** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

2011
Open to Public Inspection

_	For the	2011 calendar year, or tax year beginning JUN 1, 2011 and ending	MVA 3	1, 2012	•
				-	
	Check if applicable:	C Name of organization	D Em	ployer identific	cation number
	Address change Name	UNITED JEWISH FOUNDATION			
L	change	Doing Business As		38-1	360585
	Initial return Termin- ated	Number and street (or P.O. box if mail is not delivered to street address) Room/s 6735 TELEGRAPH ROAD	uite E Tele	ephone number (248)642-4260
F	Amende		G Gros	s receipts \$	29,642,450.
	Applica- tion	BLOOMFIELD HILLS, MI 48301		this a group re	turn
	pending	F Name and address of principal officer: SCOTT KAUFMAN		or affiliates?	Yes X No
		SAME AS C ABOVE	H(b) A	re all affiliates inc	luded? Yes No
$\overline{\Gamma}$	Tax-exer	npt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or □	527 If	"No." attach a	list. (see instructions)
		► WWW.JEWISHDETROIT.ORG		iroup exemption	
					State of legal domicile: MI
		Summary			•
_	1 B	riefly describe the organization's mission or most significant activities: THE ORGA	NIZATI	ON OWNS	, MANAGES
Activities & Governance	I A	NĎ INVESTS JEWISH COMMUNAĽ ASSETS TO PROVID	E FOR	THE FUT	URE.
'n	-	heck this box 🕨 🔲 if the organization discontinued its operations or disposed of n			
Ş.	1	umber of voting members of the governing body (Part VI, line 1a)		1 1	92
Ğ		umber of independent voting members of the governing body (Part VI, line 1b)			90
ა ა		otal number of individuals employed in calendar year 2011 (Part V, line 2a)			0
iţie		otal number of volunteers (estimate if necessary)			769
₽		otal unrelated business revenue from Part VIII, column (C), line 12			30,601.
ĕ					29,601.
_	l biv	et unrelated business taxable income from Form 990-T, line 34			
	• ~	and with this and awards (Doub VIII line 4 la)		or Year 82,196.	Current Year 19,933,048.
ine	1	ontributions and grants (Part VIII, line 1h)	,,,	0.	17,733,040.
Revenue	1	rogram service revenue (Part VIII, line 2g)	ΩΟ	49,985.	8,241,567.
æ	1	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		97,961.	523,642.
	1	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		30,142.	28,698,257.
	$\overline{}$	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		77,859.	31,523,561.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)	41,3	0.	
	l	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	U •
Ä	_b T	otal fundraising expenses (Part IX, column (D), line 25) 568,353.	0 0	20 602	7 120 206
_	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		30,602.	7,130,296.
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		08,461.	38,653,857.
	19 R	evenue less expenses. Subtract line 18 from line 12		378,319.	-9,955,600.
Net Assets or Find Balances				of Current Year	End of Year
SSE	20 T	otal assets (Part X, line 16)		74,078.	325,416,337.
et A	21 T	otal liabilities (Part X, line 26)		79,147.	22,109,465.
	22 N	et assets or fund balances. Subtract line 21 from line 20	321,1	94,931.	303,306,872.
_		Signature Block			
	-	es of perjury, I declare that I have examined this return, including accompanying schedules and sta		-	knowledge and belief, it is
true	e, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer nas any	knowleage.	
		Signature of officer		Date Date	
Sig	I .	,		Date	
He	re	DOROTHY BENYAS, CHIEF FINANCIAL OFFICER Type or print name and title			
		, , , , , , , , , , , , , , , , , , , ,	Date	1	PTIN
		Print/Type preparer's name Preparer's signature	Date	Check	- '
Pai		YNNE M. HUISMANN		self-employe	
		FIRM'S NAME PLANTE & MORAN, PLLC		Firm's EIN	38-1357951
Use	Only	irm's address 2601 CAMBRIDGE CT., SUITE 500			40 205 5422
_		AUBURN HILLS, MI 48326		Phone no. 2	48-375-7100
Ма	y the IRS	6 discuss this return with the preparer shown above? (see instructions)			X Yes No

132002 02-09-12 Form **990** (2011)

36,125,030.

Total program service expenses

Part IV | Checklist of Required Schedules

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II I I I I I I I I I I I I I I I I I				Yes	No
2 IX bit the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices? If "Yes," complete Schedule C, Part I as exection 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) electron in effect during the text year? If "Yes," complete Schedule C, Part II as the organization assection 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceedings 49:191 If "Yes," complete Schedule C, Part II or provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II or bit the organization maintain collections of vorks of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II or Did the organization maintain collections of vorks of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II or Did the organization and part of the following questions is "Yes," complete Schedule D, Part IV or Did the organization and part of the following organization and part of the following questions is "Yes," then complete Schedule D, Part V is a supplicable. Did the organization assert to any of the following questions is "Yes," then complete Schedule D, Part V is a supplicable. Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V is a supplicable. Did the organization report an amount for investments in Part X, line 10? If the x is often the x is a supplicable. Did	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer if if "if "yes," complete Schedule C, Part II 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(t)) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(c)(4), 501(c)(6), 5			1		
public office? If "Yes," complete Schedule C, Part II Section 501(6)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f) election in effect during the tax year? If "Yes," complete Schedule C, Part III 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 Proceedings 91-97 If "Yes," complete Schedule C, Part III Is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Ves," complete Schedule D, Part II Is the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structure? If "Yes," complete Schedule D, Part III Is the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Is 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? If "Yes," complete Schedule D, Part IV Is Did the organization report an amount for lone, and organization services organization report of through a related organization, but did assets in temporarily restricted endowments, parent in the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII It the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - other securities in Part X, line 10? If	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year // 1"/es, "complete Schedule C, Part II stee organization as section 501(n)(4), 601(e)(5), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 // 1"/es, "complete Schedule C, Part III bid the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21; serve as a custodian for amounts as setting the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part IV Sche	3		3		х
5 Is the organization a section 501(c)(4), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 8-191 If "Fes," complete Schedule C, Part II or provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 11; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V as a applicable. 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? If "Yes," complete Schedule D, Part V as a applicable. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V II Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V II Did the organization report an amount for other labilities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II Did the organization significant organization significant organization significant organization and part X, line 16? If "Yes," complete Schedule D, Part X II	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
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6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II	J		5		х
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		complete Schedule G, Part III	19		Х
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b		Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	

Page 4

Form 990 (2011) UNITED JEWISH FOUN Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			37
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete		. v	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
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? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			37
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		- 22
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
50	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		,,	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2011) UNITED JEWISH FOUNDATION 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
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	25			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportab	le gaming			
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Î			
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ทร?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authorit	y over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accoun	t)?	4a	X	
b	If "Yes," enter the name of the foreign country: ► SEE SCHEDULE O					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accoun	ts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	$ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ excess \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ e$	vices pr	ovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requ	ired			
	to file Form 8282?			7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Formula (1997) and the organization file Formula (1997	orm 889	9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		1	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time	during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.					
	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		Х
10	Section 501(c)(7) organizations. Enter:	1 1				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	11				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
40	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	ŀ	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ł	100		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	126				
_	organization is licensed to issue qualified health plans	13b 13c				
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14a 14b		
Ŋ	in 103, has it lied a 1 offit 120 to report these payments: in 140, provide an explanation in Scheduli	· · · · · ·			990 (2011)

Page 6

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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	2		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, or trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
•	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1.5		
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.5		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion by the month programs mornation about pointies not required by the mornal revenue code.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.5.0		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
-	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:	•	
	LINDA LUTZ - (248)203-1475			
	6735 METECDADU DOAD DICOMETEID UTITE MT 48301			

132006 01-23-12

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.

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

- 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.

hours per week (describe hours for related organizations in Schedule Poly of the organization (W-2/1099-MISC) (1) MARK ADLER (1) MARK ADLER (1) MARK ADLER DIRECTOR (2) PETER M. ALTER DIRECTOR (3) EUGENE M. APPLEBAUM VICE-PRESIDENT (5) RONALD M. APPLEBAUM DIRECTOR (6) JAMES BELLINSON DIRECTOR (7) MICHAEL E. BERGER TREASURER (7) MICHAEL E. BERGER TREASURER (8) MANDELL L. BERMAN DIRECTOR (9) DENNIS S. BERNARD DIRECTOR (0) DOUGLAS A. BLOOM DIRECTOR (1) PENNY B. BLUMENSTEIN DIRECTOR (1) DOUGLAS A. BLOOM DIRECTOR (1) DOUGLAS A. BLOOM (1) PENNY B. BLUMENSTEIN DIRECTOR (1) DOUGLAS A. BLOOM (1) PENNY B. BLUMENSTEIN DIRECTOR (1) DIRECTOR (2) PETER M. ALTER (3) EUGENE M. APPLEBAUM (4) PAMELA APPLEBAUM (5) RONALD M. APPLEBAUM (6) JAMES BELLINSON (7) DIRECTOR (8) MANDELL L. BERMAN DIRECTOR (9) DENNIS S. BERNARD DIRECTOR (10) DOUGLAS A. BLOOM DIRECTOR (11) PENNY B. BLUMENSTEIN DIRECTOR (12) RICHARD BRODER	timated nount of other pensation om the anization d related inizations
Comparization of the property of the propert	om the anization d related inizations
Director 0.50 x 0.0 0.0	0
O	
Director O.50 X	0.
O	_
DIRECTOR	0.
(4) PAMELA APPLEBAUM 0.50 X X 0.00 VICE-PRESIDENT 0.50 X 0.00 (5) RONALD M. APPLEBAUM 0.50 X 0.00 DIRECTOR 0.50 X 0.00 (6) JAMES BELLINSON 0.00 0.00 DIRECTOR 0.50 X 0.00 (7) MICHAEL E. BERGER 0.50 X 0.00 (8) MANDELL L. BERMAN 0.00 DIRECTOR 0.50 X 0.00 (9) DENNIS S. BERNARD 0.00 DIRECTOR 0.50 X 0.00 (10) DOUGLAS A. BLOOM 0.00 DIRECTOR 0.50 X 0.00 (11) PENNY B. BLUMENSTEIN 0.50 X 0.00 DIRECTOR 0.50 X 0.00 (12) RICHARD BRODER 0.50 X 0.00	
VICE-PRESIDENT 0.50 X X	0.
DIRECTOR O.50 X O. O.	
DIRECTOR 0.50 X 0. 0.	0.
Director O.50 X O. O.	
DIRECTOR	0.
(7) MICHAEL E. BERGER TREASURER (8) MANDELL L. BERMAN DIRECTOR (9) DENNIS S. BERNARD DIRECTOR (10) DOUGLAS A. BLOOM DIRECTOR (11) PENNY B. BLUMENSTEIN DIRECTOR (12) RICHARD BRODER O.50 X X O.	
TREASURER (8) MANDELL L. BERMAN DIRECTOR (9) DENNIS S. BERNARD DIRECTOR (10) DOUGLAS A. BLOOM DIRECTOR (11) PENNY B. BLUMENSTEIN DIRECTOR (12) RICHARD BRODER O.50 X X O.	0.
(8) MANDELL L. BERMAN DIRECTOR (9) DENNIS S. BERNARD DIRECTOR (10) DOUGLAS A. BLOOM DIRECTOR (11) PENNY B. BLUMENSTEIN DIRECTOR (12) RICHARD BRODER O.50 X O. 0. 0. 0. 0. 0. 0. 0. 0. 0.	
DIRECTOR	0.
(9) DENNIS S. BERNARD DIRECTOR (10) DOUGLAS A. BLOOM DIRECTOR (11) PENNY B. BLUMENSTEIN DIRECTOR (12) RICHARD BRODER 0.50 X 0.00. 0.00.	
DIRECTOR	0.
(10) DOUGLAS A. BLOOM DIRECTOR (11) PENNY B. BLUMENSTEIN DIRECTOR (12) RICHARD BRODER 0.50 X 0. 0. 0.	
DIRECTOR 0.50 X 0. 0. (11) PENNY B. BLUMENSTEIN 0.50 X 0. (12) RICHARD BRODER 0.50 X	0.
(11) PENNY B. BLUMENSTEIN DIRECTOR (12) RICHARD BRODER 0.50 X 0. 0.	
DIRECTOR 0.50 X 0. (12) RICHARD BRODER	0.
(12) RICHARD BRODER	
	0.
0 [0 1 1 1 1 1 1 1 1 1	
DIRECTOR 0.50 X 0.	0.
(13) HARVEY BRONSTEIN	
DIRECTOR 0.50 X 0.	0.
(14) JEFFREY CAMIENER	
DIRECTOR 0.50 X 0.	0.
(15) AVERN L. COHN	
DIRECTOR 0.50 X 0.	0.
(16) ROBERT S. COLBURN	
DIRECTOR 0.50 X 0.	0.
(17) SUZAN CURHAN	· <u> </u>
DIRECTOR 0.50 X 0.	0.

132007 01-23-12

Part VII Section A. Officers, Directors, Tru		mple	oyee			High	est	Compensated Employ	rees (continued)			
(A)	(B)			-	C)			(D)	(E)		(F)	
Name and title	Average		not c		more	than		Reportable	Reportable	_	stimate	
	hours per week					is bot or/trus		compensation	compensation	a	mount o	of
	(describe	-					Ĺ	from the	from related organizations	00,	other	tion
	hours for	director .				_		organization	(W-2/1099-MISC)		npensat from the	
	related	- ō	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 111100)		ganizati	
	organizations	trustee	al tru) see	om be				aı	nd relate	ed
	in Schedule O)	Individua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			org	ganizatio	ns
(18) SANDRA MUSKOVITZ DANTO	0)	을	ll S	#0	Ke	e E	굔			+-		
DIRECTOR	0.50	x						0.	0			0.
(19) JEFFREY M. DAVIDSON	0.30							·		╁		
DIRECTOR	0.50	x						0.	0			0.
(20) SCOTT A. EISENBERG	0.30							·		╁		
DIRECTOR	0.50	x						0.	0			0.
(21) DOUGLAS ETKIN	0.30							·		╁		<u> </u>
PRESIDENT	10.00	x		х				0.	0	_		0.
(22) KATHLEEN WILSON FINK	10:00	1			\vdash	\vdash		•		Ή		<u> </u>
DIRECTOR	0.50	x						0.	0	_		0.
(23) PHILLIP WM. FISHER	0.30	1			\vdash	\vdash				Ή		<u> </u>
VICE-PRESIDENT	0.50	x		х				0.	0			0.
(24) ELYSE ESSICK FOLTYN	0.30	1			\vdash	\vdash		•		Ή		<u> </u>
VICE-PRESIDENT	0.50	x		х				0.	0			0.
(25) MINDI FYNKE	0.30	1			\vdash	\vdash		•		Ή		<u> </u>
DIRECTOR	0.50	x						0.	0			0.
(26) CONRAD L. GILES	0.30	1			\vdash	1		•		Ή		<u> </u>
DIRECTOR	0.50	x						0.	0			0.
4. 0.1.1.1					<u> </u>	_		0.	0			0.
1b Sub-total c Total from continuation sheets to Part VI								0.	1,096,395	-	70,22	_
								0.	1,096,395		70,22	
d Total (add lines 1b and 1c)							20 r			•1 -	0 , 2 .	
compensation from the organization	ot inflited to ti	1030	iiste	su ai	JO V	C) WI	10 1	eceived more than \$100	5,000 of reportable			0
											Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									3	Х	
4 For any individual listed on line 1a, is the su	ım of reportab											
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J i	for such individual	-	4	X	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	any	/ uni	elat	ted organization or indiv	idual for services			
rendered to the organization? If "Yes," com	plete Schedul	le J t	or s	uch	pers	son				5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest co										nsation	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	rithi	n the organization's tax	year.			
(A)			~ ~ ~ ~	_				(B)			C)	_
Name and business	address	N	INC	<u> </u>				Description of s	services	Comp	ensation	1

\$100,000 of compensation from the organization ► 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

	EWISH FO								38-136	0303
Part VII Section A. Officers, Directors, Tru	stees, Key Eı	mplo	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	.o.				ployee		the organization	organizations (W-2/1099-MISC)	compensation from the
		direct				d em		(W-2/1099-MISC)	(***2/1099*****100)	organization
		ee or	stee			nsate		(** =/ *********************************		and related
		l frust	nal tru		oyee	edwo				organizations
		ndividual trustee or director	Institutional trustee	ser	Key employee	Highest compensated employee	Former			
		lndi	Inst	Officer	Key	High	Forr			
(27) LYNDA GILES									_	_
DIRECTOR	0.50	Х						0.	0.	0.
(28) GAYLE GOLD									_	_
DIRECTOR	0.50	Х						0.	0.	0.
(29) DIANE GOLDSTEIN									_	_
DIRECTOR	0.50	Х						0.	0.	0.
(30) NANCY GROSFELD										_
DIRECTOR	0.50	Х						0.	0.	0.
(31) CHERYL GUYER	0 50									
DIRECTOR	0.50	Х						0.	0.	0.
(32) MARGOT HALPERIN	0 50	٦,								
DIRECTOR	0.50	Х						0.	0.	0.
(33) MARK R. HAUSER	0 50	37							_	0
DIRECTOR	0.50	Х				_		0.	0.	0.
(34) ROBERT HEINRICH	0 50	7.						0.	0.	0.
DIRECTOR (35) DOREEN HERMELIN	0.50	Х						0.	0.	0.
DIRECTOR	0.50	x						0.	0.	0.
(36) BARBARA HOROWITZ	0.30	^						0.	0.	0.
DIRECTOR	0.50	X						0.	0.	0.
(37) MICHAEL HOROWITZ	0.50							0.	0.	•
DIRECTOR	0.50	x						0.	0.	0.
(38) LEE HURWITZ	0.30									
DIRECTOR	0.50	x						0.	0.	0.
(39) LAWRENCE S. JACKIER		 						•	•	
DIRECTOR	0.50	x						0.	0.	0.
(40) ALAN J. KAUFMAN								-	_	
VICE-PRESIDENT	0.50	х		х				0.	0.	0.
(41) SCOTT KAUFMAN										
CEO AND SECRETARY	20.00	Х		Х				0.	254,042.	27,810.
(42) BERNARD KENT										
DIRECTOR	0.50	Х						0.	0.	0.
(43) SHERRI KETAI										
DIRECTOR	0.50	Х						0.	0.	0.
(44) JASON KLEIN										
DIRECTOR	0.50	Х				L		0.	0.	0.
(45) RONALD A. KLEIN										
DIRECTOR	0.50	Х	L	L	L	L	L	0.	0.	0.
(46) MARK KOWAKSKY										
DIRECTOR	0.50	ΙX	l		l	l	l	0.	0.	0.

Form 990 (2011) UNITED Compart VII Section A. Officers, Directors, T							ost	Compensated Employ	38-136	0303
(A)	(B)	Inpit	Jyee		<u>na r</u> C)	ngn	હ્રા	(D)	(E)	(F)
Name and title	Average hours	(cl	heck	Pos	ition		ly)	Reportable compensation	Reportable compensation	Estimated amount of
7) MATTHEW B. LESTER	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) MATTHEW B. LESTER	0.50	3,5							0	0
DIRECTOR	0.50	Х						0.	0.	0
(48) JOSH LEVINE	0.50	\ ,						0.	0.	0
DIRECTOR	0.50	Х						0.	0.	0
(49) ROBB LIPPITT	0.50	\ ,							٨	0
DIRECTOR (50) LISA I. LIS	0.50	Х		\vdash	-		_	0.	0.	0 .
DIRECTOR	0.50	x						0.	0.	0
(51) HANNAN LIS	0.50	┢			\vdash			0.	0.	U
DIRECTOR	0.50	x						0.	0.	0
(52) BEVERLY LISS	0.50	122						0.	0.	0
DIRECTOR	0.50	x						0.	0.	0
(53) RABBI HAROLD LOSS	0.30							0.	•	•
DIRECTOR	0.50	x						0.	0.	0
(54) MICHAEL W. MADDIN	+ 333	 								
DIRECTOR	0.50	x						0.	0.	0
(55) FLORINE MARK	0000	 						•		
DIRECTOR	0.50	x						0.	0.	0
(56) EDWARD MEER								-		
DIRECTOR	0.50	x						0.	0.	0
(57) JEREMY J. MODELL										
DIRECTOR	0.50	Х						0.	0.	0
(58) HOWARD MOROF										
DIRECTOR	0.50	Х						0.	0.	0
(59) ALLAN NACHMAN										
DIRECTOR	0.50	Х						0.	0.	0
(60) ROBERT H. NAFTALY										
DIRECTOR	0.50	Х						0.	0.	0
(61) LARRY M. NEMER										
DIRECTOR	0.50	Х						0.	0.	0
(62) TERRY NOSAN									_	
DIRECTOR	0.50	X						0.	0.	0
(63) JOSHUA F. OPPERER										
DIRECTOR	0.50	X						0.	0.	0
(64) GRAHAM A. ORLEY										•
DIRECTOR	0.50	X						0.	0.	0
(65) MARCIE ORLEY	0.50	37								•
DIRECTOR PAGE	0.50	X		_			_	0.	0.	0
(66) DAVID K. PAGE	0.50	\ \ -								^
DIRECTOR	0.50	X						0.	0.	0

Form 990 (2011) UNITED J								Company and Employ	38-136	0303
Part VII Section A. Officers, Directors, Ti (A)	(B)	npic	yee	s, a (C		ııgn	est	(D)	(E)	(F)
Name and title	Average hours	(cl	heck	Pos	ition		ly)	Reportable compensation	Reportable compensation	Estimated amount of
7) NORMAN A. PAPPAS	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(67) NORMAN A. PAPPAS	0.50	7.						0.	0.	0
DIRECTOR	0.50	Х						0.	0.	U
(68) MICHAEL B. PERLMAN DIRECTOR	0.50	x						0.	0.	0
(69) ROBERT PILCOWITZ	0.30	^						0.	0.	U
DIRECTOR	0.50	x						0.	0.	0
(70) JACK A. ROBINSON	0.50	┢	\vdash					0.	0.	0
DIRECTOR	0.50	X						0.	0.	0
(71) BENJAMIN F. ROSENTHAL	0.50	1						0.	J •	0
VICE-PRESIDENT	0.50	x		Х				0.	0.	0
(72) MARTA ROSENTHAL	+ 333	 								
DIRECTOR	0.50	x						0.	0.	0
(73) TERRI FARBER ROTH								-		
DIRECTOR	0.50	X						0.	0.	0
(74) TODD SACHSE										
PRESIDENT ELECT	5.00	Х		Х				0.	0.	0
(75) BRIAN SATOVSKY										
DIRECTOR	0.50	Х						0.	0.	0
(76) STEVEN F. SCHLAFER										
DIRECTOR	0.50	Х						0.	0.	0
(77) JEFFREY SCHLUSSEL										
DIRECTOR	0.50	Х						0.	0.	0
(78) MARK E. SCHLUSSEL										
DIRECTOR	0.50	Х						0.	0.	0
(79) KAREN SOSNICK SCHOENBERG										
DIRECTOR	0.50	X						0.	0.	0
(80) ALAN E. SCHWARTZ										_
DIRECTOR	0.50	X						0.	0.	0
(81) ALAN S. SCHWARTZ	0.50	7.							_	•
DIRECTOR	0.50	X						0.	0.	0
(82) SUSIE SILLS	0.50	7,								^
DIRECTOR GLAMKIN	0.50	A						0.	0.	0
(83) ROBERT SLATKIN DIRECTOR	0.50	v						0.	0.	0
(84) RONALD SOLLISH	0.50	^						0.	0.	U
OIRECTOR	0.50	y						0.	0.	0
(85) JEFFREY P. STRAUS	1 0.30							0.	0.	0
DIRECTOR	0.50	x						0.	0.	0
(86) JOEL D. TAUBER	1 3.30	+						•	•	<u> </u>
	0.50	٦.					l	0.	0.	0

Form 990 (2011) UNITED JE									38-136	0585
Part VII Section A. Officers, Directors, Tru	stees, Key Er	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours	(с	heck		ition that		ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(87) CAROLYN TISDALE DIRECTOR	0.50	х						0.	0.	0
(88) GARY TORGOW DIRECTOR	0.50	х						0.	0.	0
(89) STEWART C. WEINER	0.50							0.	0.	0
(90) STEVEN WEISBERG	0.50							0.	0.	0
OIRECTOR (91) LAWRENCE A. WOLFE										
DIRECTOR (92) ALAN S. ZEKELMAN	0.50	Х						0.	0.	0
VICE-PRESIDENT 93) DOROTHY BENYAS	0.50	X		Х				0.	0.	0
CHIEF FINANCIAL OFFICER	20.00			Х				0.	176,689.	39,324
(94) ANDREW ECHT CHIEF FINANCIAL RESOURCE DEVELOPMENT	20.00			Х				0.	183,537.	29,682
(95) HOWARD NEISTEIN CHIEF ADMINISTRATIVE OFFICER	20.00			Х				0.	177,387.	25,170
(96) ROBERT ARONSON SEN. DEV. DIR/FORMER CEO	17.00						х	0.	304,740.	48,242
Fotal to Part VII, Section A, line 1c									1,096,395.	170 220

38-1360585 UNITED JEWISH FOUNDATION Form 990 (2011) Part VIII Statement of Revenue (D) (A) (B) (C) Revenue excluded from Total revenue Related or Unrelated exempt function business tax under sections 512, revenue revenue 513, or 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 1c $1d^{2,763,108}$ d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and 17169940 similar amounts not included above _____ **1f** 4,512,365 g Noncash contributions included in lines 1a-1f: \$ 19933048. h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue q Total. Add lines 2a-2f Investment income (including dividends, interest, and 5,744,504. 5744504. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 785,637. 6 a Gross rents 573,580. **b** Less: rental expenses 212,057. c Rental income or (loss) 212,057. 212,057. d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 1538680.1328996. assets other than inventory b Less: cost or other basis 0.370,613 and sales expenses 1538680.958,383. c Gain or (loss) 2,497,063. 2497063. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses ______b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 900099 139,312. 139,312. OTHER OPERATING INCOME 92,500. **INSURANCE PROCEEDS** 900099 92,500. 26,571. 900099 57,172. 30,601. PARTNERSHIP INCOME 900099 22,601. 22,601. All other revenue

> 8734608. Form **990** (2011)

311,585.

28698257.

132009 01-23-12

Total revenue. See instructions.

Total. Add lines 11a-11d

0.

30,601.

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).

1 Gratts and other assistance to governments and organizations in the United States. See Part IV, line 21					plete columns (B), (C), and (D).	comp
Total expenses			is Part IX		Check if Schedule O contains a respor	
organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(t)(1)) and persons described in section 4958(t)(1) and persons described above (i.t. and the person described in the section 4958(t)(1) and the person described in the section 4958(t)		(C) Management and general expenses	Program service		' '	
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation on tincluded above, to disqualified persons (as defined under section 4958(f)(11)) and persons described in section 4958(f)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (reclude section 4010) and section 4000) employee contributions (reclude section 4010) and section 4000 employee contributions (reclude section 4010) and section 4000 employee contributions (reclude section 4010) and section 4000 employee contributions (reclude section 4010) and persons (r					Grants and other assistance to governments and	1
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d RENTAL EXPENSES REPORTE -5/3,580. -5/3,580.			-573,580.	-573,580.	RENTAL EXPENSES REPORTE	_
	67.	53,867.	,			
		1,960,474.	36,125,030.		•	
26 Joint costs. Complete this line only if the organization		, ,	., .,	.,,	-	
reported in column (B) joint costs from a combined						
educational campaign and fundraising solicitation.					, , , ,	
Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)					, 🗂	

Га	πχ	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		13,442,780.	2	14,443,183.
	3	Pledges and grants receivable, net		5,370,091.	3	3,732,551.
	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	
	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	
ets	7	Notes and loans receivable, net			7	8,766,677.
Assets	8	Inventories for sale or use			8	
_	9	Prepaid expenses and deferred charges		2,170,106.	9	2,063,112.
	10a	Land, buildings, and equipment: cost or other				
		basis, Complete Part VI of Schedule D 10a 129,670,1	L57.			
	Ь	Less: accumulated depreciation 10b 57,435,6	573.	75,838,081.	10c	72,234,484.
	11	Investments - publicly traded securities		180,953,388.	11	138,600,669.
	12	Investments - other securities. See Part IV, line 11		54,264,026.	12	80,403,315.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		13,793,606.	15	5,172,346.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		345,974,078.	16	325,416,337.
	17	Accounts payable and accrued expenses		2,351,093.	17	374,270.
	18	Grants payable		18	1,688,035.	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		2,052,335.	20	1,735,984.
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employee	s,			
abi		highest compensated employees, and disqualified persons. Complete Pa	rt II			
Ξ		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,988,997.	23	1,755,555.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part X	of			
		Schedule D		18,386,722.	25	16,555,621.
	26	Total liabilities. Add lines 17 through 25		24,779,147.	26	22,109,465.
		Organizations that follow SFAS 117, check here X and complete	ete			
es		lines 27 through 29, and lines 33 and 34.				
anc	27	Unrestricted net assets		133,986,778.	27	126,887,390.
Bala	28	Temporarily restricted net assets		41,859,041.	28	29,762,943.
- Pu	29	Permanently restricted net assets		145,349,112.	29	146,656,539.
Ξ		Organizations that do not follow SFAS 117, check here	d			
٥		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds			32	
Z	33	Total net assets or fund balances		321,194,931.	33	303,306,872.
	34	Total liabilities and net assets/fund balances		345,974,078.	34	325,416,337.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>57.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>57.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				00.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	321,			
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-7	,93	2,4	59.
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	303	, 30	6,8	72.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					LX
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	_			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi	it			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		t [
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		
				Form	9 <mark>90</mark> (2011)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization

UNITED JEWISH FOUNDATION

Employer identification number

38-1360585

Pa	ITT I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.				
Γhe	organ	ization is not a	private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1	Щ	A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2	Ш	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	the hospital	's nam	ie,
		city, and state	e:										
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	ed in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	te, or local governm	ent or governmental unit	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7		An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public desc	ribed i	n
		section 170(l	b)(1)(A)(vi). (Comple	te Part II.)									
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9		An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembershij	p fees, ar	nd gross red	eipts	from
		activities relat	ted to its exempt fur	nctions - subject to certa	in excepti	ons, and (2) no more	than 33 1	1/3% of its	support	from gross	invest	ment
		income and u	ınrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after June 3	0, 197	'5.
		See section	509(a)(2). (Complete	e Part III.)									
10		An organizati	on organized and op	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	1).				
11	X	An organizati	on organized and op	perated exclusively for th	ne benefit (of, to perfo	orm the fur	nctions of,	or to carry	y out the	purposes o	f one	or
		more publicly	supported organiza	ations described in secti	on 509(a)(⁻	1) or section	on 509(a)(2	2). See se c	ction 509(a	a)(3). Che	eck the box	that	
	describes the type of supporting organization and complete lines 11e through 11h.												
		a Type I	<u>ь </u>	∐ Type II c	: Ш Тур	e III - Fund	tionally int	egrated		d L	Type III - C	Other	
е	X	By checking t	this box, I certify tha	at the organization is not	controlled	I directly o	r indirectly	by one o	r more disc	qualified	persons oth	er tha	.n
		foundation m	anagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509	(a)(2).	
f		If the organization	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting or	rganization, check th	nis box									, Ш
g		Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontributior	from any	of the follo	owing pers	sons?			
		(i) A persor	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	lescribed	in (ii) and (i	iii) below,		Yes	No
				upported organization?									Х
				n described in (i) above?									Х
		(iii) A 35% c	controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)		Х
h		Provide the fo	ollowing information	about the supported or	ganization	(s).							
				T (11) T						1			
(i)		of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) Is organizatio	the on in col.	(vii) Am	ount o	f
	orga	anization		(described on lines 1-9		sted in your document?	organizat (i) of your		(i) organiza U.S.	ed in the	sup	oort	
				above or IRC section									
		**		(see instructions))	Yes	No	Yes	No	Yes	No			
JE	WIS	H AUTON O	38-1359214	7	37		37		37		1 - 1	770	20
P E.	DER.	ATION O	30-1339214	/	Х		Х		Х		151	110	<u> </u>
					 				 				
					 				 				
Γota	si.	1									15,17	7.8	29.
ULC	41											<i>.</i> ,	<u></u>

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-1

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and	1					
	membership fees received. (Do not	ı					
	include any "unusual grants.")						
2	Tax revenues levied for the organ-	1					
	ization's benefit and either paid to	ı					
	or expended on its behalf						
3	The value of services or facilities	1					
	furnished by a governmental unit to	ı					
	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.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest,	ı					
	dividends, payments received on	ı					
	securities loans, rents, royalties	ı					
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the	ı					
	business is regularly carried on	L					
10	Other income. Do not include gain						
	or loss from the sale of capital	ı					
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
	organization, check this box and stop	here					<u></u> ▶□
	ction C. Computation of Publ						
	Public support percentage for 2011 (I					14	%
15	Public support percentage from 2010	Schedule A, Part	: II, line 14			15	%
16a	33 1/3% support test - 2011. If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2010. If the o	•		•		•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test		•				•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	t - 2010. If the orc	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the		•				e
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a publ	licly supported org	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	ıs ▶∟

Schedule A (Form 990 or 990-EZ) 2011

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	low, picage com	oloto i art II.)				
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and		,	, ,	` '	, ,	
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6		, ,	, ,	, ,	, ,	.,
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the	he organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	zation,
check this box and stop here	-			•		
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2011 (lir	ne 8, column (f) d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2010					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 201	1 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 20)10 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2011. If the o					33 1/3%, and line	17 is not
more than 33 1/3%, check this box an	d stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2010. If the o	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	k this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	>

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization **Employer identification number** UNITED JEWISH FOUNDATION 38-1360585 Organization type (check one): Filers of Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

UNITED JEWISH FOUNDATION

38-1360585

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,000,000.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$915,264.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$3,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and Zir + 1	\$ 943,864.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 5,525,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 1,030,454.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

UNITED JEWISH FOUNDATION

38-1360585

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$500,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1004E2 01 0		\$Sahadula B (Form 6	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization **Employer identification number**

UNITED JEWISH FOUNDATION

38-1360585

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	MARKETABLE SECURITIES		
		<u> </u>	09/30/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3453 01-2	3-12	\$Schedule B (Form 9	90, 990-EZ, or 990-PF) (201

Name of organization Employer identification number

NITED	JEWISH FOUNDATION				38-1360585
Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition	vidual contributions to secti he following line entry. For or c., contributions of \$1,000 o al space is needed.	rganizations compor less for the year	, or (10) organization of the control of the contro	ins that total more than \$1,000 for the
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	cription of how gift is held
-	Transferee's name, address, al	(e) Transf	-	elationship of tra	nsferor to transferee
- - -					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	cription of how gift is held
-	Transferee's name, address, a	(e) Transf		elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held
-	Transferee's name, address, al	(e) Transf		elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	cription of how gift is held
-		(e) Transf	er of gift		
-	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

UNITED JEWISH FOUNDATION

Employer identification number 38-1360585

Par	t I Organizations Maintaining Donor Advised	d 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	535	1046
2	Aggregate contributions to (during year)	15,695,280.	3,731,319.
3	Aggregate grants from (during year)	13,790,947.	11,277,768.
4	Aggregate value at end of year	54,331,314.	163,215,439.
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
			77
Par	t II Conservation Easements. Complete if the orga	anization answered "Yes" to Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of an hist	orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic structu	ire
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes t	the organization's accounting for
Dar	conservation easements. † III Organizations Maintaining Collections of	Art Historical Transuras or Of	thor Similar Assats
rai	Complete if the organization answered "Yes" to Form 9		iller Sillillar Assets.
10	If the organization elected, as permitted under SFAS 116 (ASC		pont and balance sheet works of art
ıa	historical treasures, or other similar assets held for public exhi		
	the text of the footnote to its financial statements that describ	·	ice of public service, provide, in Part XIV,
h	If the organization elected, as permitted under SFAS 116 (ASC		and halance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	deation, or research in furtherance of pur	one service, provide the following amounts
	(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 trea		
_	the following amounts required to be reported under SFAS 11	, and the second	gain, provide
а	Revenues included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
~			

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

Schedule D (Form 990) 2011

	t III Organizations Maintaining C	Collections of A		Treasures	or Oth				Page Z
3	Using the organization's acquisition, accessi								
3	(check all that apply):	on, and other record	3, Check arry or	the following th	al ale a s	signinicant	use of its	S CONSCIO	iii iteiris
а	Public exhibition	d	Loan or	vchange progr	ame				
b									
C 1	Preservation for future generations	alloctions and evalui	a have those furth	or the erganizat	ion's ove	mpt purp	oco in Do	₩ VI\/	
4 5									
3	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Dar	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or								
ı uı	reported an amount on Form 990, Pa		ete ii trie organiz	ation answered	res ic	ronn 990	, Fait IV	illie 9, or	
12	Is the organization an agent, trustee, custod		lian, for contribu	ions or other a	ecote no	t included			
Ia							Г	Yes	☐ No
h	on Form 990, Part X?							165	NO
b	ii res, explain the arrangement in Fait Aiv	and complete the lo	llowing table.					Amoun	+
_	Beginning balance					1c		Amoun	
	Additions during the year								
	Distributions during the year								
f	Ending balance								
) 2a	Did the organization include an amount on F							Yes	□ No
	If "Yes," explain the arrangement in Part XIV.		21:					103	110
Par			swered "Yes" to	Form 990. Par	t IV. line	10.			
		(a) Current year	(b) Prior year				ears back	(e) Fou	r years back
1a	Beginning of year balance	157,624,913.	148,096,0	<u> </u>	0,141.	` '	86,641	· · ·	, ,
	Contributions	1,893,420.	1,550,7		2,929.		41,004	_	
	Net investment earnings, gains, and losses	-1,569,460.	18,638,7		.5,850.		93,734	_	
	Grants or scholarships	8,544,493.	9,910,6		2,875.		49,256		
	Other expenditures for facilities	, ,	, ,	<u> </u>		,			
·	and programs								
f	Administrative expenses					8	64,514		
	End of year balance	149,404,380.	158,374,9	.4. 148,09	6,045.		20,141		
2	Provide the estimated percentage of the cur		· · ·			,			
_ а	Board designated or quasi-endowment		%	(4), 40.					
	Permanent endowment ► 88.00	%							
	Temporarily restricted endowment ▶ 1								
_	The percentages in lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posses		ation that are he	d and administ	ered for	the organiz	zation		
	by:	J				J			Yes No
	(i) unrelated organizations							3a(i)	Х
	(**)							3a(ii)	Х
b	If "Yes" to 3a(ii), are the related organizations							3b	
4	Describe in Part XIV the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Description of property	(a) Cost or o	 	ost or other	(c) A	ccumulate	ed	(d) Boo	k value
	,	basis (investn		sis (other)		preciation		` ,	
1a	Land	2,474,	000. 7,	L33,726.				9,60	7,726.
	Buildings			259,369.	55,	191,3	71. (7,998.
	Leasehold improvements								
	Equipment		2,	794,678.	2,	244,3	02.	55	0,376.
	Other			8,384.					8,384.
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), lir	e 10(c).)			•	72,23	4,484.

Schedule D (Form 990) 2011

Part VII Investments - Other Securities. Se	ee Form 990, Part X, line	12.
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)	(b) Dook value	Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LIQUID LIMITED		
(B) PARTNERSHIP INVESTMENT	3,723,785	
(C) INCOME ANNUITY ARBITRAGE	1,039,501	
(D) ALTERNATIVE INVESTMENTS	74,620,018	
(E) ISRAEL BONDS	233,227	
(F) CERTIFICATES OF DEPOSIT	786,784	• END-OF-YEAR MARKET VALUE
(G)		
(H)		
(I) Total (Col.(h) must agual Form 000, Part V, col.(P) line 12.)	80,403,315	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related. S		
Fait VIII IIIVestillerits - Program Related. S	ee Form 990, Part X, line	(c) Method of valuation:
(a) Description of investment type	(b) Book value	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)		<u> </u>
(9)		
(10) Total. (Column (b) must equal Form 990, Part X, col (B) line	<u> </u>	
Part X Other Liabilities. See Form 990, Part X,		
1. (a) Description of liability	11110 20.	(b) Book value
(1) Federal income taxes		(4)
(2) CONSTITUENT AGENCIES DEPO	SITS	12,652,202.
(3) OTHER ORGANIZATIONS PAYAR		1,978,141.
(4) CHARITABLE GIFT ANNUITIES		1,925,278.
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25.)	16,555,621.
Fin 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to 2. FIN 48 (ASC 740).	o the organization's financial state	ements that reports the organization's liability for uncertain tax positions under

2. FIN 2 132053 01-23-12

UNTTED	JEWISH	FOITNID	$M \cap T \cap M$

Sche	dule D (Form 990) 2011 UNITED JEWISH FOUNDATION							1585	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to A	udit	ed Fi	nancial	State	men			
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1					,257.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			38,	653,	,857.
3	Excess or (deficit) for the year. Subtract line 2 from line 1								600.
4	Net unrealized gains (losses) on investments						-17 ,	232,	,579.
5	Donated services and use of facilities						3,	900	,000.
6	Investment expenses								
7	Prior period adjustments								
8	Other (Describe in Part XIV.)						5,	400	120.
9	Total adjustments (net). Add lines 4 through 8								459.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9								059.
	t XII Reconciliation of Revenue per Audited Financial Statement				per R				,
1					•	1		303	427.
2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:					•			, , ,
	1	20	_17	, 232, 5	579.				
a	Net unrealized gains on investments	2b		,900,0		-			
b	Donated services and use of facilities	2c		, , , , , ,	•	-			
C	Recoveries of prior year grants	2d	3	,364,1	69				
d	Other (Describe in Part XIV.)					1	_ a	968	410.
_	Add lines 2a through 2d					2e			837.
3	Subtract line 2e from line 1					3	, د ک	<u> </u>	, 037.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	. 1							
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-573,5	<u> </u>				
b	Other (Describe in Part XIV.)	4b	_	-5/5,3	000.	1		E72	E 0 0
	Add lines 4a and 4b					4c			<u>,580.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			· · · · · · · · · · · · · · · · · · ·		5	∠8,	698,	,257.
	t XIII Reconciliation of Expenses per Audited Financial Statemer							202	0.01
1	Total expenses and losses per audited financial statements					1	ο⊿,	493,	881.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:								
а	Donated services and use of facilities	2a							
b	Prior year adjustments	2b							
С	Other losses	2c	1 -	F00 F	706				
d	Other (Describe in Part XIV.)	2 d	15	,589,5	/06.		4 -	-00	T 0 C
е	Add lines 2a through 2d					2e			706.
3	Subtract line 2e from line 1					3	36,	704,	,175.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		ı						
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		0.40					
b	Other (Describe in Part XIV.)	4b	1,	,949,6	82.		_		
	Add lines 4a and 4b					4c			682.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					5	38,	653,	,857.
Pai	t XIV Supplemental Information								
Com	plete this part to provide the descriptions required for Part II, lines $3,5,$ and $9;$ Part III, I	ines 1	la and	4; Part IV,	lines 1	b and	2b; Par	t V, line	4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete								
PAI	RT V, LINE 4: ALL ENDOWMENT FUNDS ARE USED T	ГО	SUPI	PORT :	CHE	MIS	SION	1 OE	
THE	E ORGANIZATION.								
				_					
PAI	RT X, LINE 2: THE ORGANIZATIONS ARE MICHIGAN	N N	ONPI	ROFIT	COR	POR	ATIC)NS	
TINT	DER SECTION 509(A)(3) OF THE INTERNAL REVENU	TF	בטטי	5 ውቪያር	גע י	gρ	пая	CDAI	ריביתן
OMI	SECTION SOS(A)(S) OF THE INTERNAL REVENC	ندر	נעטט	i iuw.	L NA	ם ט	الانتدن	GIVAL	4 T LU
				a=a=:		- 0 1	<i>(~) (</i>	· ~ \ -	

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

Schedule D (Form 990) 2011

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 ORGANIZATIONS RECOGNIZE THE FINANCIAL STATEMENT BENEFIT THE POSITION. 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 2009.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

ALLOCATION OF JFMD FUNDRAISING & ADMINISTRATIVE EXPENSES TO

UJF 1,949,682.

INTERORGANIZATION APPROPRIATIONS

1,838,002.

Schedule D (Form 990) 2011 UNITED JEWISH FOUNDATION	38-1360585 Page 5
Part XIV Supplemental Information (continued)	
NET INTERFUND TRANSFERS NOT INCLUDED ON RETURN	1,612,436.
TOTAL TO SCHEDULE D, PART XI, LINE 8	5,400,120.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SUPPORT FOUNDATION REVENUE	2,055,739.
	-529,572.
INTERORGANIZATION APPROPRIATIONS	1 000 000
TOTAL TO SCHEDULE D, PART XII, LINE 2D	3,364,169.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
RENTAL EXPENSE	
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
GUDDODE HOUNDARION EXPENSES	15 016 126
RENTAL EXPENSE	
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	15,589,706.
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
JFMD FUNDRAISING/ADMIN. EXP	1,949,682.

SCHEDULE F (Form 990)

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. 2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection

Employer identification number

UNITED JEWISH F	OUNDATIO	N			38-13605	85
			tside the United States. Compl	ete if the orgar		
to Form 990, Pa	rt IV, line 14b.					
_	-		ds to substantiate the amount of its grather the selection criteria used to award the			Yes No
2 For grantmakers. Description	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and of	ther assistance ou	utside the
3 Activities per Region. (T	he following Part		an be duplicated if additional space is			,
(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)	is a prog describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND						
THE CARIBBEAN	0	0	INVESTMENTS			43,911,650.
EUROPE	0	0	INVESTMENTS			10,248,490.
NORTH AMERICA	0	0	GRANT MAKING			10,000.
3 a Sub-total	0	0				54,170,140.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a		0				54 170 140.

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

Schedule F (Form 990) 2011

Schedule F (Form 990) 201	1 UNITE	ED JEWISH FOU	NDATION		38-13	60585		Page :
Part II Grants and Oth	ner Assistance to Or	ganizations or Entities	Outside the United States.	Complete if the o	rganization answered	d "Yes" to Form 9	990, Part IV, line 15, fo	
recipient who re	ceived more than \$5	,000. Check this box if r	o one recipient received more	than \$5,000				▶ ∟
Part II can be do	uplicated if additional	space is needed.		_				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Pogion	(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)
		NORTH AMERICA	TO SUPPORT ISRAEL	10,000.	WIRE	0.		
the IRS, or for which	the grantee or couns	sel has provided a section	recognized as charities by the n 501(c)(3) equivalency letter					
3 Enter total number of	f other organizations	or entities		·····		>		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance

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

Schedule F (Form 990) 2011

	ental Inform		tion roatile	nd by Dort Llino	O (monitorio	a of fu	ndo): Dort Llin		aluma (f) (accounti	na mathadi
									olumn (f) (accounti g method); and Pa	
(c) (estimated	d number of rec	ipients), as ap	plicable. A	lso complete th	is part to pro	vide a	ny additional i	nform	ation.	
SCHEDULE F, P	ART I, I	LINE 2:	ORGAN	NIZATION	RECEIV	/ES	PERIODI	C F	REPORTING	FROM
RECIPIENT ORG	ANIZATIO	ONS AND	ALSO	UTILIZE	STAFF	IN	ISRAEL	то	CONDUCT	
ON-SITE MONIT	ORING.									

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

Open to Public Inspection

Name of the organization							Employer identification number
UNITED JE		NDATION					38-1360585
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records		-					
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to		•				•	· · · · —
recipient that received more than s					can be duplicated if a (f) Method of		
(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	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADAT SHALOM SYNAGOGUE							
29901 MIDDLEBELT FARMINGTON HILLS, MI 48334	38-1437934	501(C)(3)	161,080.	0.			TO SUPPORT CONSERVATIVE JUDAISM
AISH HATORAH 25725 COOLIDGE HIGHWAY OAK PARK, MI 48237	38-2785489	501(C)(3)	16,750.	0.			TO SUPPORT THE JEWISH
AKIVA HEBREW DAY SCHOOL 21100 W TWELVE MILE RD SOUTHFIELD, MI 48076	38-1750780	501(C)(3)	23,871.	0.			TO SUPPORT EDUCATION
ALLIED JEWISH FEDERATION OF COLORADO - 300 S DAHLIA STREET - DENVER, CO 80222	84-0402662	501(C)(3)	5,250.	0.			TO SUPPORT THE JEWISH
ALZHEIMER'S ASSOCIATION 20300 CIVIC CENTER DRIVE #100 SOUTHFIELD, MI 48076	38-2919674	501(C)(3)	17,850.	0.			TO SUPPORT MEDICAL RESEARCH
AM COMM FOR THE WEIZMANN INSTIT OF SCIENCE - P.O. BOX 19002 - NEW YORK, NY 10277-0672	13-1623886	501(C)(3)	11,575.	0.			TO SUPPORT EDUCATION
2 Enter total number of section 501(c)(3) a	nd government o	rganizations listed in th	ne line 1 table				▶ 168.
2 Enter total number of other organization				***************************************			

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt 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 KORET ISRAEL							
ECONOMIC DEVELOPME - 33 NEW							
MONTGOMERY ST - SAN FRANCISCO, CA							TO FOSTER ECONOMIC
94105	94-3201147	501(C)(3)	250,000.	0.			DEVELOPMENT IN ISRAEL
AM FRIENDS OF THE HEBREW							
UNIVERSITY - 500 N MICHIGAN AVE -							TO SUPPORT JEWISH
CHICAGO, IL 60611	13-1568923	501(C)(3)	9,500.	0.			EDUCATION
AM FRIENDS OF THE ISRAEL							
PHILHARMONIC ORCHEST - ATTN:							
SUZANNE PONSOT - NEW YORK, NY							
10168	23-7183563	501(C)(3)	10,000.	0.			TO SUPPORT THE ARTS
			,				
AMERICAN CIVIL LIBERTIES UNION							TO ADVANCE CIVIL
FUND OF MICHIG - 2966 WOODWARD AVE							LIBERTIES AND CIVIL
- DETROIT, MI 48201	23-7243421	501(C)(3)	6,000.	0.			RIGHTS
AMERICAN FRIENDS OF THE HEBREW							
UNIVERSITY INC - ONE BATTERY PARK							TO SUPPORT JEWISH
PLAZA - NEW YORK, NY 10004-1405	13-1568923	501(C)(3)	5,500.	0.			EDUCATION
AMEDICAN ICDAEL EDUCATION ENDN							
AMERICAN ISRAEL EDUCATION FNDN,							TO CURROR TEWICH
INC - 120 W. MADISON, STE 500	E2 1622701	E01/Q\/3\	450.000	0			TO SUPPORT JEWISH
- CHICAGO, IL 60602	52-1623781	501(C)(3)	450,000.	0.			EDUCATION
AMERICAN JEWISH JOINT DISTRIBUTION							TO SUPPORT THE
COMMITTEE, - 711 3RD AVE - NEW							INTERNATIONAL JEWISH
YORK, NY 10017	13-1656634	501(C)(3)	500,000.	0.			COMMUNITY
10KK, N1 10017	13 1030034	501(0)(3)	300,000.	0.			COMMONTIT
AMERICAN SOCIETY FOR TECHNION							
30230 ORCHARD LAKE RD							TO SUPPORT HIGHER
FARMINGTON HILLS, MI 48334	13-0434195	501(C)(3)	415,000.	0.			EDUCATION
,,,							
ANTI-DEFAMATION LEAGUE							
25800 NORTHWESTERN HWY							
SOUTHFIELD, MI 48075	13-1818723	501(C)(3)	38,200.	0.			TO FIGHT DISCRIMINATION

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	T
(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 CTR BETH							
JACOB INC - 20400 N.E. 30TH AVE -							
AVENTURA, FL 33180	59-1673246	501(C)(3)	25,000.	0.			TO SUPPORT THE COMMUNITY
BEAR HUG FOUNDATION							
PO BOX 2197							
BIRMINGHAM, MI 48012	38-3501554	501(C)(3)	21,000.	0.			TO SUPPORT CHILDREN
BEAUMONT FOUNDATION							
PO BOX 5802							TO SUPPORT MEDICAL
TROY, MI 48007-9620	38-2707084	501(C)(3)	9,700.	0.			RESEARCH
DIDMINGUAM DUDI TO GOUGO							
BIRMINGHAM PUBLIC SCHOOL CHARITABLE FOUNDATIO - 550 MERRILL							
STREET - BIRMINGHAM, MI 48009	38-3214599	501(C)(3)	5,000.	0.			TO SUPPORT EDUCATION
			-,				
BIRMINGHAM TEMPLE							
28611 W 12 MILE RD							
FARMINGTON HILLS, MI 48334	38-1747980	501(C)(3)	7,350.	0.			TO SUPPORT REFORM JUDAISM
BIRTHRIGHT ISRAEL FOUNDATION							
33 EAST 33RD STREET							
NEW YORK, NY 10016	13-4092050	501(C)(3)	7,750.	0.			TO SUPPORT FOUNDATION
B'NAI BRITH YOUTH ORGANIZATION							
6600 WEST MAPLE RD							TO SUPPORT THE ANNUAL
WEST BLOOMFIELD, MI 48322	31-1794932	501(C)(3)	36,168.	0.			CAMPAIGN
BOYS TOWN JERUSALEM FNDN OF							L
AMERICA - 12 W 31ST ST #300 - NEW	11 5204000	501/61/21	07.000				TO SUPPORT JEWISH
YORK, NY 10001-4415	11-5324002	501(C)(3)	27,000.	0.			EDUCATION
BRAVO COLORADO AT VAIL-BEAVER							
CREEK - P.O. BOX 2270 - VAIL, CO							
81658	84-1074065	501(C)(3)	22,000.	0.			TO SUPPORT THE ARTS

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	·
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CHALLENGED ATHLETES FOUNDATION							
P.O. BOX 910769							
SAN DIEGO, CA 92191	33-0739596	501(C)(3)	20,000.	0.			TO SUPPORT SPORTSMANSHIP
CHAMBER MUSIC SOCIETY OF DETROIT							
31731 NORTHWESTERN HWY							
FARMINGTON HILLS, MI 48334	38-2794258	501(C)(3)	6,150.	0.			TO SUPPORT THE ARTS
CHAUTAUQUA FOUNDATION INC							
P.O. BOX 28							
CHAUTAUQUA, NY 14722	16-6028421	501(C)(3)	5,000.	0.			TO SUPPORT THE COMMUNITY
CHICAGO HOUSE AND SOCIAL SERVICE							
AGENCY - 1925 N CLYBOURN -	36-3376432	E01/G)/3)	10 000	0.			TO SUPPORT THE COMMUNITY
CHICAGO, IL 60614	30-3370432	501(C)(3)	10,000.	0.			TO SUPPORT THE COMMONTTY
CHILDREN'S HOSPITAL OF MICHIGAN							
FNDN - 3911 BEAUBIEN - DETROIT, MI							
48201	32-0087353	501(C)(3)	52,500.	0.			TO SUPPORT HEALTH CARE
CHILDREN'S TUMOR FOUNDATION							
95 PINE STREET							TO SUPPORT MEDICAL
NEW YORK, NY 10005	13-2298956	501(C)(3)	84,300.	0.			RESEARCH
CLEVELAND CLINIC FOUNDATION							
9500 EUCLID AVE	34-0714585	501(C)(3)	100 000	0.			TO SUPPORT HEALTH CARE
CLEVELAND, OH 44193-1655	34-0714363	501(C)(3)	100,000.	0.			IO SUPPORT HEALTH CARE
COLLABORATION FOR EARLY CHILDHOOD							
CARE & EDUC - PO BOX 4105 - OAK							
PARK, IL 60603	30-0132292	501(C)(3)	15,000.	0.			TO SUPPORT EDUCATION
COLLEGE OF WILLIAM AND MARY							
PO BOX 1693							
WILLIAMSBURG, VA 23187	54-6001718	501(C)(3)	100,000.	0.			TO SUPPORT EDUCATION

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	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
COMMUNITY FOUNDATION FOR S.E.							
MICHIGAN - 333 W FORT ST -							
DETROIT, MI 48226	38-2530980	501(C)(3)	5,000.	0.			TO SUPPORT THE COMMUNITY
CONGREGATION ANSHAI TORAH							
5220 VILLAGE CREEK DR							TO SUPPORT CONSERVATIVE
PLANO, TX 75093	75-1704418	501(C)(3)	6,000.	0.			JUDAISM
CONGREGATION BETH AHM							
5075 W. MAPLE RD.							TO SUPPORT CONSERVATIVE
WEST BLOOMFIELD, MI 48322	38-6004801	501(C)(3)	40,651.	0.			JUDAISM
CONGREGATION BETH SHALOM							
14601 W LINCOLN RD							TO SUPPORT CONSERVATIVE
OAK PARK, MI 48237	38-1572145	501(C)(3)	16,447.	0.			JUDAISM
CONGREGATION SHAAREY ZEDEK							
27375 BELL RD							TO SUPPORT CONSERVATIVE
SOUTHFIELD, MI 48034	38-1420140	501(C)(3)	45,346.	0.			JUDAISM
CONGREGATION SHIR TIKVAH							
3900 NORTHFIELD PKWY							
TROY, MI 48084	38-2439322	501(C)(3)	18,430.	0.			TO SUPPORT REFORM JUDAISM
CORNERSTONE SCHOOLS ASSOCIATION							
6861 E NEVADA							
DETROIT, MI 48234	38-2995984	501(C)(3)	52,500.	0.			TO SUPPORT EDUCATION
CRANBROOK EDUCATIONAL COMMUNITY							
P.O. BOX 801							
BLOOMFIELD HILLS, MI 48303-0801	38-2015048	501(C)(3)	90,008.	0.			TO SUPPORT EDUCATION
CROHN'S & COLITIS FNDN OF AMERICA							
31313 NORTHWESTERN HWY SUITE #204							TO SUPPORT MEDICAL
FARMINGTON HILLS, MI 48334	13-6193105	501(C)(3)	32,425.	0.			RESEARCH

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(2) =:::	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
DESTINY FOUNDATION							
386 ROUTE 59							TO SUPPORT JEWISH
AIRMONT, NY 10952	38-3291795	501(C)(3)	10,000.	0.			EDUCATION
DETROIT HISTORICAL SOCIETY							
5401 WOODWARD							
DETROIT, MI 48302	38-1381144	501(C)(3)	7,000.	0.			TO SUPPORT THE ARTS
DETROIT INSTITUTE OF ARTS							
5200 WOODWARD AVE							
DETROIT, MI 48202	38-1359510	501(C)(3)	47,050.	0.			TO SUPPORT THE ARTS
DETROIT SYMPHONY ORCHESTRA							
ADMINISTRATIVE OFFICE	38-1385132	E01/G)/3)	66 750	0.			TO SUPPORT THE ARTS
DETROIT, MI 48201	30-1303132	501(C)(3)	66,750.	0.			TO SUPPORT THE ARTS
DETROIT ZOOLOGICAL SOCIETY							
8450 W. 10 MILE ROAD							
ROYAL OAK, MI 48067	38-6027356	501(C)(3)	10,200.	0.			TO SUPPORT THE ZOO
EPILEPSY FOUNDATION OF LOS ANGELES							
5777 W CENTURY BLVD							TO SUPPORT MEDICAL
LOS ANGELS, CA 90045	95-2046033	501(C)(3)	5,000.	0.			RESEARCH
,			. , , , , , ,				
EPISCOPAL COMMUNITY SERVICE OF SAN							
FRANCISCO - 165 EIGHTH STREET -							
SAN FRANCISCO, CA 94103	95-1945256	501(C)(3)	80,000.	0.			TO HELP THE NEEDY
DOLLA I I I I I I I I I I I I I I I I I I							
EQUALITY ILLINOIS EDUCATION							
PROJECT, LTD - 3712 N BROADWAY - CHICAGO, IL 60613	36-4359573	501(C)(3)	8,600.	0.			TO SUPPORT EDUCATION
CHICAGO, III 00013	30 4333313	501(0)(3)	3,000.	0.			TO BOILOW EDUCATION
FACING HISTORY & OURSELVES							
NATIONAL FOUNDATIO - 14 EAST 4TH							
STREET - NEW YORK, NY 10012	04-2761636	501(C)(3)	10,000.	0.			TO SUPPORT THE ARTS

Part II Continuation of Grants and Other			nizations in the U	nited States (Sch	edule I (Form 990), Pa		C 1300303 Page I
(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
FLINT INSTITUTE OF ARTS							
1120 E KEARSLEY ST							
FLINT, MI 48503	38-1539984	501(C)(3)	150,000.	0.			TO SUPPORT THE ARTS
FOCUS HOPE 1355 OAKMAN BLVD							
DETROIT, MI 48238	38-1948285	501(C)(3)	50,000.	0.			TO SUPPORT THE COMMUNITY
FOOD LIFELINE 1702 NE 150TH ST SEATTLE, WA 98155	91-1090450	501(C)(3)	52,500.	0.			TO FEED THE HUNGRY
,			,				
FOUNDATION FOR JEWISH CULTURE							
330 SEVENTH AVENUE							TO SUPPORT THE JEWISH
NEW YORK, NY 10001	13-1927751	501(C)(3)	5,222.	0.			COMMUNITY
FRANKEL JEWISH ACADEMY OF METRO							
DETROIT - 6600 WEST MAPLE RD -							
WEST BLOOMFIELD, MI 48322	38-3428219	501(C)(3)	232,645.	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.	20 4260545	504 (5) (2)					TO SUPPORT THE NEEDS OF
BLOOMFIELD HILLS, MI 48301	38-1360545	501(C)(3)	284,820.	0.			CHILDREN
FRIENDS OF THE ISRAEL DEFENSE							
FORCES - 8451 BOULDER CT WALLED							TO SUPPORT ISRAEL DEFENSE
LAKE, MI 48390	13-3156445	501(C)(3)	18,230.	0.			FORCES
EDITING OF VEGUTATION OF VEGUTATION							
FRIENDS OF YESHIVAT YESODEI HATORAH, INC - 24 MANOR HOUSE							
RD - NEWTOWN, MA 02459	56-2366202	501(C)(3)	12,000.	0.			TO SUPPORT EDUCATION
1.2, 121 02103		<u> </u>	12,000.	<u> </u>			

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt 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
FRIENDSHIP CIRCLE							
6892 W MAPLE RD							TO SUPPORT FAMILIES WITH
WEST BLOOMFIELD, MI 48322	38-3613944	501(C)(3)	22,900.	0.			SPECIAL NEEDS
GLEANERS COMMUNITY FOOD BANK							
2131 BEAUFAIT							
DETROIT, MI 48207	38-2156255	501(C)(3)	5,750.	0.			TO SUPPORT THE COMMUNITY
HADASSAH-GTR DETROIT CHAPTER							
5030 ORCHARD LAKE RD							
W. BLOOMFIELD, MI 48323-2752	38-1396062	501(C)(3)	13,243.	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							TO PROVIDE INTEREST FREE
BLOOMFIELD HILLS, MI 48301	38-1359260	501(C)(3)	153,908.	0.			LOANS
HENRY FORD HEALTH SYSTEM							
ONE FORD PLACE							
DETROIT, MI 48202-3450	38-1357020	501(C)(3)	11,200.	0.			TO SUPPORT HEALTH CARE
HILLEL DAY SCHOOL							
32200 MIDDLEBELT ROAD							
FARMINGTON HILLS, MI 48334	38-1586703	501(C)(3)	79,356.	0.			TO SUPPORT EDUCATION
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
HILLEL OF METRO DETROIT							
667 GROSBERG CENTER							
DETROIT, MI 48202	52-1758804	501(C)(3)	22,238.	0.			TO SUPPORT EDUCATION
HILLEL THE FOUNDATION FOR JEWISH							
CAMPUS LIFE - 800 EIGHTH ST, NW -							TO SUPPORT JEWISH
WASHINGTON, DC 20001	52-1844823	501(C)(3)	50,250.	0.			EDUCATION

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	r age i
(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
HOLOCAUST MEMORIAL CENTER							
28123 ORCHARD LAKE RD							TO PRESERVE THE PAST AND
FARMINGTON HILLS, MI 48334-3738	38-2402635	501(C)(3)	13,000.	0.			PROTECT THE FUTURE
IKAR							
5870 W OLYMPIC BLVD							TO SUPPORT THE JEWISH
LOS ANGELES, CA 90036	20-1210098	501(C)(3)	7,500.	0.			COMMUNITY
IMERMAN ANGELS							
400 W ERIE ST							TO SUPPORT MEDICAL
CHICAGO, IL 60610	20-5621272	501(C)(3)	1,003,000.	0.			RESEARCH
INSTITUTE FOR CLINICAL SOCIAL WORK							
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
	20 0033773	551(5)(5)	0,010.				TO DOTTON'T EDUCATION
INTERNATIONAL SEPHARDIC EDUCATION FNDN - 13 E 37TH ST 3RD FLR - NEW YORK, NY 10016	13-2909403	501(C)(3)	15,000.	0.			TO SUPPORT JEWISH EDUCATION
ISAAC AGREE DOWNTOWN SYNAGOGUE 1457 GRISWOLD							
DETROIT, MI 48226	38-2937738	501(C)(3)	8,421.	0.			TO SUPPORT REFORM JUDAISM
ISRAEL STRATEGIC ALTERNATIVE ENERGY FOUNDATIO - 121 STEUART STREET - SAN FRANCISCO, CA 94105	80-0263559	501(C)(3)	200,000.	0.			TO SUPPORT ENERGY RESEARCH
JARC 30301 NORTHWESTERN HWY SUITE 100 FARMINGTON HILLS, MI 48334	38-3690103	501(C)(3)	188,668.	0.			TO SUPPORT DISABLED

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt 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
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
JEWISH COMMUNITY CENTER 6600 WEST MAPLE ROAD WEST BLOOMFIELD, MI 48322	38-1358397	501(C)(3)	1,374,473.	0.			TO SUPPORT THE JEWISH
JEWISH COMMUNITY CENTER OF SAN FRANCISCO - 3200 CALIFORNIA - SAN FRANCISCO, CA 94118	94-3227260	501(C)(3)	100,500.	0.			TO SUPPORT THE JEWISH
JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO - 121 STEUART STREET - SAN FRANCISCO, CA 94105	94-1156533	501(C)(3)	1,021,000.	0.			TO SUPPORT THE COMMUNITY
JEWISH COMMUNITY FOUNDATION OF METROWEST - 901 ROUTE 10 - WHIPPANY, NJ 07981	22-1714130	501(C)(3)	30,000.	0.			TO SUPPORT THE JEWISH
JEWISH COMMUNITY RELATIONS COUNCIL 6735 TELEGRAPH RD. BLOOMFIELD HILLS, MI 48301	38-3011194	501(C)(3)	10,579.	0.			TO SUPPORT PUBLIC AFFAIR IN THE COMMUNITY
JEWISH FAMILY & CHILDREN'S SERVICES - 2150 POST STREET - SAN FRANCISCO, CA 94115	94-1156528	501(C)(3)	100,000.	0.			TO SUPPORT THE JEWISH
JEWISH FAMILY SERVICE 6555 WEST MAPLE RD WEST BLOOMFIELD, MI 48322	38-0691329	501(C)(3)	991,609.	0.			TO SUPPORT JEWISH FAMILIES
JEWISH FEDERATION COUNCIL OF GREATER LOS ANGE - 6505 WILSHIRE BLVD - LOS ANGELES, CA 90048	95-1643388	501(C)(3)	5,000.	0.			TO SUPPORT THE JEWISH

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule i (Form 990), Pa I	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FEDERATION OF GREATER LONG							
BEACH & W 3801 EAST WILLOW							TO SUPPORT THE JEWISH
STREET - LONG BEACH, CA 90815	95-1647830	501(C)(3)	10,000.	0.			COMMUNITY
•			,				
JEWISH FEDERATION OF GREATER							
PHOENIX - 12701 N SCOTTSDALE RD -							
SCOTTSDALE, AZ 85254-5453	86-0096784	501(C)(3)	5,500.	0.			TO SUPPORT THE COMMUNITY
JEWISH FEDERATION OF METRO DETROIT							
6735 TELEGRAPH							TO SUPPORT THE JEWISH
BLOOMFIELD HILLS, MI 48303	38-1359214	501(C)(3)	15,177,829.	0.			COMMUNITY
TENTOU EEDEDAMION OF DAIN DEAGU							
JEWISH FEDERATION OF PALM BEACH COUNTY - 4601 COMMUNITY DRIVE -							TO SUPPORT THE JEWISH
WEST PALM BEACH, FL 33417	59-0948696	501(C)(3)	20,750.	0.			COMMUNITY
WEST TALK BEACH, FE 33417	33 0340030	501(0)(3)	20,730.	0.			COMMONITI
JEWISH FEDERATION OF SOUTH PALM							
BEACH COUNTY - 9901 DONNA KLEIN							
BLVD - BOCA RATON, FL 33428-1788	59-1945109	501(C)(3)	21,800.	0.			TO SUPPORT THE COMMUNITY
-							
JEWISH HOSPICE & CHAPLAINCY							
6555 WEST MAPLE RD							TO SUPPORT THE JEWISH
WEST BLOOMFIELD, MI 48322	38-3429268	501(C)(3)	15,000.	0.			COMMUNITY
JEWISH HOSPICE & CHAPLAINCY							
NETWORK - 6555 W MAPLE RD - WEST	20 240000	504 (5) (2)	00.404				L
BLOOMFIELD, MI 48322	38-3429268	501(C)(3)	89,494.	0.			TO SUPPORT THE ELDERLY
JEWISH NATIONAL FUND							
PO BOX 5609							
HICKSVILLE, NY 11802	13-1659627	501(C)(3)	8,350.	0.			TO SUPPORT ISRAEL
, 12002		(-)(-)	3,330.	•			
JEWISH SENIOR LIFE OF METRO							
DETROIT - 15000 WEST TEN MILE ROAD							
- OAK PARK, MI 48237	38-2693397	501(C)(3)	1,644,128.	0.			TO SUPPORT THE ELDERLY

Part II Continuation of Grants and Other	Assistance to Go		nizations in the U	nited States (Sch	edule I (Form 990) Pa	ort II)	O-1300303 Page
(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 THEOLOGICAL SEMINARY							
6735 TELEGRAPH RD., STE 310							
BLOOMFIELD HILLS, MI 48301-3143	13-0887640	501(C)(3)	64,110.	0.			TO SUPPORT EDUCATION
JEWISH UNITED FUND OF METRO							
CHICAGO - ATTN: ARIEL ZIPKIN -							TO SUPPORT THE JEWISH
CHICAGO, IL 60606	36-2167034	501(C)(3)	30,500.	0.			COMMUNITY
JUVENILE DIABETES RESEARCH							
FOUNDATION - 24359 NORTHWESTERN							
HWY SUITE 225 - SOUTHFIELD, MI							TO SUPPORT MEDICAL
48075	23-1907729	501(C)(3)	55,446.	0.			RESEARCH
JVS							
29699 SOUTHFIELD RD				_			
SOUTHFIELD, MI 48076	38-1358013	501(C)(3)	458,704.	0.			TO AID JOB RESEARCH
KADIMA							
15999 W 12 MILE RD							TO SUPPORT INDIVIDUALS
SOUTHFIELD, MI 48076	38-2630596	501(C)(3)	98,050.	0.			WITH SPECIAL NEEDS
2001111 12227, 112 10070	00 2000000		30,000:				
KARMANOS CANCER INSTITUTE							
4100 JOHN R							TO SUPPORT MEDICAL
DETROIT, MI 48201	38-1613280	501(C)(3)	300,025.	0.			RESEARCH
KOLLEL INSTITUTE OF GTR DETROIT							
15230 WEST LINCOLN RD							TO SUPPORT JEWISH
OAK PARK, MI 48237	38-2114751	501(C)(3)	12,200.	0.			EDUCATION
I TOUMBRIDGE HOSPIGE COMMINITMY							
LIGHTBRIDGE HOSPICE COMMUNITY FOUNDATION - 5280 CARROLL CANYON -							TO SUPPORT END OF LIFE
SAN DIEGO, CA 92121	20-1931420	501(C)(3)	5,600.	0.			CARE
2.2. 2.2.30, 311 32.22			3,300.	· · ·			
LUBAVITCH FOUNDATION							
14100 W. 9 MILE RD.							TO SUPPORT ORTHODOX
OAK PARK, MI 48237	38-2346125	501(C)(3)	21,056.	0.			JUDAISM

Part II Continuation of Grants and Other			nizations in the U	nited States (Sch	edule I (Form 990), Pa		- Fage 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
MAKE-A-WISH FOUNDATION OF MICHIGAN 28697 APPLE BLOSSOM LANE FARMINGTON HILLS, MI 48331	38-2505812	501(C)(3)	10,000.	0.			TO PROVIDE SUPPORT TO THE TERMINALLY ILL
MATAN B'SETER 15699 JEANETTE OAK PARK, MI 48237	11-3405224	501(C)(3)	60,500.	0.			TO SUPPORT JEWISH
MERCER ISLAND SCHOOLS FOUNDATION P.O. BOX 1243 MERCER ISLAND, WA 98040	91-1143444	501(C)(3)	5,500.	0.			TO SUPPORT EDUCATION
MESIVTA OF TOLEDO 4200 WALNUT LAKE ROAD WEST BLOOMFIELD, MI 48323	20-4751245	501(C)(3)	25,000.	0.			TO SUPPORT THE COMMUNITY
METROPOLITAN OPERA GUILD, INC 70 LINCOLN CENTER PLAZA NEW YORK, NY 10023	13-1681983	501(C)(3)	5,000.	0.			TO SUPPORT THE ARTS
MICHIGAN FRIENDS OF THE IDF 8451 BOULDER COURT WALLED LAKE, MI 48390	13-3156445	501(C)(3)	5,000.	0.			TO SUPPORT ISRAEL
MICHIGAN OPERA THEATRE 1526 BROADWAY DETROIT, MI 48226	38-2052726	501(C)(3)	62,250.	0.			TO SUPPORT THE ARTS
MICHIGAN ROUNDTABLE FOR DIVERSITY & INCLUSION - 3031 W GRAND BLVD - DETROIT, MI 48202	20-3122770	501(C)(3)	6,000.	0.			TO SUPPORT THE COMMUNITY
MICHIGAN STATE UNIVERSITY A217 EAST FEE HALL EAST LANSING, MI 48224	38-6005984	501(C)(3)	14,500.	0.			TO SUPPORT EDUCATION

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa T	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHIGAN STATE UNIVERSITY - HILLEL							
FOUNDATION - 360 CHARLES STREET -							
EAST LANSING, MI 48824	38-3034766	501(C)(3)	95,787.	0.			TO SUPPORT EDUCATION
MOTION PICTURE & TELEVISION FUND							
FOUNDATION - 22212 VENTURA BLVD -							
SOODLAND HILLS, CA 91364	95-1652916	501(C)(3)	30,000.	0.			TO SUPPORT THE ARTS
MULTIPLE MYELOMA RESEARCH							TO GUDDODE MEDICAL
FOUNDATION - 383 MAIN AVE -	06-1504413	501(C)(3)	1,500,600.	0.			TO SUPPORT MEDICAL RESEARCH
NORWALK, CT 06851	06-1504415	501(C)(3)	1,300,800.	0.			RESEARCH
MUSEUM OF CONTEMPORARY ART DETROIT							
4454 WOODWARD AVE							
DETROIT, MI 48201	20-3872376	501(C)(3)	10,000.	0.			TO SUPPORT THE ARTS
NATIONAL COUNCIL OF JEWISH WOMEN							
GREATER DETROIT SECTION	20 1250205	E01/G)/3)	40.500	0			TO GUDDODE HOVEN'S GARGE
SOUTHFIELD, MI 48034-2624	38-1358385	501(C)(3)	40,600.	0.			TO SUPPORT WOMEN'S CAUSE
NATURAL RESOURCES DEFENSE COUNCIL,							
INC - 40 W 20TH STREET - NEW							TO SUPPORT THE
YORK, NY 10011	13-2654926	501(C)(3)	5,000.	0.			ENVIRONMENT
NAMITHE CONCEDIANCY							
NATURE CONSERVANCY 101 E GRAND RIVER AVE							TO SUPPORT THE
LANSING, MI 48906	90-0248331	501(C)(3)	20,250.	0.			ENVIRONMENT
EMBINO, III 10500	70 0210331	501(6)(3)	20,230.				
NAVY SEAL FOUNDATION INC							
162 WEST 56TH STREET							
NEW YORK, NY 10019	31-1728910	501(C)(3)	10,000.	0.			TO SUPPORT EDUCATION
OAKLAND UNIVERSITY							
2200 N SQUIRREL RD							
ROCHESTER, MI 48309-4401	38-6078765	501(C)(3)	5,500.	0.			TO SUPPORT EDUCATION

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(=, ===	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
OAKWOOD HEALTH CARE SYSTEM							
FOUNDATION - 23400 MICHIGAN AVE -							
DEARBORN, MI 48124	38-3432073	501(C)(3)	5,081.	0.			TO SUPPORT HEALTH CARE
OPEN DOOR REPERTORY COMPANY							
902 S RIDGELAND AVE							
OAK PARK, IL 60304	36-4242927	501(C)(3)	5,000.	0.			TO SUPPORT THE ARTS
ORCHARDS CHILDREN'S SERVICE							
30215 SOUTHFIELD RD							
SOUTHFIELD, MI 48076	38-2712084	501(C)(3)	16,450.	0.			TO SUPPORT CHILDREN
ORT AMERICA							
6735 TELEGRAPH RD							L
BLOOMFIELD HILLS, MI 48301	13-5562424	501(C)(3)	28,300.	0.			TO SUPPORT JOB EDUCATION
PATH							
1455 NW LEARY WAY							
SEATTLE, WA 98107	91-1157127	501(C)(3)	10,000.	0.			TO SUPPORT HEALTH CARE
PROJECT INTERCHANGE							
1156 15TH STREET NW							TO SUPPORT THE JEWISH
WASHINGTON, DC 20005	13-5563393	501(C)(3)	60,000.	0.			COMMUNITY
REBOOT, INC							
116 WEST 23RD STREET							TO SUPPORT THE JEWISH
NEW YORK, NY 10011	57-1154844	501(C)(3)	5,000.	0.			COMMUNITY
SAN FRANCISCO FRIENDS OF THE URBAN			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- •			
FORESTS - PRESIDIO OF SANFRANCISCO							
BLGD PO BOX 29456 - SAN FRANCISCO,							TO SUPPORT THE
CA 94129	94-2699528	501(C)(3)	10,000.	0.			ENVIRONMENT
SAN FRANCISCO HILLEL							
33 BANBURY DR							TO SUPPORT THE JEWISH
SAN FRANCISCO, CA 94132	94-3152892	E01/C)/3)	25,000.	0.			COMMUNITY

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	ırt 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
SARASOTA MANATEE JEWISH FEDERATION							
580 S. MCINTOSH RD							TO SUPPORT THE JEWISH
SARASOTA, FL 34232-1959	59-1227747	501(C)(3)	6,000.	0.			COMMUNITY
SINAI GUILD							
31995 NORTHWESTERN HWY							TO SUPPORT THE MEDICAL
FARMINGTON HILLS, MI 48334	38-3343423	501(C)(3)	6,775.	0.			COMMUNITY
SOCIAL VENTURE PARTNERS							
1601 2ND AVE							
SEATTLE, WA 98101-1539	91-1894424	501(C)(3)	6,000.	0.			TO SUPPORT THE COMMUNITY
•			, ,				
ST. ANTHONY FOUNDATION							
150 GOLDEN GATE AVE							
SAN FRANCISCO, CA 94102	94-1513140	501(C)(3)	25,000.	0.			TO SUPPORT HEALTH CARE
STAND FOR CHILDREN LEADERSHIP							
CENTER - 3240 EASTLAKE AVE -							
SEATTLE, WA 98102	52-1957214	501(C)(3)	12,500.	0.			TO SUPPORT CHILDREN
			,				
STANFORD UNIVERSITY							
641 E CAMPUS DR							
STANFORD, CA 94305	94-1156365	501(C)(3)	5,000.	0.			TO SUPPORT EDUCATION
TEMPLE BETH EL							
7400 TELEGRAPH RD.							
BLOOMFIELD HILLS, MI 48301	38-1359595	501(C)(3)	34,675.	0.			TO SUPPORT REFORM JUDAISM
,			, , , , , ,				
TEMPLE EMANU-EL							
14450 W TEN MILE							
OAK PARK, MI 48237	38-1493514	501(C)(3)	13,950.	0.			TO SUPPORT REFORM JUDAISM
TEMPLE ISRAEL							
5725 WALNUT LAKE RD.							
WEST BLOOMFIELD, MI 48323	38-1490194	501(C)(3)	138,632.	0.			 TO SUPPORT REFORM JUDAISM

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	inizations in the U	nned States (Sch	euule I (Form 990), Pa T	т. п. <i>)</i>	Γ
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE SHIR SHALOM							
3999 WALNUT LAKE RD							
WEST BLOOMFIELD, MI 48323	38-2803191	501(C)(3)	35,200.	0.			TO SUPPORT REFORM JUDAIS
THE ART OF ELYSIUM							
3278 WILSHIRE BLVD - PENTHOUSE							
LOS ANGELES, CA 90010	95-4673306	501(C)(3)	22,000.	0.			TO SUPPORT THE ARTS
THE JEWISH ENSEMBLE THEATRE							
6600 WEST MAPLE ROAD							
WEST BLOOMFIELD, MI 48322	38-2861818	501(C)(3)	40,250.	0.			TO SUPPORT THE ARTS
THE JEWISH FEDERATIONS OF NORTH							
AMERICA - ATTN: CELIA R. MENDOZA -							TO SUPPORT THE JEWISH
NEW YORK, NY 10004-1010	13-1624240	501(C)(3)	181,418.	0.			COMMUNITY
THE UCLA FOUNDATION							
405 HILGARD AVE							
LOS ANGELS, CA 90024	95-2250801	501(C)(3)	35,000.	0.			TO SUPPORT EDUCATION
TIPPING POINT COMMUNITY 220 MONTGOMERY STREET							
SAN FRANCISCO, CA 94107	20-2121739	501(C)(3)	100,000.	0.			TO SUPPORT THE COMMUNITY
•			,				
U.S. HOLOCAUST MEMORIAL MUSEUM							
100 RAOUL WALLENBERGER PL							
WASHINGTON, DC 20024	52-1309391	501(C)(3)	5,615.	0.			TO SUPPORT THE ARTS
UNITED WAY OF SOUTHEASTERN							
MICHIGAN - 1212 GRISWOLD ST -							TO SUPPORT THE ANNUAL
DETROIT, MI 48226-9925	20-3099071	501(C)(3)	11,568.	0.			CAMPAIGN
UNITED WAY OF THE BAY AREA							
221 MAIN STREET	02 1210240	E01/G)/3)	10.000	_			TO GUDDODE THE COMMITTEE
SAN FRANCISCO, CA 94105	93-1312348	bor(c)(3)	10,000.	0.			TO SUPPORT THE COMMUNITY

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule i (Form 990), Pa T	irt II.)	Т
(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
UNIV OF MICHIGAN - HILLEL							
1429 HILL ST							TO SUPPORT JEWISH
ANN ARBOR, MI 48104-3105	38-6119964	501(C)(3)	169,515.	0.			EDUCATION
			·				
UNIVERSITY OF CALIFORNIA, SAN							
FRANCISCO - 2340 SUTTER ST -							
SAN FRANCISCO, CA 94115	68-0000845	501(C)(3)	25,000.	0.			TO SUPPORT EDUCATION
UNIVERSITY OF MICHIGAN-							
3003 S STATE ST							
ANN ARBOR, MI 48109-1288	38-6006309	501(C)(3)	167,500.	0.			TO SUPPORT EDUCATION
UNIVERSITY OF MICHIGAN SCHOOL OF							
SOCIAL WORK - 1080 SOUTH							
UNIVERSITY AVE - ANN ARBOR, MI							
48109-1106	38-2491031	501(C)(3)	8,664.	0.			TO SUPPORT EDUCATION
V EOUNDAMION							
V FOUNDATION							TO GUDDODE MEDICAL
106 TOWERVIEW CT	12 2525254	504 (5) (3)	10.000				TO SUPPORT MEDICAL
CARY, NC 27513	13-3705951	501(C)(3)	10,000.	0.			RESEARCH
VAIL VALLEY FOUNDATION							
PO BOX 309							
VAIL, CO 81658	74-2215035	501(C)(3)	25,000.	0.			TO SUPPORT THE COMMUNITY
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)	78,536.	0.			TO SUPPORT EDUCATION
WACUTNOMON INTURDETMY							
WASHINGTON UNIVERSITY							
CAMPUS BOX 1082	42 0652611	E01/Q\/3\	7 500	•			TO GUDDODE EDUCATION
ST LOUIS, MO 63130-9989	43-0653611	POT(C)(3)	7,500.	0.			TO SUPPORT EDUCATION

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	- 1300303 Fa
(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
VAYNE STATE UNIVERSITY							
DEVELOPMENT OFFICE							
DETROIT, MI 48202	38-6028429	501(C)(3)	18,450.	0.			TO SUPPORT EDUCATION
WAYNE STATE UNIVERSITY-LAW SCHOOL							
LAW SCHOOL ADVANCEMENT							
DETROIT, MI 48202	38-6028430	501(C)(3)	10,000.	0.			TO SUPPORT EDUCATION
WOMEN IN FILM							
LEVY, PAZANTI & ASSOC							
LOS ANGELES, CA 90035	23-7322834	501(C)(3)	15,000.	0.			TO SUPPORT THE ARTS
YAD EZRA							
2850 W. ELEVEN MILE RD							
BERKLEY, MI 48072-3039	38-2904733	501(C)(3)	39,168.	0.			TO FEED THE HUNGRY
YESHIVA BETH YEHUDAH							
15751 W. LINCOLN							TO SUPPORT JEWISH
SOUTHFIELD, MI 48076	38-1437939	501(C)(3)	132,720.	0.			EDUCATION
YESHIVA GEDOLAH							
24600 GREENFIELD RD	39 3560760	E01/G)/3)	21 241	0			TO SUPPORT JEWISH
OAK PARK, MI 48237	38-2569760	501(C)(3)	21,341.	0.			EDUCATION
YESHIVAS DARCHEI TORAH							
21550 W 12 MILE ROAD							TO SUPPORT CONSERVATIV
SOUTHFIELD, MI 48076	38-2842622	501(C)(3)	44,600.	0.			JUDAISM
ZIMMER CHILDREN'S MUSEUM							
6505 WILSHIRE BLVD #100	20 1470000	E01/G)/3)	11 050	_			TO GUDDODE TUE ADTO
LOS ANGELES, CA 90048	20-1470992	501(C)(3)	11,250.	0.			TO SUPPORT THE ARTS
STRATFORD SHAKESPEAREAN FESTIVAL							
OF AMERICA - 500 WOODWARD -							
DETROIT, MI 48226	38-3200503	501(C)(3)	5,500.	0.			TO SUPPORT THE ARTS

Part II Continuation of Grants and Other	er Assistance to Go	vernments and Orga	nızations in the U	nited States (Sch	edule I (Form 990), Pa	rt 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
MERICAN FRIENDS OF UHN, INC.							
DRONTO, CANADA M5G2M9	20-3193115	501(C)(3)	10,000.	0.			TO SUPPORT ISRAEL

Schedule I (Form 990) (2011) UNITED JEWISH					38-1360585	Page 2
Part III Grants and Other Assistance to Individuals in the U Part III can be duplicated if additional space is needed	nited States. Con	nplete if the organiz	ation answered "Yes	to Form 990, Part IV, line 22.		
(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-ca	assistance
Part IV Supplemental Information. Complete this part to prov	ide the informatio	on required in Part I,	, line 2, and any other	additional information.		
SCHEDULE I, PART I, LINE 2: TO MO	NITOR OUR	CONSTITUE	ENT AGENCIE	S, WE RECEIVE		
ANNUAL BUDGET PROPOSALS AND PERIO	DIC PROGR	AM AND BUI	OGET REPORT	S.		

SCHEDULE J (Form 990)

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

Open to Public

Name of the organization

Department of the Treasury

Internal Revenue Service

UNITED JEWISH FOUNDATION

Employer identification number 38-1360585

Part I **Questions Regarding Compensation** Yes No 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes 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 1b 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? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study ☐ Form 990 of other organizations Approval by the board or compensation committee 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: Х **a** Receive a severance payment or change-of-control payment? **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X 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. 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: Х a The organization? X **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 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: Х a The organization? 6a X **b** Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 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 Х 7 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 Х If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2011

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	(i)	0.	0.	0.	0.	0.	0.	0.
1 SCOTT KAUFMAN	(ii)	253,412.	0.	630.	16,500.	11,310.	281,852.	0.
2 DOROTHY BENYAS	(i) (ii)	0. 175,886.	0.	0. 803.	22,000.	0. 17,324.	0. 216,013.	0.
Z BOROTHI BERTING	(i)	0.	0.	0.	0.	0.	0.	0.
3 ANDREW ECHT	(ii)	183,185.	0.	352.	15,600.	14,082.	213,219.	0.
LIOWADD NETGERN	(i)	0.	0.	0.	0.	0.	0.	0.
4 HOWARD NEISTEIN	(ii)	175,886. 0.	0.	1,501.	7,750. 0.	17,420. 0.	202,557. 0.	0.
5 ROBERT ARONSON	(i) (ii)	273,493.	0.	31,247.	22,000.	26,242.	352,982.	0.
	(i)	,		,	,	•	•	
6	(ii)							
	(i)							
7	(ii)							
8	(i) (ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
12	(i) (ii)							
12	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
46	(i) (ii)							
16	(II)							<u> </u>

B . III 5 .											
Part III Supplem											
Complete this part additional informati	to provide the	e information, e	explanation, or desc	riptions required for	Part I, lines 1a, 1b	, 3, 4a, 4b, 4c, 5a	, 5b, 6a, 6b, 7, ar	nd 8, and for Par	t II. Also comp	olete this part fo	or any
PART I, L	INE 4B:	ROBERT	ARONSON -	\$36,287							

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 VI.

 OMB No. 1545-0047 **2011**Open to Public

Inspection

Employer identification number Name of the organization 38-1360585 UNITED JEWISH FOUNDATION Part I **Bond Issues** (a) Defeased (h) On behalf (i) Pooled (c) CUSIP# (d) Date issued (f) Description of purpose (a) Issuer name (b) Issuer EIN (e) Issue price of issuer financing Yes Yes No No Yes No A MICHIGAN STRATEGIC FUND |52-1417332| 08/10/07 2,146,887. SEE PART V Х Х NONE Х D Part II Proceeds В С D 1 Amount of bonds retired 2 Amount of bonds legally defeased 2,146,887. 3 Total proceeds of issue 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 Working capital expenditures from proceeds 2,146,887. Capital expenditures from proceeds Other spent proceeds 11 Other unspent proceeds Year of substantial completion Yes No Yes No Yes No Yes No X Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? X Has the final allocation of proceeds been made? X Does the organization maintain adequate books and records to support the final allocation of proceeds? Part III Private Business Use Was the organization a partner in a partnership, or a member of an LLC, В C D Α which owned property financed by tax-exempt bonds? Yes No Yes No Yes No Yes X 2 Are there any lease arrangements that may result in private business use of X bond-financed property?

Part III Private Business Use (Continued)								
		Α		В	(C		D
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
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		В	(Ç		D
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of	Yes	No	Yes	No	Yes	No	Yes	No
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 guaranteed investment contract (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 Procedures To Undertake Corrective Action								
Check the box if the organization established written procedures to ensure that violations of fee	eral tax requ	uirements are t	imely identif	ied and correc	ted through	the voluntary		ement
program if self-remediation is not available under applicable regulations							L Ye	es X No
Part VI Supplemental Information. Complete this part to provide additional information for re	esponses to	questions on S	Schedule K.					
SCHEDIILE K PART 1 LINE A COLIMN F								

DESCRIPTION OF PURPOSE:

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

Open To Public Inspection

Name of the organization

Employer identification number

	ITED JEWIS						88-13	6058	5	
Part I Excess Benefi	t Transactions	(section 501)	(c)(3) and sectio	n 501(c)(4) organizatio	ons only)					
Complete if the org	ganization answered	I "Yes" on Fo	rm 990, Part IV,	line 25a or 25b, or Fo	rm 990-E	Z, Part	V, line 40	b.		
1 (a) Name of d	:			(h) Decembring					(c) Cor	rected?
(a) Name of d	isqualified person			(b) Description	or transa	action			Yes	No
				and section 501(c)(4) organizations only). 10, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Description of transaction or disqualified persons during the year under ne organization 10, Part IV, line 26, or Form 990-EZ, Part V, line 38a. Il principal unt (d) Balance due (e) In (f) Approve by board organization Yes No Yes No Yes No Persons.						
	posed on the organ	ization mana(gers or disqualif	ied persons during the	e year ur	ıder				
3 Enter the amount of tax, if	any, on line 2, abov	e, reimbursed	I by the organiza	ation			. 🕨 \$			
Part II Loans to and/	or From Interes	stad Darca	ne							
							_			
(a) Name of interested							3a. 1 (f) Apr	roved	(m) \A	/ritton
person and purpose	(b) Loan to or the organizati	on?	amount	(d) Balance due			by bo	by board or		ritten ment?
		rom			Vos	No			Yes	No
	10 1	OIII			165	INO	165	NO	163	INO
-										
Total				•						
Part III Grants or Assi	stance Benefit	ing Interes	sted Person	S.						
Complete if the org	ganization answered	l "Yes" on Fo	rm 990, Part IV,	line 27.						
(a) Name of interested	d person	(b) Re	lationship betwe	een interested person	and					f
			tne or	ganization				assistar	ice	
		1				_				
		1				+				
		1				+				
		1				+				
		+				+				
		1				1				

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

Schedule L (Form 990 or 990-EZ) 2011

Part IV Business Transactions Inv	volving Interested Persons.		30 1300	303	raye 4
	ered "Yes" on Form 990, Part IV, line 28a, 28	Sh 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 revenues?	
		000		Yes	No X
ETKIN EQUITIES	DOUGLAS ETKIN, BOAR	DOUGLAS ETKIN, BOAR 233,000.			
Part V Supplemental Information		O-la-akula I. (· in a large of the second	<u> </u>	
SCH L, PART IV, BUSINESS	itional information for responses to questions TRANSACTIONS INVOLVIN				
(A) NAME OF PERSON: ETK					
	N INTERESTED PERSON ANI	ORGANIZA:	TION:		
DOUGLAS ETKIN, BOARD MEN					
(C) AMOUNT OF TRANSACTIO	ON \$ 233,000.				
(D) DESCRIPTION OF TRANS	SACTION: ETKIN EQUITIES	S IS THE PI	ROPERTY MANA	GER	
OF THE APPLEBAUM CAMPUS					
(E) SHARING OF ORGANIZAT	TION REVENUES? = NO				

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

38-1360585

Name of the organization

Attach to Form 990.

UNITED JEWISH FOUNDATION

Types of Property (a) (b) (c) (d) Noncash contribution Check if Number of Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 4,315,461. FAIR MARKET VALUE X 137 Securities - Publicly traded 9 Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts FAIR MARKET VALUE (LEASEHOLD IMP 196,425. 25 Other -26 27 Other -28 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 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 Х the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **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. For Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA Schedule M (Form 990) (2011)

132141 01-23-12

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011
Open to Public Inspection

Name of the organization **Employer identification number** UNITED JEWISH FOUNDATION 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 DOUGLAS ETKIN AND PETER ALTER PHILLIP FISHER AND JANE SHERMAN DAVID FOLTYN AND ELYSE FOLTYN CONRAD L. GILES AND LYNDA GILES HUGH GREENBERG AND CAROLYN GREENBERG DAN GUYER AND CHERYL GUYER JEROME HALPERIN AND MARGOT HALPERIN NANCY HEINRICH AND BRIAN SIEGEL ROBERT HEINRICH AND NANCY HEINRICH DOREEN HERMELIN AND BRIAN HERMELIN MICHAEL HOROWITZ AND BARBARA HOROWITZ LEE HURWITZ AND TODD SACHSE DAVID JACOBSON AND NANCY JACOBSON EMERY KLEIN AND DIANE KLEIN DIANE KLEIN AND BARBARA ZALTZ EMERY KLEIN AND BARBARA ZALTZ DAVID KRAMER AND ANESSA KRAMER LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)

132211 01-23-12

Name of the organization UNITED JEWISH FOUNDATION	Employer identification number 38-1360585
HANNAN LIS AND LISA LIS	
HANNAN LIS AND FLORINE MARK	
LISA LIS AND FLORINE MARK	
ARTHUR LISS AND BEVERLY LISS	
MARCIE ORLEY AND BRIAN HERMELIN	
BENJAMIN ROSENTHAL AND MARTA ROSENTHAL	
BRIAN SATOVSKY AND NEIL SATOVSKY	
ALAN S. SCHWARTZ AND SANDRA SCHWARTZ	
BRIAN SIEGEL AND ROBERT HEINRICH	
SUZAN FOLBE CURHAN AND LAWRENCE JACKIER	
STUART E. HERTZBERG AND ROBERT HERTZBERG	
LAWRENCE LAX AND ALLAN NACHMAN	
HAROLD LOSS AND JOSHUA LEVINE	
MICHAEL W. MADDIN AND MARTY B. MADDIN	
MARTY B. MADDIN AND LINDSEY MADDIN	
NORMAL A. PAPPAS AND SUSAN PAPPAS	
HOWARD M. ROSEN AND MARTY B. MADDIN	
JEFFREY B. SCHLUSSEL AND MARK SCHLUSSEL	
CAROLYN TISDALE AND LAURENCE TISDALE	
RACHEL WRIGHT AND FLORINE MARK	
RACHEL WRIGHT AND MARK MILGROM	
RACHEL WRIGHT AND MINDI FYNKE	
AMY NEISTEIN AND HOWARD NEISTEIN	
MIRYAM ROSENZWEIG AND YUDI ROSENZWEIG	
THE FOLLOWING BOARD MEMBERS HAVE BUSINESS RELATIONSHIPS:	
EUGENE APPLEBAUM AND PAMELA APPLEBAUM	
MARK HAUSER AND MICHAEL MADDIN	dula O (Farra 2000 ar 2000 FZ) (2014)

Employer identification number Name of the organization UNITED JEWISH FOUNDATION 38-1360585 LEE HURWITZ AND TODD SACHSE HANNAN LIS AND FLORINE MARK HANNAN LIS AND LISA LIS TODD SACHSE AND RICH BRODER RONALD SCHWARTZ AND ROBERT SCHWARTZ BRIAN SIEGEL AND SCOTT KAUFMAN ROBERT SLATKIN AND MARK HAUSER ROBERT SLATKIN AND MICHAEL MADDIN ROBERT SLATKIN AND ALAN KAUFMAN CAROLYN TISDALE AND LAURENCE TISDALE DEBORAH G. TYNER AND MINDI FYNKE MICHAEL MADDIN AND MARTY B. MADDIN TODD SACHSE AND RON CHARFOOS 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

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 PUBLIC DISCLOSURE COPY 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 THE PUBLIC DISCLOSURE 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

13221-12

Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization UNITED JEWISH FOUNDATION	Employer identification number 38-1360585
ON GRANT APPROVALS, BOARD MEMBERS ARE ASKED TO CITE CONFL	ICTS OF INTEREST,
IF ANY EXIST, AND ABSTAIN FROM INDIVIDUAL VOTES. THIS PRO	CESS IS REPORTED
IN THE BOARD MEETING MINUTES.	
FORM 990, PART VI, SECTION B, LINE 15: A COMPENSATION COM	MITTEE DETERMINES
COMPENSATION BASED ON ESTABLISHED GOALS AND OBJECTIVES. T	HE COMMITTEE WILL
ALSO CONSIDER COMPARABLE SALARY DATA FROM OTHER JEWISH FE	DERATIONS OR
NON-PROFIT ORGANIZATIONS. THIS PROCESS IS DONE ANNUALLY F	OR THE CEO, CFO,
CHIEF FINANCIAL RESOURCE DEVELOPMENT OFFICER AND THE CHIE	F ADMINISTRATIVE
OFFICER AND LAST OCCURRED IN MAY 2012. THE ANALYSIS AND C	ONCLUSIONS ARE
DOCUMENTED IN THE COMMITTEE MEETING MINUTES.	
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENT	S, CONFLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UP	ON REQUEST.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS:	-17,232,579.
DONATED SERVICES AND USE OF FACILITIES:	3,900,000.
ALLOCATION OF JFMD FUNDRAISING & ADMINISTRATIVE EXPENSES	TO
UJF	1,949,682.
INTERORGANIZATION APPROPRIATIONS	1,838,002.
NET INTERFUND TRANSFERS NOT INCLUDED ON RETURN	1,612,436.
TOTAL TO FORM 990, PART XI, LINE 5	-7,932,459.
FORM 990, PART XI, LINE 2C:	
UNITED JEWISH FOUNDATION HAS AN AUDIT COMMITTEE THAT ASSU	MES
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION O	F AN
INDEPENDENT ACCOUNTING FIRM. THIS PROCESS HAS NOT CHANGED	
132212 01-23-12 Sched	dule O (Form 990 or 990-EZ) (2011)

UNITED JEWISH FOUNDATION	38-1360585
PRIOR YEAR.	
FORM 990, PART VII:	
AVERAGE HOURS DEVOTED TO RELATED ORGANIZATIONS:	
THE HOURS REPORTED BELOW ARE THE HOURS DEVOTED BY THE OFF	ICERS,
TRUSTEES, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES	TO RELATED
ORGANIZATIONS:	
SCOTT KAUFMAN - 20 HOURS	
DOROTHY BENYAS - 20 HOURS	
HOWARD NEISTEIN - 20 HOURS	
ROBERT ARONSON - 18 HOURS	
	_

SCHEDULE R (Form 990)

Part I

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.

2011 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UNITED JEWISH FOUNDATION

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

AREA

ORGANIZATIONS

ORGANIZATIONS

PROVIDES GRANTS TO OTHER

PROVIDES GRANTS TO OTHER

Employer identification number 38-1360585

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea		(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizations during the tax year.)	ations (Complete if the organization a	answered "Yes" to Form 990	, Part IV, line 34 be	ecause it had one	or more	related tax-exen	npt	
(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))	1	(f) et controlling entity	Section 5 contr	olled
JEWISH FEDERATION OF METROPOLITAN DETROIT - 38-1359214, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	SUPPORTS JEWISH COMMUNITY	MICHIGAN	501(C)(3)	7	N/A			Х
THE JEWISH FUND - 38-3323875 6735 TELEGRAPH ROAD	SUPPORTS JEWISH HEALTH CARE IN THE METRO DETROIT							

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

Schedule R (Form 990) 2011

X

Х

X

HILLS, MI 48301

BLOOMFIELD HILLS MI 48301

APPLEBAUM FAMILY SUPPORT FOUNDATION -

38-2870708, 6735 TELEGRAPH ROAD, BLOOMFIELD

TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301

MADELEINE H. AND MANDELL L. BERMAN FAMILY SUPPORT FOUNDATION - 38-2582289, 6735

MICHIGAN

MICHIGAN

MICHIGAN

501(C)(3)

501(C)(3)

501(C)(3)

11. TYPE II

11, TYPE I

11, TYPE I

N/A

N/A

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	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
·		loroigh country)		501(c)(3))		Yes	No
BELLE & ISIDOR EISENBERG FAMILY SUPPORT							
FOUNDATION - 30-0232172, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER						
ROAD, BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
MAX M. AND MARJORIE S. FISHER SUPPORT							
FOUNDATION - 38-2490338, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER						
ROAD, BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
PHILLIP W. FISHER SUPPORT FOUNDATION -							
38-2550053, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER						
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
STANLEY & JUDITH FRANKEL SUPPORT FOUNDATION							
- 38-2582297, 6735 TELEGRAPH ROAD,	PROVIDES GRANTS TO OTHER						
BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	Х	
SAMUEL FRANKEL AND JEAN FRANKEL SUPPORT							
FOUNDATION - 38-2582299, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER						
ROAD, BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
GERSHENSON FAMILY SUPPORT FOUNDATION -							
38-3423715, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER						
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
IRWIN AND BETHEA GREEN SUPPORT FOUNDATION -							
38-2490337, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER						
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
RITA C. & JOHN HADDOW FAMILY SUPPORT							
FOUNDATION - 38-2824409, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER						
ROAD, BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
JOHN & ROSE HERMAN SUPPORT FOUNDATION -							
38-3216504, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER						
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
HERMELIN FAMILY SUPPORT FOUNDATION -							
38-2574834, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER						
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	Х	
NANCY L. AND JOSEPH M. JACOBSON FAMILY							
SUPPORT FOUNDATION - 30-0232149, 6735	PROVIDES GRANTS TO OTHER						
TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	Х	
MAXWELL AND MARJORIE JOSPEY SUPPORT							
FOUNDATION - 30-0232176, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER						
ROAD, BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	

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Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	conti	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
JUDAIC STUDIES SUPPORT FOUNDATION -							
38-2805017, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER						
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
KATZMAN FAMILY SUPPORT FOUNDATION -							
30-0021246, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER						
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
HERBERT W. KAUFMAN FAMILY SUPPORT FOUNDATION							
- 38-3212494, 6735 TELEGRAPH ROAD,	PROVIDES GRANTS TO OTHER						
BLOOMFIELD HILLS, MI 48301	organizations	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
DOUG & KAISA LEVINE FAMILY SUPPORT							
FOUNDATION - 38-3548910, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER						
ROAD, BLOOMFIELD HILLS, MI 48301	organizations	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
NORMA JEAN AND EDWARD M. MEER SUPPORT							
FOUNDATION - 38-3423714, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER						
ROAD, BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
NORMAN A. & SUSAN L. PAPPAS FAMILY SUPPORT							
FOUNDATION - 38-2582300, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER						
ROAD, BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
PROFESSIONAL LEADERS PROJECT SUPPORT							
FOUNDATION - 20-1431220, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER						
ROAD, BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
PRENTIS FAMILY SUPPORT FOUNDATION -							
38-2805115, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER						
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
JACK A. & AVIVA ROBINSON FAMILY SUPPORT							
FOUNDATION - 38-2993215, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER						
ROAD, BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
ROSE FAMILY SUPPORT FOUNDATION - 30-0021241							
6735 TELEGRAPH ROAD	PROVIDES GRANTS TO OTHER						
BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
IRVING A. RUBIN FAMILY SUPPORT FOUNDATION -				,			
38-3316506, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER						
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	x	
SHELDON SANDWEISS FAMILY SUPPORT FOUNDATION							
- 38-3548909, 6735 TELEGRAPH ROAD,	PROVIDES GRANTS TO OTHER						
BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	x	

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Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(b)	(c)	(d)	(e)	(f)	Section (g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	cont	trolled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity		ization?
GOVOGRAV, RANTI V, GUDDODE, ROUNDARTON				301(0)(3))		Yes	No
SCHOSTAK FAMILY SUPPORT FOUNDATION -							
38-3212496, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER		504 (5) (0)		L.,_	37	
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	—
MERTON J. & BEVERLY SEGAL SUPPORT FOUNDATION							
- 38-2993223, 6735 TELEGRAPH ROAD,	PROVIDES GRANTS TO OTHER		L				
BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	—
SHAEVSKY FAMILY SUPPORT FOUNDATION -	_						
38-3423716, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER					l	
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
JOEL H. & LORRAINE SHAPIRO FAMILY FOUNDATION	_						
- 38-2870707, 6735 TELEGRAPH ROAD,	PROVIDES GRANTS TO OTHER						
BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
JANE F. AND D. LAWRENCE SHERMAN FAMILY							
SUPPORT FOUNDATION - 30-0232175, 6735	PROVIDES GRANTS TO OTHER						
TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
THE SHIFFMAN FAMILY SUPPORT FOUNDATION -							
38-2824407, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER						
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
TAUBER FAMILY SUPPORT FOUNDATION -							
38-2581585, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER						
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
ARLENE & STEVEN I. VICTOR SUPPORT FOUNDATION							
- 38-3548911, 6735 TELEGRAPH ROAD,	PROVIDES GRANTS TO OTHER						
BLOOMFIELD HILLS, MI 48301	organizations	MICHIGAN	501(C)(3)	11, TYPE I	N/A	Х	
STANLEY & MARGARET WINKELMAN SUPPORT							
FOUNDATION - 38-6064584, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER						
ROAD, BLOOMFIELD HILLS, MI 48301	organizations	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
WOODRUN FOUNDATION - 38-3316513							
6735 TELEGRAPH ROAD	PROVIDES GRANTS TO OTHER						
BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	Х	
WILLIAM A. & SHIRLEY P. YOLLES SUPPORT							
FOUNDATION - 38-2993219, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER					1	
ROAD, BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	Х	
ZLOTOFF FAMILY SUPPORT FOUNDATION -							
38-3316509, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER					1	
HILLS MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	

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Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
•		ioreign country)		501(c)(3))		Yes	No
ZUCKERMAN FAMILY SUPPORT FOUNDATION -							
30-0021251, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER						
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
THE SUPPORTING OPPORTUNITY - 30-0232178							
6735 TELEGRAPH ROAD	PROVIDES GRANTS TO OTHER						
BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
COVILLE-TRIEST FAMILY FOUNDATION -							
38-2548695, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER						
HILLS, MI 48301	organizations	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
DAVID AND MARION HANDLEMAN SUPPORT							
FOUNDATION - 30-0232151, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER						
ROAD, BLOOMFIELD HILLS, MI 48301	organizations	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
HUGHES L. & SHELIA M. POTIKER SUPPORT							
FOUNDATION - 38-2805116, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER						
ROAD, BLOOMFIELD HILLS, MI 48301	organizations	MICHIGAN	501(C)(3)	11, TYPE I	N/A	Х	
RUBIN SHAYE FOUNDATION - 38-6091304							
6735 TELEGRAPH ROAD	PROVIDES GRANTS TO OTHER						
BLOOMFIELD HILLS, MI 48301	organizations	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
LEON & JOSEPHINE WINKELMAN FOUNDATION -							
38-6057189, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER						
HILLS, MI 48301	organizations	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
FEDERATION SUPPORT FOUNDATION 39 -							
61-1562412, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER						
HILLS, MI 48301	organizations	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
FEDERATION SUPPORT FOUNDATION 40 -							
61-1562407, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER						
HILLS, MI 48301	organizations	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
FEDERATION SUPPORT FOUNDATION 41 -							
61-1562406, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER						
HILLS, MI 48301	organizations	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
FEDERATION SUPPORT FOUNDATION 42 -							
30-0482325, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER						
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	Х	
FEDERATION SUPPORT FOUNDATION 43 -							
30-0482324, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER						
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	Х	

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Schedule R (Form 990) 2011

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	eor entity (reduced, unreduced, income end-of-year late a		re of total Share of Disproportion- end-of-year assets Disproportion- amount in 20 of Sche				Genera	I or Percentage	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes I	lo

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
BEATRICE KATZ CHARITABLE REMAINDER TRUST #3 -							
20-6650567, 6735 TELEGRAPH, P.O. BOX 2030, BLOOMFIELD	CHARITABLE REMAINDER						
HILLS, MI 48303	TRUST	MI	N/A	TRUST		13,764.	91.20%
BEATRICE KATZ CHARITABLE REMAINDER TRUST #2 -							
38-3711625, 6735 TELEGRAPH, P.O. BOX 2030, BLOOMFIELD	CHARITABLE REMAINDER						
HILLS, MI 48303	TRUST	MI	N/A	TRUST		13,730.	90.60%
BEATRICE KATZ CHARITABLE REMAINDER TRUST #9 -							
26-6823191, 6735 TELEGRAPH, P.O. BOX 2030, BLOOMFIELD	CHARITABLE REMAINDER						
HILLS, MI 48303	TRUST	MI	N/A	TRUST		20,948.	88.00%
BEATRICE KATZ CHARITABLE REMAINDER TRUST - 20-6160826							
6735 TELEGRAPH, P.O. BOX 2030	CHARITABLE REMAINDER						
BLOOMFIELD HILLS, MI 48303	TRUST	MI	N/A	TRUST		13,941.	84.60%
BEATRICE KATZ CHARITABLE REMAINDER TRUST #4 -							
20-7077496, 6735 TELEGRAPH, P.O. BOX 2030, BLOOMFIELD	CHARITABLE REMAINDER						
HILLS, MI 48303	TRUST	MI	N/A	TRUST		11,326.	83.50%
	7.6						

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
BEATRICE KATZ CHARITABLE REMAINDER TRUST #6 -							
	CHARITABLE REMAINDER						
HILLS, MI 48303	TRUST	MI	N/A	TRUST		10,191.	83.30%
BEATRICE KATZ CHARITABLE REMAINDER TRUST #7 -						,	
20-7441331, 6735 TELEGRAPH, P.O. BOX 2030, BLOOMFIELD	CHARITABLE REMAINDER						
HILLS, MI 48303	TRUST	MI	N/A	TRUST		10,190.	83.30%
BEATRICE KATZ CHARITABLE REMAINDER TRUST #8 -						,	
20-6307513, 6735 TELEGRAPH, P.O. BOX 2030, BLOOMFIELD	CHARITABLE REMAINDER						
HILLS, MI 48303	TRUST	MI	N/A	TRUST		10,885.	79.80%
BEATRICE KATZ CHARITABLE REMAINDER TRUST #5 -						,	
20-7190446, 6735 TELEGRAPH, P.O. BOX 2030, BLOOMFIELD	CHARITABLE REMAINDER						
HILLS, MI 48303	TRUST	MI	N/A	TRUST		10,141.	79.30%
·						·	
ALBERT DUBIN CHARITABLE ANNUITY TRUST UA 08/17/94 -	CHARITABLE REMAINDER						
38-3193200, 4665 BOCAIRE BLVD., BOCA RATON, FL 33487	TRUST	FL	N/A	TRUST		804,944.	57.20%
	1						
	1						
	1						
	1						
	1						
	1						
	1						
	1						
	1						
	1						
	1						
	1						
	•	•	•	•			

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Yes No

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

Not	e. 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 transaction		•					
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity					1a		Х
b	Gift, grant, or capital contribution to related organization(s)					1b	X	
С	Gift, grant, or capital contribution from related organization(s)					1c	X	
	Loans or loan guarantees to or for related organization(s)					1d		Х
	Loans or loan guarantees by related organization(s)					1e		X
f	Sale of assets to related organization(s)					1f		X
g	Purchase of assets from related organization(s)					1g		X
h	Exchange of assets with related organization(s)				Г	1h		X
i	Lease of facilities, equipment, or other assets to related organization(s)				Г	1i	Х	
					П			
j	Lease of facilities, equipment, or other assets from related organization(s)					1j		X
k	Performance of services or membership or fundraising solicitations for related organizations	anization(s)			Г	1k		Х
	Performance of services or membership or fundraising solicitations by related organizations					11		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organizat					1m	X	
	Sharing of paid employees with related organization(s)					1n	X	
	•							
o	Reimbursement paid to related organization(s) for expenses					10	Х	
	Reimbursement paid by related organization(s) for expenses					1p	Х	
•								
q	Other transfer of cash or property to related organization(s)					1q		Х
	Other transfer of cash or property from related organization(s)					1r		Х
	If the answer to any of the above is "Yes," see the instructions for information on v							
	(a)	(b)	(c)	(d)				
	Name of other organization	Transaction	Amount involved	Method of dete	ermining			
		type (a-r)		amount inve	olved			
(1) I	HERMELIN FAMILY SUPPORT FOUNDATION	С	136,935.	CASH TRANSACTION				
(2)	THE JEWISH FUND	С	750,000.	CASH TRANSACTION				
(3)								
.,_								
(4)								
(5)								
. ,								
(6)								
<u> </u>		·		•				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	Are all partners sec 501(c)(3) orgs.?	(f) Share of total income	(g) Share of end-of-year assets	(h Dispro tion; allocati	por- ate ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	(k) Percentage ownership

** PUBLIC DISCLOSURE COPY **

Form 990-T	E	xempt Organization Bus	sines	s Income Ta	x Return) <u> </u>	OMB No. 1545-0687
Department of the Treasury Internal Revenue Service	_	(and proxy tax und alendar year 2011 or other tax year beginning JUN 1	er sed	tion 6033(e))	v 21 20	1 2 Ope	en to Public Inspection for
A Check box if address changed		Name of organization (Check box if name c			.1 31, 20	DEmployer (Employer	r identification number ees' trust, see
B Exempt under section	_	UNITED JEWISH FOUNDATI	ON			instructio	-1360585
X 501(c)(3)	or	Number, street, and room or suite no. If a P.O. box		structions		E Unrelated	business activity codes
408(e) 220(e) Type	6735 TELEGRAPH ROAD	,, 000 me			(See instr	uctions.)
408A 530(a		City or town, state, and ZIP code				1	
529(a)	΄]		4830	1		5311	20 531110
C Book value of all assets	F Group	exemption number (See instructions.)	>				
at end of year 325416337.	G Checl	k organization type X 501(c) corporation	n 🗀	501(c) trust	401(a) trust		Other trust
	on's prim	ary unrelated business activity. PARTNER	SHIE	ТИТЕСТИЕМТ	g		
		poration a subsidiary in an affiliated group or a pare				Yes	X No
		tifying number of the parent corporation.	iii subsit	ilary controlled group:		103	[21] NO
J The books are in care of				Telephon	e number 🕨 (248)	203-1475
		de or Business Income		(A) Income	(B) Expense:		(C) Net
1a Gross receipts or sa	ıles						
b Less returns and all	owances	c Balance▶	1c				
2 Cost of goods sold	(Schedule	A, line 7)	2				
3 Gross profit. Subtra	ct line 2 fi	rom line 1c	3				
		h Schedule D)	4a	38,400.			38,400.
		Part II, line 17) (attach Form 4797)	4b				
		sts	4c				
		ips and S corporations (attach statement)	5	-7,799.	STMT 1	-	-7,799.
6 Rent income (Sched		(0.1, 1.1, 5)	6				
		me (Schedule E)	7				
	-	and rents from controlled organizations (Sch. F) on 501(c)(7), (9), or (17) organization	8				
			9				
, , , , , , , , , , , , , , , , , , , ,		ome (Schedule I)	10				
		e J)	11				
		ns; attach schedule.)	12				
		gh 12	13	30,601.			30,601.
		ot Taken Elsewhere (See instructions for	or limitat	tions on deductions.)			
(Except fo	r contrib	utions, deductions must be directly connecte	d with tl	ne unrelated business i	ncome.)		
14 Compensation of c	officers, di	rectors, and trustees (Schedule K)				14	
						15	
						16	
						17	
						18	
19 Taxes and licenses20 Charitable contribution	itions (Sa	a instructions for limitation rules)				20	
		e instructions for limitation rules.) 562)				20	
		n Schedule A and elsewhere on return				22b	
						23	
24 Contributions to de	eferred co	mpensation plans				24	
25 Employee benefit p						25	
	-	chedule I)				26	
27 Excess readership	costs (Sc	hedule J)				27	
28 Other deductions (attach scl	nedule)				28	
29 Total deduction	ıs. Add lin	ies 14 through 28				29	0.
		ncome before net operating loss deduction. Subtraction				30	30,601.
		n (limited to the amount on line 30)				31	20 601
		ncome before specific deduction. Subtract line 31 fr				32	30,601.
		y \$1,000, but see instructions for exceptions.) able income. Subtract line 33 from line 32. If line				33	1,000.
34 Unrelated busin	iess tax	able income. Subtract lifte 33 HOITI lifte 32. If lifte	oo is gre	منت نااهاا ااااك عكر فااللاأ لأأل	5 SIIIdiiti	1	20 601

123701 02-24-12 LHA For Paperwork Reduction Act Notice, see instructions. Form **990-T** (2011)

Form 990-T (2011)

Part II	1 7	Tax Computation												
35	Orgai	nizations Taxable as Corpora	tions. See ins	tructions for tax c	ompu	tation.								
	Contr	olled group members (section	is 1561 and 1	563) check here 🕽	▶ [See instructions	and:							
а		your share of the \$50,000, \$2		,925,000 taxable	incom	e brackets (in that o	rder):							
		\$	(2) \$			(3) \$								
		organization's share of: (1) A												
	(2) A	dditional 3% tax (not more tha	an \$100,000)			\$								
C	Incon	ne tax on the amount on line 3	4							▶ 3	35c		4,4	40
36		s Taxable at Trust Rates. See												
		Tax rate schedule or								_	36			
		tax. See instructions									37			
38	Altern	ative minimum tax								<u> </u>	38		4 4	4.0
		Add lines 37 and 38 to line 35	5c or 36, whic	hever applies						;	39		4,4	40
		Tax and Payments	1.5 444			10)	140	1						
		on tax credit (corporations atta								_				
D	Otner	credits (see instructions)	0000				40b			_				
		ral business credit. Attach Forr								_				
		t for prior year minimum tax (a								┥,	100			
		credits. Add lines 40a through									10e		4,4	<u>10</u>
41	Other	act line 40e from line 39 taxes. Check if from: Fo	rm 40EE		 П го.	m 0607		Othor		·: -	41		4,4	40
											42 43		4,4	<u>10</u>
		ents: A 2010 overpayment cr							937		+0		4,4	40
									4,903					
		estimated tax payments eposited with Form 8868							2,891					
		gn organizations: Tax paid or v							2,05					
		up withholding (see instruction												
		t for small employer health ins												
		credits and payments:		Form 2439										
9		Form 4136	一	Other		Total	► 440							
45		payments. Add lines 44a thro	uah 44a								45		8,7	31
		ated tax penalty (see instruction									46			1
		ue. If line 45 is less than the to									47			
		payment. If line 45 is larger tha								▶ \	48		4,2	90
		the amount of line 48 you war						0 • Re		▶ ┌	49			0
Part V	′ (Statements Regardir	ng Certaii	n Activities	and	Other Informa	ation (s	ee instru	ıctions)					
1 At ar	ny tim	e during the 2011 calendar ye	ar, did the org	anization have an	intere	st in or a signature o	or other a	uthority o	ver a financial	accou	int		Yes	No
		urities, or other) in a foreign c												
Final	ncial A	Accounts. If YES, enter the nan ax year, did the organization receive nstructions for other forms the orga	ne of the forei	gn country here	▶ _;	SEE STATE	MENT	2					X	
							n trust?							Х
		amount of tax-exempt interest												
		A - Cost of Goods S		nethod of inven										
		at beginning of year	1			Inventory at end of					6			
	chases		2		↓ 7	Cost of goods sold								
		oor	3		┨.	from line 5. Enter h		,			7		T.,	
		section 263A costs	4a		8	Do the rules of sec		•	-				Yes	No
		s (attach schedule)	4b		4	property produced	-		,					37
5 Tota		d lines 1 through 4b	5	and their waterway in alexa	lina oo	the organization?			the best of my			d ballat it i	in two	X
Sign	COI	der penalties of perjury, I declare the rect, and complete. Declaration of p	preparer (other t	nan taxpayer) is base	d on al	information of which pr	eparer has	any knowle	dge.	Knowied	age an	d beller, it is	is true,	
Here				1				ANCIA	7.					with
		Signature of officer		I Date		OFFIC:	<u>ek</u>					r shown bel)? X Y	`	7 N.
					natives		Data	-	Chook	—	_		€S	□ No
		Print/Type preparer's name		Preparer's sig	nature		Date		Check		PTIN	ı		
Paid		LYNNE M. HUIS	M A NIN						self- employ	eu	ъſ	00053	2211	
Prepa		Firm's name ► PLANT		<u> </u> RAN, PLI	.C				Firm's EIN			$\frac{30033}{8-135}$		
Use O	nly					SUITE 50	0		I IIIII S EIN			, 100	, , , ,	<u> </u>
		Firm's address ► AUB					J		Phone no.	2	48-	-375-	-710	0

123711 02-24-12

Form **990-T** (2011)

Schedule C - Rent Income	(From Real	Proper	ty and	l Personal	Propert	ty Lease	ed With Real F	rope	erty)(see instructions)
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrue	d				0/->		
(a) From personal property (if the perent for personal property is mor 10% but not more than 50%	e than		rent for pe	nd personal proper ersonal property ex t is based on profit	ceeds 50%		columns 2	ectly co (a) and 2	nnected with the income in 2(b) (attach schedule)
(1)									
(2)									
(3)									
(4)		T-4-1				0			
Total	0.	Total				0.	(b) Total deduction	•	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columi	n (A)	▶				0.	Enter here and on page Part I, line 6, column (B	1.	. 0
Schedule E - Unrelated Del	ot-Financed	Incom	e (see i	nstructions)					
				2. Gross inc			 Deductions directly to debt-fi 		
1. Description of debt-fi	nanced property			or allocable financed	e to debt-	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)								\dashv	
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	e adjusted ba allocable to inced propert h schedule)		6. Column by colu			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)					9/	6			
(2)					9/	6			
(3)					9/	6			
(4)					9/	6			
							nter here and on page 1, art I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals						▶		0.	0 .
Total dividends-received deductions in				······································	·····		• ••	▶	0 .
Schedule F - Interest, Annเ	iities, Roya	ities, an					nizations (see	instru	ctions)
1. Name of controlled organization	2 Employer id num	entification	Net un	3. prelated income see instructions)	Total	4. of specified nents made	5. Part of column included in the column organization's gross	ntrolling	connected with income
		- 2"	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ρωγιι		5. gameadii 3 gi03.		- AT GOIGHAT 0
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organization	s								
7. Taxable Income 8.	Net unrelated incom (see instructions		9. Tot	tal of specified pay made	ments	in the conf	olumn 9 that is included trolling organization's ross income	11.	Deductions directly connected with income in column 10
(1)									
(2)								1	
(3)									
(4)									
		•				Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).	En	Add columns 6 and 11. ter here and on page 1, Part I, line 8, column (B).
Totals							0		0.
1 VIUIU							0 (·	0.

Schedule G - Investm (see ins	ent Income of a structions)	Section (501(c)(7	7), (9), or (17) Or	ganiza	tion		- tage
1. Description of income				2. Amount of income	directly of	ductions connected schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)								
(2)								
(3)								
(4)								
				Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1 Part I, line 9, column (B).
Totals			▶	0.				0.
Schedule I - Exploited				Than Advertisi	ing Inco	ome		-
	_	3		4. Net income (loss)				7
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expering directly con with produced of unrelables business in	nected uction ated	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from act is not u	s income tivity that Inrelated s 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)	Fatan bana and an	F-4 b						Fater have and
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, F line 10, co	Part I, ol. (B).					Enter here and on page 1, Part II, line 26.
Totals	<u> </u>		0.					0.
Schedule J - Advertis Part I Income From	sing income (see Periodicals Rep			solidated Basis				
	<u> </u>			A Advantiair a sain				7
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.		rculation come	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 columns 2 throug	ı Periodicals Rer ıh 7 on a line-by-line b		a Sepa	arate Basis _{(For 6}	each perio	odical listed	I in Part II, fill in	
1. Name of periodical ac		iross tising ome 3. Direct advertising come		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.			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	<u>- </u>				0.
	Enter here and page 1, Part line 11, col. (A	I, page A). line 1	ere and on 1, Part I, 1, col. (B).					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)		0.	ors an		inetructio	ne)		0.
Schedule K - Compensation of Officers, Direct				2. Title	instructio	3. Percen time devote	ed to	pensation attributable related business
						busines	S	
(1)			-			-	%	
(2)							%	
(3)							%	
_(4)							%	
Total. Enter here and on page 1,	, Part II, line 14		<u></u>				▶	0 .
·	·			·		· · · · · · · · · · · · · · · · · · ·	·	- 000 T

123731

Form **990-T** (2011)

FORM 990-T	INCOME (LOSS) FROM P.	ARTNERSHIPS	STATEMENT	1
DESCRIPTION			AMOUNT	
SIGULAR GUFF DISTRES NORTH HILLS VILLAGE PAUL CAPITAL PARTNER SUNTREE OXFORD ASSOC	21. 10,854. -1,753. -16,921.			
TOTAL TO FORM 990-T,	PAGE 1, LINE 5		-7,79	99.
FORM 990-T	NAME OF FOREIGN COUNTRY ORGANIZATION HAS FINANCI		STATEMENT	2

NAME OF COUNTRY

CAYMAN ISLANDS UNITED KINGDOM IRELAND BERMUDA

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

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

OMB No. 1545-0123

Name

Employer identification number

UNITED JEWISH FOUNDATION						38-1360585		
Part I Short-Term Capit	al Gains and L	osses - Asset	ts Held One Year or	Less				
(a) Description of property (Example: 100 shares of Z Co.)	(b) Date acquired (mo., day, yr.)				(f) Gain or (loss) (Subtract (e) from (d))			
1 PAUL CAPITAL								
PARTNERS IX LP			2,040.			2,040.		
2 Short-term capital gain from installr	ment sales from Form	6252, line 26 or 37	1		2			
3 Short-term gain or (loss) from like-								
4 Unused capital loss carryover (attac						(
5 Net short-term capital gain or (loss)	. Combine lines 1 thr	ough 4				2,040		
Part II Long-Term Capita	al Gains and Lo	osses - Asset	s Held More Than C	One Year				
PAUL CAPITAL								
PARTNERS IX LP			36,360.			36,360		
7 Enter gain from Form 4797, line 7 o								
8 Long-term capital gain from installment sales from Form 6252, line 26 or 37								
9 Long-term gain or (loss) from like-kind exchanges from Form 8824					9			
10 Capital gain distributions (see instructions)								
11 Net long-term capital gain or (loss). Combine lines 6 through 10					11	36,360		
Part III Summary of Parts						·		
12 Enter excess of net short-term capital gain (line 5) over net long-term capital loss (line 11)						2,040		
Net capital gain. Enter excess of net long-term capital gain (line 11) over net short-term capital loss (line 5)					13	36,360.		
Add lines 12 and 13. Enter here and on Form 1120, page 1, line 8, or the proper line on other								

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

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) (2011)

14

38,400.

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	are filing for an Automatic 3-Month Extension, comple are filing for an Additional (Not Automatic) 3-Month Ex					X	
•	omplete Part II unless you have already been granted	-					
Electron	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tim	ne to file (6 months for a corp		
	to file Form 990-T), or an additional (not automatic) 3-mo		•		•		
	o file any of the forms listed in Part I or Part II with the ex	•	•				
	Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details of	on the elec	ctronic filing of this	form,	
Part I	w.irs.gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time		submit original (no copies nee	eded).			
A corpor	ation required to file Form 990-T and requesting an autor						
Part I on					•	•	
	corporations (including 1120-C filers), partnerships, REM come tax returns.						
Type or print	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification num	nber (EIN) or	
File by the	UNITED JEWISH FOUNDATION			X	X 38-1360585		
due date fo filing your return. See	Number, street, and room or suite no. If a P.O. box, s 6735 TELEGRAPH ROAD	ee instruc	tions.	Social se	cial security number (SSN)		
instructions	City, town or post office, state, and ZIP code. For a for BLOOMFIELD HILLS, MI 4830.		Iress, see instructions.				
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Applicat	ion.	Return	Application			Return	
Applicat	lion	Code	Is For			Code	
Is For	0						
Form 99		01	Form 990-T (corporation)		07		
Form 99			Form 1041-A				
Form 99		01	Form 4720			09	
Form 99		04 05	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11	
Form 99	0-T (trust other than above) LINDA LUTZ	06	Form 8870			12	
• The b	ooks are in the care of 6735 TELEGRAPH	ם עס ם	- BLOOMETELD HILL	с мт	18301		
	hone No. \triangleright (248) 203-1475	KOAD		5, MI	40301		
-		- (- 41 1 to	FAX No.				
	organization does not have an office or place of business						
	is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box						
box >					ers the extension	is for.	
1 re	equest an automatic 3-month (6 months for a corporation JANUARY 15, 2013 , to file the exemp				The extension		
io	for the organization's return for:	t organiza	tion return for the organization name	eu above.	The extension		
15							
	calendar year or tax year beginning JUN 1, 2011	an	d ending MAY 31, 2012				
	tax year beginning	, an	1 ending 1111 31, 231		_ ·		
2 If t	he tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	'n		
	Change in accounting period						
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
nonrefundable credits. See instructions.					\$	0.	
b If t	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			_	
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$					\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pausing EFTPS (Electronic Federal Tax Payment System).	•		3c	\$	0.	
	If you are going to make an electronic fund withdrawal v				•		
	For Privacy Act and Paperwork Reduction Act Notice,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Form 8868 (F		

123841 01-04-12

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	are filing for an Automatic 3-Month Extension, comple					• <u> </u>	
•	are filing for an Additional (Not Automatic) 3-Month Ex						
	omplete Part II unless you have already been granted						
	ic filing _(e-file) . You can electronically file Form 8868 if y						
-	to file Form 990-T), or an additional (not automatic) 3-mo		•		=		
	of file any of the forms listed in Part I or Part II with the ex	•	•				
	Benefit Contracts, which must be sent to the IRS in paper in government and alich and a file for Charities & Managerite		(see instructions). For more details of	n the elec	ctronic filing of this	torm,	
Part I	Lirs.gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time		submit original (no copies nee	eded).			
A corpora	ation required to file Form 990-T and requesting an autor						
Part I only						X	
	corporations (including 1120-C filers), partnerships, REMome tax returns.						
Type or						ber (EIN) or	
print File by the	UNITED JEWISH FOUNDATION			X	X 38-1360585		
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 6735 TELEGRAPH ROAD	ee instruc	tions.	Social se	curity number (SSI	N) 	
instructions.	City, town or post office, state, and ZIP code. For a for BLOOMFIELD HILLS, MI 4830		lress, see instructions.				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			[0]7]	
Applicati	on	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990)	01	Form 990-T (corporation)			07	
Form 990)-BL	02	Form 1041-A			08	
Form 990-EZ			Form 4720			09	
Form 990)-PF	04	Form 5227			10	
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	0-T (trust other than above)	Form 8870			12		
	LINDA LUTZ						
	poks are in the care of 6735 TELEGRAPH	ROAD	- BLOOMFIELD HILL	S, MI	48301		
-	none No. ► (248)203-1475		FAX No.				
	organization does not have an office or place of busines					• L	
If this	is for a Group Return, enter the organization's four digit						
box 🕨 l	. If it is for part of the group, check this box				ers the extension i	s for.	
1 I re	quest an automatic 3-month (6 months for a corporation	•	•				
		t organiza	tion return for the organization name	ed above.	The extension		
IS TO	or the organization's return for:						
	calendar year or X tax year beginning JUN 1, 2011		d ending MAY 31, 2012				
	tax year beginning	, an	d ending HAI JI, ZUIZ		<u> </u>		
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return F	inal retur	'n		
	Change in accounting period						
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
nor	nrefundable credits. See instructions.	3a	\$	<u>8,731.</u>			
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						- 0	
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$						<u>5,840.</u>	
	lance due. Subtract line 3b from line 3a. Include your pa			0 001			
	by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 2,85						
	If you are going to make an electronic fund withdrawal v			rm 8879-			
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see Instr	uctions.		Form 8868 (F	Rev. 1-2012)	

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