

Form **990**

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

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED JEWISH FOUNDATION		D Employer identification number 38-1360585
	Doing Business As		E Telephone number (248) 642-4260
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or country, and ZIP + 4 BLOOMFIELD HILLS, MI 48301		G Gross receipts \$ 29,642,450.
F Name and address of principal officer: SCOTT KAUFMAN SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: WWW.JEWISHDETROIT.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1899 M State of legal domicile: MI	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION OWNS, MANAGES AND INVESTS JEWISH COMMUNAL ASSETS TO PROVIDE FOR THE FUTURE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	92
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	90
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	769
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	30,601.
b Net unrelated business taxable income from Form 990-T, line 34	7b	29,601.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	9,682,196.	19,933,048.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,949,985.	8,241,567.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,497,961.	523,642.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,130,142.	28,698,257.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	27,977,859.	31,523,561.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 568,353.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,030,602.	7,130,296.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	36,008,461.	38,653,857.
19 Revenue less expenses. Subtract line 18 from line 12	-14,878,319.	-9,955,600.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	345,974,078.	325,416,337.
	22 Net assets or fund balances. Subtract line 21 from line 20	24,779,147.	22,109,465.
		321,194,931.	303,306,872.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	DOROTHY BENYAS, CHIEF FINANCIAL OFFICER		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	LYNNE M. HUISMANN		
	Firm's name ▶ PLANTE & MORAN, PLLC	Firm's EIN ▶ 38-1357951	Check if self-employed <input type="checkbox"/>
	Firm's address ▶ 2601 CAMBRIDGE CT., SUITE 500 AUBURN HILLS, MI 48326	Phone no. 248-375-7100	PTIN P00053811

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

Part III Statement of Program Service Accomplishments

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

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 31,523,561. including grants of \$ 31,523,561.) (Revenue \$) DISTRIBUTION OF ASSETS TO THE JEWISH FEDERATION'S ANNUAL CAMPAIGN AND TO OTHER QUALIFIED 501(C)(3) ORGANIZATIONS SERVING THE JEWISH COMMUNITY LOCALLY AND NATIONALLY

4b (Code:) (Expenses \$ 4,601,469. including grants of \$) (Revenue \$) OTHER PROGRAM SERVICES

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

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

4e Total program service expenses 36,125,030.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	<i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (92), 1b (90), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9. Marked 'Yes' or 'No' with 'X'.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b. Marked 'Yes' or 'No' with 'X'.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MI
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: LINDA LUTZ - (248) 203-1475
6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK ADLER DIRECTOR	0.50	X					0.	0.	0.	
(2) PETER M. ALTER DIRECTOR	0.50	X					0.	0.	0.	
(3) EUGENE M. APPLEBAUM DIRECTOR	0.50	X					0.	0.	0.	
(4) PAMELA APPLEBAUM VICE-PRESIDENT	0.50	X		X			0.	0.	0.	
(5) RONALD M. APPLEBAUM DIRECTOR	0.50	X					0.	0.	0.	
(6) JAMES BELLINSON DIRECTOR	0.50	X					0.	0.	0.	
(7) MICHAEL E. BERGER TREASURER	0.50	X		X			0.	0.	0.	
(8) MANDELL L. BERMAN DIRECTOR	0.50	X					0.	0.	0.	
(9) DENNIS S. BERNARD DIRECTOR	0.50	X					0.	0.	0.	
(10) DOUGLAS A. BLOOM DIRECTOR	0.50	X					0.	0.	0.	
(11) PENNY B. BLUMENSTEIN DIRECTOR	0.50	X					0.	0.	0.	
(12) RICHARD BRODER DIRECTOR	0.50	X					0.	0.	0.	
(13) HARVEY BRONSTEIN DIRECTOR	0.50	X					0.	0.	0.	
(14) JEFFREY CAMIENER DIRECTOR	0.50	X					0.	0.	0.	
(15) AVERN L. COHN DIRECTOR	0.50	X					0.	0.	0.	
(16) ROBERT S. COLBURN DIRECTOR	0.50	X					0.	0.	0.	
(17) SUZAN CURHAN DIRECTOR	0.50	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SANDRA MUSKOVITZ DANTO DIRECTOR	0.50	X						0.	0.	0.
(19) JEFFREY M. DAVIDSON DIRECTOR	0.50	X						0.	0.	0.
(20) SCOTT A. EISENBERG DIRECTOR	0.50	X						0.	0.	0.
(21) DOUGLAS ETRIN PRESIDENT	10.00	X		X				0.	0.	0.
(22) KATHLEEN WILSON FINK DIRECTOR	0.50	X						0.	0.	0.
(23) PHILLIP WM. FISHER VICE-PRESIDENT	0.50	X		X				0.	0.	0.
(24) ELYSE ESSICK FOLTYN VICE-PRESIDENT	0.50	X		X				0.	0.	0.
(25) MINDI FYNKE DIRECTOR	0.50	X						0.	0.	0.
(26) CONRAD L. GILES DIRECTOR	0.50	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	1,096,395.	170,228.
d Total (add lines 1b and 1c)								0.	1,096,395.	170,228.

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

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LYNDA GILES DIRECTOR	0.50	X						0.	0.	0.
(28) GAYLE GOLD DIRECTOR	0.50	X						0.	0.	0.
(29) DIANE GOLDSTEIN DIRECTOR	0.50	X						0.	0.	0.
(30) NANCY GROSFELD DIRECTOR	0.50	X						0.	0.	0.
(31) CHERYL GUYER DIRECTOR	0.50	X						0.	0.	0.
(32) MARGOT HALPERIN DIRECTOR	0.50	X						0.	0.	0.
(33) MARK R. HAUSER DIRECTOR	0.50	X						0.	0.	0.
(34) ROBERT HEINRICH DIRECTOR	0.50	X						0.	0.	0.
(35) DOREEN HERMELIN DIRECTOR	0.50	X						0.	0.	0.
(36) BARBARA HOROWITZ DIRECTOR	0.50	X						0.	0.	0.
(37) MICHAEL HOROWITZ DIRECTOR	0.50	X						0.	0.	0.
(38) LEE HURWITZ 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	X		X				0.	0.	0.
(41) SCOTT KAUFMAN CEO AND SECRETARY	20.00	X		X				0.	254,042.	27,810.
(42) BERNARD KENT DIRECTOR	0.50	X						0.	0.	0.
(43) SHERRI KETAI DIRECTOR	0.50	X						0.	0.	0.
(44) JASON KLEIN DIRECTOR	0.50	X						0.	0.	0.
(45) RONALD A. KLEIN DIRECTOR	0.50	X						0.	0.	0.
(46) MARK KOWAKSKY DIRECTOR	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MATTHEW B. LESTER DIRECTOR	0.50	X					0.	0.	0.	
(48) JOSH LEVINE DIRECTOR	0.50	X					0.	0.	0.	
(49) ROBB LIPPITT DIRECTOR	0.50	X					0.	0.	0.	
(50) LISA I. LIS DIRECTOR	0.50	X					0.	0.	0.	
(51) HANNAN LIS DIRECTOR	0.50	X					0.	0.	0.	
(52) BEVERLY LISS DIRECTOR	0.50	X					0.	0.	0.	
(53) RABBI HAROLD LOSS DIRECTOR	0.50	X					0.	0.	0.	
(54) MICHAEL W. MADDIN DIRECTOR	0.50	X					0.	0.	0.	
(55) FLORINE MARK DIRECTOR	0.50	X					0.	0.	0.	
(56) EDWARD MEER DIRECTOR	0.50	X					0.	0.	0.	
(57) JEREMY J. MODELL DIRECTOR	0.50	X					0.	0.	0.	
(58) HOWARD MOROF DIRECTOR	0.50	X					0.	0.	0.	
(59) ALLAN NACHMAN DIRECTOR	0.50	X					0.	0.	0.	
(60) ROBERT H. NAFTALY DIRECTOR	0.50	X					0.	0.	0.	
(61) LARRY M. NEMER DIRECTOR	0.50	X					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 DIRECTOR	0.50	X					0.	0.	0.	
(66) DAVID K. PAGE DIRECTOR	0.50	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) NORMAN A. PAPPAS DIRECTOR	0.50	X						0.	0.	0.
(68) MICHAEL B. PERLMAN DIRECTOR	0.50	X						0.	0.	0.
(69) ROBERT PILCOWITZ DIRECTOR	0.50	X						0.	0.	0.
(70) JACK A. ROBINSON DIRECTOR	0.50	X						0.	0.	0.
(71) BENJAMIN F. ROSENTHAL VICE-PRESIDENT	0.50	X		X				0.	0.	0.
(72) MARTA ROSENTHAL 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	X		X				0.	0.	0.
(75) BRIAN SATOVSKY DIRECTOR	0.50	X						0.	0.	0.
(76) STEVEN F. SCHLAFER DIRECTOR	0.50	X						0.	0.	0.
(77) JEFFREY SCHLUSSEL DIRECTOR	0.50	X						0.	0.	0.
(78) MARK E. SCHLUSSEL DIRECTOR	0.50	X						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 DIRECTOR	0.50	X						0.	0.	0.
(82) SUSIE SILLS DIRECTOR	0.50	X						0.	0.	0.
(83) ROBERT SLATKIN DIRECTOR	0.50	X						0.	0.	0.
(84) RONALD SOLLISH DIRECTOR	0.50	X						0.	0.	0.
(85) JEFFREY P. STRAUS DIRECTOR	0.50	X						0.	0.	0.
(86) JOEL D. TAUBER DIRECTOR	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(87) CAROLYN TISDALE DIRECTOR	0.50	X						0.	0.	0.
(88) GARY TORGOW DIRECTOR	0.50	X						0.	0.	0.
(89) STEWART C. WEINER DIRECTOR	0.50	X						0.	0.	0.
(90) STEVEN WEISBERG DIRECTOR	0.50	X						0.	0.	0.
(91) LAWRENCE A. WOLFE DIRECTOR	0.50	X						0.	0.	0.
(92) ALAN S. ZEKELMAN VICE-PRESIDENT	0.50	X		X				0.	0.	0.
(93) DOROTHY BENYAS CHIEF FINANCIAL OFFICER	20.00			X				0.	176,689.	39,324.
(94) ANDREW ECHT CHIEF FINANCIAL RESOURCE DEVELOPMENT	20.00			X				0.	183,537.	29,682.
(95) HOWARD NEISTEIN CHIEF ADMINISTRATIVE OFFICER	20.00			X				0.	177,387.	25,170.
(96) ROBERT ARONSON SEN. DEV. DIR/FORMER CEO	17.00						X	0.	304,740.	48,242.
Total to Part VII, Section A, line 1c									1,096,395.	170,228.

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	2,763,108.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	17169940.				
	g Noncash contributions included in lines 1a-1f: \$		4,512,365.				
	h Total. Add lines 1a-1f		19933048.				
	Program Service Revenue	2 a _____ Business Code _____					
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,744,504.			5744504.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	785,637.				
		(ii) Personal					
		b Less: rental expenses	573,580.				
	c Rental income or (loss)	212,057.					
	d Net rental income or (loss)		212,057.			212,057.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1538680.				
		(ii) Other	1328996.				
		b Less: cost or other basis and sales expenses	0.370,613.				
		c Gain or (loss)	1538680.958,383.				
	d Net gain or (loss)		2,497,063.			2497063.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a				
	b Less: direct expenses		b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a OTHER OPERATING INCOME	900099	139,312.			139,312.		
b INSURANCE PROCEEDS	900099	92,500.			92,500.		
c PARTNERSHIP INCOME	900099	57,172.		30,601.	26,571.		
d All other revenue	900099	22,601.			22,601.		
e Total. Add lines 11a-11d			311,585.				
12 Total revenue. See instructions.			28698257.	0.	30,601.	8734608.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	31,513,561.	31,513,561.		
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	10,000.	10,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	32,985.		32,985.	
c Accounting	37,932.		37,932.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	110,107.		110,107.	
14 Information technology				
15 Royalties				
16 Occupancy	834,901.	767,456.	67,445.	
17 Travel	23,980.		23,980.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,528.		12,528.	
20 Interest	141,804.	141,804.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,801,194.	3,779,799.	21,395.	
23 Insurance	167,527.	134,173.	33,354.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a JFMD FUND. & ADMIN. EXP	1,949,682.		1,381,329.	568,353.
b PROGRAM SERVICES	351,817.	351,817.		
c PLEDGE DEBT	185,552.		185,552.	
d RENTAL EXPENSES REPORTE	-573,580.	-573,580.		
e All other expenses	53,867.		53,867.	
25 Total functional expenses. Add lines 1 through 24e	38,653,857.	36,125,030.	1,960,474.	568,353.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	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		
	7 Notes and loans receivable, net		7	8,766,677.	
	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 129,670,157.			
	b Less: accumulated depreciation	10b 57,435,673.	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.		
Liabilities	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.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	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.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	133,986,778.	27	126,887,390.	
	28 Temporarily restricted net assets	41,859,041.	28	29,762,943.	
	29 Permanently restricted net assets	145,349,112.	29	146,656,539.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	321,194,931.	33	303,306,872.	
34 Total liabilities and net assets/fund balances	345,974,078.	34	325,416,337.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,698,257.
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,653,857.
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,955,600.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	321,194,931.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-7,932,459.
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	303,306,872.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

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

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	X
(ii) A family member of a person described in (i) above?	11g(ii)	X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
JEWISH FEDERATION	038-13592147		X		X		X		15177829.
Total	1								15,177,829.

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

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:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>915,264.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>3,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>943,864.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>5,525,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>1,030,454.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<hr/> <hr/> <hr/> <hr/>	\$ 1,850,173.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<hr/> <hr/> <hr/> <hr/>	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	MARKETABLE SECURITIES <hr/> <hr/> <hr/> <hr/>	\$ <u>1,030,454.</u>	<u>09/30/11</u>
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

UNITED JEWISH FOUNDATION

Employer identification number

38-1360585

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

(check all that apply):

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	157,624,913.	148,096,045.	138,620,141.	163,886,641.	
b Contributions	1,893,420.	1,550,734.	1,882,929.	3,841,004.	
c Net investment earnings, gains, and losses	-1,569,460.	18,638,756.	16,215,850.	-17,993,734.	
d Grants or scholarships	8,544,493.	9,910,621.	8,622,875.	10,249,256.	
e Other expenditures for facilities and programs					
f Administrative expenses				864,514.	
g End of year balance	149,404,380.	158,374,914.	148,096,045.	138,620,141.	

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 88.00 %
- c Temporarily restricted endowment 12.00 %

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	2,474,000.	7,133,726.		9,607,726.
b Buildings		117,259,369.	55,191,371.	62,067,998.
c Leasehold improvements				
d Equipment		2,794,678.	2,244,302.	550,376.
e Other		8,384.		8,384.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				72,234,484.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LIQUID LIMITED		
(B) PARTNERSHIP INVESTMENT	3,723,785.	END-OF-YEAR MARKET VALUE
(C) INCOME ANNUITY ARBITRAGE	1,039,501.	COST
(D) ALTERNATIVE INVESTMENTS	74,620,018.	END-OF-YEAR MARKET VALUE
(E) ISRAEL BONDS	233,227.	END-OF-YEAR MARKET VALUE
(F) CERTIFICATES OF DEPOSIT	786,784.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	80,403,315.	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CONSTITUENT AGENCIES DEPOSITS	12,652,202.
(3) OTHER ORGANIZATIONS PAYABLE	1,978,141.
(4) CHARITABLE GIFT ANNUITIES PAYABLE	1,925,278.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	16,555,621.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	28,698,257.
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	3	-9,955,600.
4	Net unrealized gains (losses) on investments	4	-17,232,579.
5	Donated services and use of facilities	5	3,900,000.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	5,400,120.
9	Total adjustments (net). Add lines 4 through 8	9	-7,932,459.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-17,888,059.

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

1	Total revenue, gains, and other support per audited financial statements	1	19,303,427.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-17,232,579.
b	Donated services and use of facilities	2b	3,900,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	3,364,169.
e	Add lines 2a through 2d	2e	-9,968,410.
3	Subtract line 2e from line 1	3	29,271,837.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-573,580.
c	Add lines 4a and 4b	4c	-573,580.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	28,698,257.

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

1	Total expenses and losses per audited financial statements	1	52,293,881.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	15,589,706.
e	Add lines 2a through 2d	2e	15,589,706.
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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	1,949,682.
c	Add lines 4a and 4b	4c	1,949,682.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	38,653,857.

Part XIV Supplemental Information

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

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

THE ORGANIZATION.

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

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

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

HAS BEEN DETERMINED TO BE OTHER THAN PRIVATE FOUNDATIONS. THE

ORGANIZATION'S MANAGEMENT BELIEVES THAT THE ORGANIZATIONS CONTINUE TO

Part XIV Supplemental Information (continued)

OPERATE IN A MANNER THAT PRESERVES ITS TAX EXEMPT STATUS.

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

BASED ON ITS EVALUATION, THE ORGANIZATIONS HAVE CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN ITS FINANCIAL STATEMENTS. THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX EXAMINATIONS BY THE INTERNAL REVENUE SERVICE FOR THE YEARS BEFORE 2009.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

ALLOCATION OF JFMD FUNDRAISING & ADMINISTRATIVE EXPENSES TO

UJF	1,949,682.
INTERORGANIZATION APPROPRIATIONS	1,838,002.

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.
CHARITABLE REMAINDER TRUST REVENUE	-529,572.
INTERORGANIZATION APPROPRIATIONS	1,838,002.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	3,364,169.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSE	-573,580.
----------------	-----------

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SUPPORT FOUNDATION EXPENSES	15,016,126.
RENTAL EXPENSE	573,580.
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)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2011

Open to Public
Inspection

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

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
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 and 3b)	0	0			54,170,140.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	TO SUPPORT ISRAEL	10,000	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 1

3 Enter total number of other organizations or entities _____

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2011

Part V Supplemental Information

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

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

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

UNITED JEWISH FOUNDATION

**Employer identification number
38-1360585**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 COMMUNITY
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 COMMUNITY
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) and government organizations listed in the line 1 table **▶ 168.**
- 3** Enter total number of other organizations listed in the line 1 table **▶**

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

Schedule I (Form 990) (2011)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AM FRIENDS OF KORET ISRAEL ECONOMIC DEVELOPME - 33 NEW MONTGOMERY ST - SAN FRANCISCO, CA 94105	94-3201147	501(C)(3)	250,000.	0.			TO FOSTER ECONOMIC DEVELOPMENT IN ISRAEL
AM FRIENDS OF THE HEBREW UNIVERSITY - 500 N MICHIGAN AVE - CHICAGO, IL 60611	13-1568923	501(C)(3)	9,500.	0.			TO SUPPORT JEWISH 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 FUND OF MICHIG - 2966 WOODWARD AVE - DETROIT, MI 48201	23-7243421	501(C)(3)	6,000.	0.			TO ADVANCE CIVIL LIBERTIES AND CIVIL RIGHTS
AMERICAN FRIENDS OF THE HEBREW UNIVERSITY INC - ONE BATTERY PARK PLAZA - NEW YORK, NY 10004-1405	13-1568923	501(C)(3)	5,500.	0.			TO SUPPORT JEWISH EDUCATION
AMERICAN ISRAEL EDUCATION FNDN, INC - 120 W. MADISON, STE 500 - CHICAGO, IL 60602	52-1623781	501(C)(3)	450,000.	0.			TO SUPPORT JEWISH EDUCATION
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE, - 711 3RD AVE - NEW YORK, NY 10017	13-1656634	501(C)(3)	500,000.	0.			TO SUPPORT THE INTERNATIONAL JEWISH COMMUNITY
AMERICAN SOCIETY FOR TECHNION 30230 ORCHARD LAKE RD FARMINGTON HILLS, MI 48334	13-0434195	501(C)(3)	415,000.	0.			TO SUPPORT HIGHER EDUCATION
ANTI-DEFAMATION LEAGUE 25800 NORTHWESTERN HWY SOUTHFIELD, MI 48075	13-1818723	501(C)(3)	38,200.	0.			TO FIGHT DISCRIMINATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVENTURA TURNBERRY JEWISH 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 TROY, MI 48007-9620	38-2707084	501(C)(3)	9,700.	0.			TO SUPPORT MEDICAL RESEARCH
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 WEST BLOOMFIELD, MI 48322	31-1794932	501(C)(3)	36,168.	0.			TO SUPPORT THE ANNUAL CAMPAIGN
BOYS TOWN JERUSALEM FNDN OF AMERICA - 12 W 31ST ST #300 - NEW YORK, NY 10001-4415	11-5324002	501(C)(3)	27,000.	0.			TO SUPPORT JEWISH 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

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 - CHICAGO, IL 60614	36-3376432	501(C)(3)	10,000.	0.			TO SUPPORT THE COMMUNITY
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 NEW YORK, NY 10005	13-2298956	501(C)(3)	84,300.	0.			TO SUPPORT MEDICAL RESEARCH
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE CLEVELAND, OH 44193-1655	34-0714585	501(C)(3)	100,000.	0.			TO 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

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 PLANO, TX 75093	75-1704418	501(C)(3)	6,000.	0.			TO SUPPORT CONSERVATIVE JUDAISM
CONGREGATION BETH AHM 5075 W. MAPLE RD. WEST BLOOMFIELD, MI 48322	38-6004801	501(C)(3)	40,651.	0.			TO SUPPORT CONSERVATIVE JUDAISM
CONGREGATION BETH SHALOM 14601 W LINCOLN RD OAK PARK, MI 48237	38-1572145	501(C)(3)	16,447.	0.			TO SUPPORT CONSERVATIVE JUDAISM
CONGREGATION SHAAREY ZEDEK 27375 BELL RD SOUTHFIELD, MI 48034	38-1420140	501(C)(3)	45,346.	0.			TO SUPPORT CONSERVATIVE 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 FARMINGTON HILLS, MI 48334	13-6193105	501(C)(3)	32,425.	0.			TO SUPPORT MEDICAL RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DESTINY FOUNDATION 386 ROUTE 59 AIRMONT, NY 10952	38-3291795	501(C)(3)	10,000.	0.			TO SUPPORT JEWISH 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 DETROIT, MI 48201	38-1385132	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 LOS ANGELES, CA 90045	95-2046033	501(C)(3)	5,000.	0.			TO SUPPORT MEDICAL 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
EQUALITY ILLINOIS EDUCATION PROJECT, LTD - 3712 N BROADWAY - CHICAGO, IL 60613	36-4359573	501(C)(3)	8,600.	0.			TO SUPPORT 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 Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 NEW YORK, NY 10001	13-1927751	501(C)(3)	5,222.	0.			TO SUPPORT THE JEWISH COMMUNITY
FRANKEL JEWISH ACADEMY OF METRO DETROIT - 6600 WEST MAPLE RD - WEST BLOOMFIELD, MI 48322	38-3428219	501(C)(3)	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. BLOOMFIELD HILLS, MI 48301	38-1360545	501(C)(3)	284,820.	0.			TO SUPPORT THE NEEDS OF CHILDREN
FRIENDS OF THE ISRAEL DEFENSE FORCES - 8451 BOULDER CT. - WALLED LAKE, MI 48390	13-3156445	501(C)(3)	18,230.	0.			TO SUPPORT ISRAEL DEFENSE FORCES
FRIENDS OF YESHIVAT YESODEI HATORAH, INC - 24 MANOR HOUSE RD - NEWTOWN, MA 02459	56-2366202	501(C)(3)	12,000.	0.			TO SUPPORT EDUCATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDSHIP CIRCLE 6892 W MAPLE RD WEST BLOOMFIELD, MI 48322	38-3613944	501(C)(3)	22,900.	0.			TO SUPPORT FAMILIES WITH 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 BLOOMFIELD HILLS, MI 48301	38-1359260	501(C)(3)	153,908.	0.			TO PROVIDE INTEREST FREE 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 - WASHINGTON, DC 20001	52-1844823	501(C)(3)	50,250.	0.			TO SUPPORT JEWISH EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLOCAUST MEMORIAL CENTER 28123 ORCHARD LAKE RD FARMINGTON HILLS, MI 48334-3738	38-2402635	501(C)(3)	13,000.	0.			TO PRESERVE THE PAST AND PROTECT THE FUTURE
IKAR 5870 W OLYMPIC BLVD LOS ANGELES, CA 90036	20-1210098	501(C)(3)	7,500.	0.			TO SUPPORT THE JEWISH COMMUNITY
IMERMAN ANGELS 400 W ERIE ST CHICAGO, IL 60610	20-5621272	501(C)(3)	1,003,000.	0.			TO SUPPORT MEDICAL RESEARCH
INSTITUTE FOR CLINICAL SOCIAL WORK 200 N MICHIGAN AVE CHICAGO, IL 60601-5908	36-3157451	501(C)(3)	6,000.	0.			TO SUPPORT EDUCATION
INSTITUTE FOR DAYANIM 25625 SOUTHFIELD ROAD SOUTHFIELD, MI 48075	20-0899773	501(C)(3)	8,640.	0.			TO SUPPORT EDUCATION
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 INDIVIDUALS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JCRC OF SAN FRANCISCO MARIN & PENINSULA - 121 STEUART ST - SAN FRANCISCO, CA 94105	94-1156335	501(C)(3)	100,000.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH COMMUNITY CENTER 6600 WEST MAPLE ROAD WEST BLOOMFIELD, MI 48322	38-1358397	501(C)(3)	1,374,473.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH COMMUNITY CENTER OF SAN FRANCISCO - 3200 CALIFORNIA - SAN FRANCISCO, CA 94118	94-3227260	501(C)(3)	100,500.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO - 121 STEUART STREET - SAN FRANCISCO, CA 94105	94-1156533	501(C)(3)	1,021,000.	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 COMMUNITY
JEWISH COMMUNITY RELATIONS COUNCIL 6735 TELEGRAPH RD. BLOOMFIELD HILLS, MI 48301	38-3011194	501(C)(3)	10,579.	0.			TO SUPPORT PUBLIC AFFAIRS 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 COMMUNITY
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 COMMUNITY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FEDERATION OF GREATER LONG BEACH & W. - 3801 EAST WILLOW STREET - LONG BEACH, CA 90815	95-1647830	501(C)(3)	10,000.	0.			TO SUPPORT THE JEWISH 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 BLOOMFIELD HILLS, MI 48303	38-1359214	501(C)(3)	15,177,829.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH FEDERATION OF PALM BEACH COUNTY - 4601 COMMUNITY DRIVE - WEST PALM BEACH, FL 33417	59-0948696	501(C)(3)	20,750.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH FEDERATION OF SOUTH PALM BEACH COUNTY - 9901 DONNA KLEIN BLVD - BOCA RATON, FL 33428-1788	59-1945109	501(C)(3)	21,800.	0.			TO SUPPORT THE COMMUNITY
JEWISH HOSPICE & CHAPLAINCY 6555 WEST MAPLE RD WEST BLOOMFIELD, MI 48322	38-3429268	501(C)(3)	15,000.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH HOSPICE & CHAPLAINCY NETWORK - 6555 W MAPLE RD - WEST 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
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 Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH 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 - CHICAGO, IL 60606	36-2167034	501(C)(3)	30,500.	0.			TO SUPPORT THE JEWISH COMMUNITY
JUVENILE DIABETES RESEARCH FOUNDATION - 24359 NORTHWESTERN HWY SUITE 225 - SOUTHFIELD, MI 48075	23-1907729	501(C)(3)	55,446.	0.			TO SUPPORT MEDICAL 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 SOUTHFIELD, MI 48076	38-2630596	501(C)(3)	98,050.	0.			TO SUPPORT INDIVIDUALS WITH SPECIAL NEEDS
KARMANOS CANCER INSTITUTE 4100 JOHN R DETROIT, MI 48201	38-1613280	501(C)(3)	300,025.	0.			TO SUPPORT MEDICAL RESEARCH
KOLLEL INSTITUTE OF GTR DETROIT 15230 WEST LINCOLN RD OAK PARK, MI 48237	38-2114751	501(C)(3)	12,200.	0.			TO SUPPORT JEWISH EDUCATION
LIGHTBRIDGE HOSPICE COMMUNITY FOUNDATION - 5280 CARROLL CANYON - SAN DIEGO, CA 92121	20-1931420	501(C)(3)	5,600.	0.			TO SUPPORT END OF LIFE CARE
LUBAVITCH FOUNDATION 14100 W. 9 MILE RD. OAK PARK, MI 48237	38-2346125	501(C)(3)	21,056.	0.			TO SUPPORT ORTHODOX JUDAISM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 EDUCATION
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

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 FOUNDATION - 383 MAIN AVE - NORWALK, CT 06851	06-1504413	501(C)(3)	1,500,600.	0.			TO SUPPORT MEDICAL 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 SOUTHFIELD, MI 48034-2624	38-1358385	501(C)(3)	40,600.	0.			TO SUPPORT WOMEN'S CAUSES
NATURAL RESOURCES DEFENSE COUNCIL, INC - 40 W 20TH STREET - NEW YORK, NY 10011	13-2654926	501(C)(3)	5,000.	0.			TO SUPPORT THE ENVIRONMENT
NATURE CONSERVANCY 101 E GRAND RIVER AVE LANSING, MI 48906	90-0248331	501(C)(3)	20,250.	0.			TO SUPPORT THE ENVIRONMENT
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

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 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 WASHINGTON, DC 20005	13-5563393	501(C)(3)	60,000.	0.			TO SUPPORT THE JEWISH COMMUNITY
REBOOT, INC 116 WEST 23RD STREET NEW YORK, NY 10011	57-1154844	501(C)(3)	5,000.	0.			TO SUPPORT THE JEWISH COMMUNITY
SAN FRANCISCO FRIENDS OF THE URBAN FORESTS - PRESIDIO OF SANFRANCISCO BLGD PO BOX 29456 - SAN FRANCISCO, CA 94129	94-2699528	501(C)(3)	10,000.	0.			TO SUPPORT THE ENVIRONMENT
SAN FRANCISCO HILLEL 33 BANBURY DR SAN FRANCISCO, CA 94132	94-3152892	501(C)(3)	25,000.	0.			TO SUPPORT THE JEWISH COMMUNITY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SARASOTA MANATEE JEWISH FEDERATION 580 S. MCINTOSH RD SARASOTA, FL 34232-1959	59-1227747	501(C)(3)	6,000.	0.			TO SUPPORT THE JEWISH COMMUNITY
SINAI GUILD 31995 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334	38-3343423	501(C)(3)	6,775.	0.			TO SUPPORT THE MEDICAL 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

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE SHIR SHALOM 3999 WALNUT LAKE RD WEST BLOOMFIELD, MI 48323	38-2803191	501(C)(3)	35,200.	0.			TO SUPPORT REFORM JUDAISM
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 - NEW YORK, NY 10004-1010	13-1624240	501(C)(3)	181,418.	0.			TO SUPPORT THE JEWISH 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 - DETROIT, MI 48226-9925	20-3099071	501(C)(3)	11,568.	0.			TO SUPPORT THE ANNUAL CAMPAIGN
UNITED WAY OF THE BAY AREA 221 MAIN STREET SAN FRANCISCO, CA 94105	93-1312348	501(C)(3)	10,000.	0.			TO SUPPORT THE COMMUNITY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF MICHIGAN - HILLEL 1429 HILL ST ANN ARBOR, MI 48104-3105	38-6119964	501(C)(3)	169,515.	0.			TO SUPPORT JEWISH 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 FOUNDATION 106 TOWERVIEW CT CARY, NC 27513	13-3705951	501(C)(3)	10,000.	0.			TO SUPPORT MEDICAL 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
WASHINGTON UNIVERSITY CAMPUS BOX 1082 ST LOUIS, MO 63130-9989	43-0653611	501(C)(3)	7,500.	0.			TO SUPPORT EDUCATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYNE 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 SOUTHFIELD, MI 48076	38-1437939	501(C)(3)	132,720.	0.			TO SUPPORT JEWISH EDUCATION
YESHIVA GEDOLAH 24600 GREENFIELD RD OAK PARK, MI 48237	38-2569760	501(C)(3)	21,341.	0.			TO SUPPORT JEWISH EDUCATION
YESHIVAS DARCHEI TORAH 21550 W 12 MILE ROAD SOUTHFIELD, MI 48076	38-2842622	501(C)(3)	44,600.	0.			TO SUPPORT CONSERVATIVE JUDAISM
ZIMMER CHILDREN'S MUSEUM 6505 WILSHIRE BLVD #100 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

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN FRIENDS OF UHN, INC. 610 UNIVERSITY AVE TORONTO, CANADA M5G2M9	20-3193115	501(C)(3)	10,000.	0.			TO SUPPORT ISRAEL

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

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

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

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

UNITED JEWISH FOUNDATION

Employer identification number

38-1360585

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	X								
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?	4c	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.										
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	X								
b Any related organization?	5b	X								
If "Yes" to line 5a or 5b, describe in Part III.										
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	X								
b Any related organization?	6b	X								
If "Yes" to line 6a or 6b, describe in Part III.										
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X								
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X								
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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.

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

Part III Supplemental Information

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

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

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.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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

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

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

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b 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		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2 Is the bond issue a variable rate issue?		X						
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintergrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a 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 federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations Yes No

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

SCHEDULE K, PART 1, LINE A, COLUMN F

DESCRIPTION OF PURPOSE:

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

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

(A) NAME OF PERSON: ETKIN EQUITIES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

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

(C) AMOUNT OF TRANSACTION \$ 233,000.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	137	4,315,461.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (<u>LEASEHOLD IMP</u>)	X	1	196,425.	FAIR MARKET VALUE
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

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

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

PROMOTE THE CONTINUITY OF THE JEWISH PEOPLE.

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

CAYMAN ISLANDS, UNITED KINGDOM, IRELAND, BERMUDA

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

FAMILY RELATIONSHIPS:

EUGENE APPLEBAUM AND PAMELA APPLEBAUM

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

Name of the organization UNITED JEWISH FOUNDATION	Employer identification number 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
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

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

ON GRANT APPROVALS, BOARD MEMBERS ARE ASKED TO CITE CONFLICTS OF INTEREST, IF ANY EXIST, AND ABSTAIN FROM INDIVIDUAL VOTES. THIS PROCESS IS REPORTED IN THE BOARD MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 15: A COMPENSATION COMMITTEE DETERMINES COMPENSATION BASED ON ESTABLISHED GOALS AND OBJECTIVES. THE COMMITTEE WILL ALSO CONSIDER COMPARABLE SALARY DATA FROM OTHER JEWISH FEDERATIONS OR NON-PROFIT ORGANIZATIONS. THIS PROCESS IS DONE ANNUALLY FOR THE CEO, CFO, CHIEF FINANCIAL RESOURCE DEVELOPMENT OFFICER AND THE CHIEF ADMINISTRATIVE OFFICER AND LAST OCCURRED IN MAY 2012. THE ANALYSIS AND CONCLUSIONS ARE DOCUMENTED IN THE COMMITTEE MEETING MINUTES.

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

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

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 ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTING FIRM. THIS PROCESS HAS NOT CHANGED FROM THE

Name of the organization
UNITED JEWISH FOUNDATION

Employer identification number
38-1360585

PRIOR YEAR.

FORM 990, PART VII:

AVERAGE HOURS DEVOTED TO RELATED ORGANIZATIONS:

THE HOURS REPORTED BELOW ARE THE HOURS DEVOTED BY THE OFFICERS,
TRUSTEES, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES TO RELATED
ORGANIZATIONS:

SCOTT KAUFMAN - 20 HOURS

DOROTHY BENYAS - 20 HOURS

HOWARD NEISTEIN - 20 HOURS

ROBERT ARONSON - 18 HOURS

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
JEWISH FEDERATION OF METROPOLITAN DETROIT - 38-1359214, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	SUPPORTS JEWISH COMMUNITY	MICHIGAN	501(C)(3)	7	N/A		X
THE JEWISH FUND - 38-3323875 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	SUPPORTS JEWISH HEALTH CARE IN THE METRO DETROIT AREA	MICHIGAN	501(C)(3)	11, TYPE II	N/A		X
APPLEBAUM FAMILY SUPPORT FOUNDATION - 38-2870708, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
MADELEINE H. AND MANDELL L. BERMAN FAMILY SUPPORT FOUNDATION - 38-2582289, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BELLE & ISIDOR EISENBERG FAMILY SUPPORT FOUNDATION - 30-0232172, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
MAX M. AND MARJORIE S. FISHER SUPPORT FOUNDATION - 38-2490338, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
PHILLIP W. FISHER SUPPORT FOUNDATION - 38-2550053, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
STANLEY & JUDITH FRANKEL SUPPORT FOUNDATION - 38-2582297, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
SAMUEL FRANKEL AND JEAN FRANKEL SUPPORT FOUNDATION - 38-2582299, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
GERSHENSON FAMILY SUPPORT FOUNDATION - 38-3423715, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
IRWIN AND BETHEA GREEN SUPPORT FOUNDATION - 38-2490337, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
RITA C. & JOHN HADDOW FAMILY SUPPORT FOUNDATION - 38-2824409, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
JOHN & ROSE HERMAN SUPPORT FOUNDATION - 38-3216504, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
HERMELIN FAMILY SUPPORT FOUNDATION - 38-2574834, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
NANCY L. AND JOSEPH M. JACOBSON FAMILY SUPPORT FOUNDATION - 30-0232149, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	
MAXWELL AND MARJORIE JOSPEY SUPPORT FOUNDATION - 30-0232176, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	N/A	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

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

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

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) HERMELIN FAMILY SUPPORT FOUNDATION	C	136,935.	CASH TRANSACTION
(2) THE JEWISH FUND	C	750,000.	CASH TRANSACTION
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.

Form **990-T**

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

OMB No. 1545-0687

2011

Department of the Treasury
Internal Revenue Service

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

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

A <input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type UNITED JEWISH FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. 6735 TELEGRAPH ROAD City or town, state, and ZIP code BLOOMFIELD HILLS, MI 48301	38-1360585 E Unrelated business activity codes (See instructions.) 531120 531110
C Book value of all assets at end of year 325416337.	F Group exemption number (See instructions.)	G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust

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

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

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a 38,400.		38,400.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5 -7,799.	STMT 1	-7,799.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12	13 30,601.		30,601.

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

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	30,601.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	30,601.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	29,601.

Part III Tax Computation

Table with 2 columns: Description and Amount. Rows include Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, and Total.

Part IV Tax and Payments

Table with 2 columns: Description and Amount. Rows include Foreign tax credit, Other credits, General business credit, Total credits, Other taxes, Total tax, Payments (44a-44g), Total payments, Estimated tax penalty, Tax due, Overpayment, and Refunded amount.

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

Table with 3 columns: Question, Yes, No. Questions regarding foreign accounts, foreign trusts, and tax-exempt interest.

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

Table with 2 columns: Description and Amount. Rows include Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, and Total.

Sign Here: Declaration of preparer, Signature of officer, Date, Title (CHIEF FINANCIAL OFFICER), and checkbox for IRS discussion.

Paid Preparer Use Only: Print/Type preparer's name (LYNNE M. HUISMANN), Preparer's signature, Date, Check self-employed, PTIN (P00053811), Firm's name (PLANTE & MORAN, PLLC), Firm's address (2601 CAMBRIDGE CT., SUITE 500, AUBURN HILLS, MI 48326), Firm's EIN (38-1357951), and Phone no. (248-375-7100).

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

1. Description of property			
(1)			
(2)			
(3)			
(4)			
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... ▶	
		0.	0.

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

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			0.	0.
Total dividends-received deductions included in column 8 ▶			0.	0.

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals ▶			0.	0.	
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

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

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

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

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

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

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

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

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

DESCRIPTION	AMOUNT
SIGULAR GUFF DISTRESSED OPPORTUNITIES FUND II, LP	21.
NORTH HILLS VILLAGE APARTMENTS LLC	10,854.
PAUL CAPITAL PARTNERS IX LP	-1,753.
SUNTREE OXFORD ASSOCIATES LDHA	-16,921.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-7,799.

FORM 990-T NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST 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

2011

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

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

(a) Description of property (Example: 100 shares of Z Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) (Subtract (e) from (d))
1 PAUL CAPITAL PARTNERS IX LP			2,040.		2,040.

2 Short-term capital gain from installment sales from Form 6252, line 26 or 37	2	
3 Short-term gain or (loss) from like-kind exchanges from Form 8824	3	
4 Unused capital loss carryover (attach computation)	4	()
5 Net short-term capital gain or (loss). Combine lines 1 through 4	5	2,040.

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

6 PAUL CAPITAL PARTNERS IX LP			36,360.		36,360.

7 Enter gain from Form 4797, line 7 or 9	7	
8 Long-term capital gain from installment sales from Form 6252, line 26 or 37	8	
9 Long-term gain or (loss) from like-kind exchanges from Form 8824	9	
10 Capital gain distributions (see instructions)	10	
11 Net long-term capital gain or (loss). Combine lines 6 through 10	11	36,360.

Part III Summary of Parts I and II

12 Enter excess of net short-term capital gain (line 5) over net long-term capital loss (line 11)	12	2,040.
13 Net capital gain. Enter excess of net long-term capital gain (line 11) over net short-term capital loss (line 5)	13	36,360.
14 Add lines 12 and 13. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	14	38,400.

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

Application for Extension of Time To File an Exempt Organization Return

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

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

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

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

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. UNITED JEWISH FOUNDATION	Employer identification number (EIN) or <input checked="" type="checkbox"/> 38-1360585
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 6735 TELEGRAPH ROAD	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BLOOMFIELD HILLS, MI 48301	

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

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

LINDA LUTZ

- The books are in the care of ▶ **6735 TELEGRAPH ROAD - BLOOMFIELD HILLS, MI 48301**
 Telephone No. ▶ **(248) 203-1475** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **JANUARY 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUN 1, 2011**, and ending **MAY 31, 2012**.

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

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

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

Application for Extension of Time To File an Exempt Organization Return

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

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

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

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only **X**
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. UNITED JEWISH FOUNDATION	Employer identification number (EIN) or <input checked="" type="checkbox"/> 38-1360585
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 6735 TELEGRAPH ROAD	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BLOOMFIELD HILLS, MI 48301	

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

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

LINDA LUTZ

- The books are in the care of ▶ **6735 TELEGRAPH ROAD - BLOOMFIELD HILLS, MI 48301**
 Telephone No. ▶ **(248) 203-1475** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **APRIL 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUN 1, 2011**, and ending **MAY 31, 2012**.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 8,731.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 5,840.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 2,891.

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