No. 1545-0687

2010

Department of the Treasury Internal Revenue Service

For calendar year 2010 or other tax year beginning JUN 1, 2010, and ending MAY 31, 2011

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

Form 990-T header section including: A Check box if address changed; B Exempt under section 501(a)(1); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

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

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

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 1c Balance, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 4b Net gain (loss), 4c Capital loss deduction for trusts, 5 Income (loss) from partnerships and S corporations, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents from controlled organizations, 9 Investment income of a section 501(c)(7), (9), or (17) organization, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total. Combine lines 3 through 12.

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.)

Table with 2 columns: Line number, Amount. Rows include: 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation claimed on Schedule A and elsewhere on return, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses, 27 Excess readership costs, 28 Other deductions, 29 Total deductions, 30 Unrelated business taxable income before net operating loss deduction, 31 Net operating loss deduction, 32 Unrelated business taxable income before specific deduction, 33 Specific deduction, 34 Unrelated business taxable income.

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	5,805.
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	5,805.

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		5,805.
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		5,805.
44a Payments: A 2009 overpayment credited to 2010	44a		
b 2010 estimated tax payments	44b	6,760.	
c Tax deposited with Form 8868	44c		
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		6,760.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46		18.
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47		
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48		937.
49 Enter the amount of line 48 you want: Credited to 2011 estimated tax <input checked="" type="checkbox"/> 937. Refunded <input type="checkbox"/>	49		0.

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

1 At any time during the 2010 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 SEE STATEMENT 2	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	
3 Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/>		X

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				X
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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.

Sign Here

Signature of officer _____ Date _____ Title **CHIEF FINANCIAL OFFICER**

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 _____

Firm's address **2601 CAMBRIDGE CT., SUITE 500 AUBURN HILLS, MI 48326** Phone no. **(248) 375-7100**

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income.

Summary row for Schedule C with (c) Total income and (b) Total deductions.

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 4 columns: 1. Description of debt-financed property, 2. Gross income, 3(a) Straight line depreciation, 3(b) Other deductions.

Table with 5 columns: 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions.

Totals row for Schedule E with instructions for entering values on page 1.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of organization, 2. Employer ID number, 3. Net unrelated income, 4. Total of specified payments, 5. Part of column 4 included in gross income, 6. Deductions.

Table for Nonexempt Controlled Organizations with 5 columns: 7. Taxable income, 8. Net unrelated income, 9. Total of specified payments, 10. Part of column 9 included in gross income, 11. Deductions.

Totals row for Schedule F with instructions for entering values on page 1.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	1
DESCRIPTION		AMOUNT	
NORTHVILLE FOREST APARTMENTS II LLC		13,411.	
NORTH HILLS VILLAGE APARTMENTS LLC		8,963.	
SUNTREE OXFORD ASSOCIATES, LDHA		12,681.	
PAUL CAPITAL PARTNERS IX LP		4,849.	
SIGULER GUFF DISTRESSED OPPORTUNITIES FUND III, LP		-201.	
TOTAL TO FORM 990-T, PAGE 1, LINE 5		39,703.	

FORM 990-T	NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST	STATEMENT	2
NAME OF COUNTRY			
CAYMAN ISLANDS			
UNITED KINGDOM			
IRELAND			
BERMUDA			

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.
▶ Attach to the corporation's tax return.

FORM **990-T**

2010

Name UNITED JEWISH FOUNDATION	Employer identification number 38-1360585
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	5,805.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c	2d		
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	5,805.
4 Enter the tax shown on the corporation's 2009 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	6,743.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	5,805.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty (see instructions).

6 The corporation is using the adjusted seasonal installment method.

7 The corporation is using the annualized income installment method.

8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	09/15/10	11/15/10	02/15/11	05/15/11
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column.	10	1,451.	1,452.	1,451.	1,451.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15	11		1,690.	3,380.	1,690.
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				716.
13 Add lines 11 and 12	13		1,690.	3,380.	2,406.
14 Add amounts on lines 16 and 17 of the preceding column	14		1,451.	1,213.	
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	239.	2,167.	2,406.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	1,451.	1,213.		
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18			716.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2010 and before 7/1/2010	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\%}{365}$	22	\$	\$	\$
23 Number of days on line 20 after 06/30/2010 and before 10/1/2010	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 4\%}{365}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2010 and before 1/1/2011	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 4\%}{365}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2010 and before 4/1/2011	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\%}{365}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2011 and before 7/1/2011	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2011 and before 10/01/2011	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2011 and before 1/1/2012	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2011 and before 2/16/2012	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns	38	\$		18.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

**FORM 990-T
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

Name(s) UNITED JEWISH FOUNDATION					Identifying Number 38-1360585
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
09/15/10	1,451.	1,451.	42	.000109589	7.
10/27/10	-1,690.	-239.			
11/15/10	1,452.	1,213.	46	.000109589	6.
12/31/10	0.	1,213.	46	.000082192	5.
02/15/11	1,451.	2,664.			
02/15/11	-3,380.	-716.			
03/31/11	0.	-716.	45	.000109589	
05/15/11	1,451.	735.			
05/15/11	-1,690.	-955.			
09/30/11	0.	-955.	15	.000082192	
Penalty Due (Sum of Column F)					18.

* Date of estimated tax payment, withholding credit date or installment due date.