

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015

Department of the Treasury
Internal Revenue Service

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning **JUN 1, 2015** and ending **MAY 31, 2016**


B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JEWISH FEDERATION OF METROPOLITAN DETROIT		D Employer identification number 38-1359214
	Doing business as		E Telephone number (248) 642-4260
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 54,477,554.
	6735 TELEGRAPH ROAD		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code BLOOMFIELD HILLS, MI 48301		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input 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
F Name and address of principal officer: SCOTT KAUFMAN		J Website: WWW.JEWISHDETROIT.ORG	
SAME AS C ABOVE		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: 1926		M State of legal domicile: MI	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TAKE CARE OF THE NEEDS OF THE JEWISH PEOPLE AND BUILD A VIBRANT JEWISH FUTURE, IN DETROIT, IN		
	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	183
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	182
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	137
	6 Total number of volunteers (estimate if necessary)	6	800
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	194.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	51,913,467.	50,783,226.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,567,437.	1,427,698.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,423.	10,668.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,453,702.	2,255,962.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	55,946,029.	54,477,554.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	33,951,376.	33,625,082.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	10,887,841.	11,026,099.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,081,458.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,511,267.	1,649,401.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	47,350,484.	46,300,582.
19 Revenue less expenses. Subtract line 18 from line 12	8,595,545.	8,176,972.	
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)	37,313,941.	38,148,776.
	22 Net assets or fund balances. Subtract line 21 from line 20	29,891,618.	29,503,453.
		7,422,323.	8,645,323.

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		Date 10/13/16
	DOROTHY BENYAS, CHIEF FINANCIAL OFFICER	Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name LYNNE M. HUISMANN	Preparer's signature 	Date 10/12/16	Check <input type="checkbox"/> if self-employed	PTIN P00053811
	Firm's name ▶ PLANTE & MORAN, PLLC	Firm's EIN ▶ 38-1357951			
	Firm's address ▶ 2601 CAMBRIDGE CT., SUITE 500 AUBURN HILLS, MI 48326	Phone no. 248-375-7100			

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

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
THE JEWISH FEDERATION OF METROPOLITAN DETROIT IS THE CORNERSTONE OF OUR JEWISH COMMUNITY. WE ARE COMMITTED TO TAKING CARE OF THE NEEDS OF THE JEWISH PEOPLE AND BUILDING A STRONG AND VIBRANT JEWISH FUTURE, IN DETROIT, IN ISRAEL AND AROUND THE WORLD.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 22,169,032. including grants of \$ 22,144,369.) (Revenue \$ 2,237,672.)
DISTRIBUTION OF FUNDS TO QUALIFIED 501(C)(3) ORGANIZATIONS THAT SERVE THE JEWISH COMMUNITY LOCALLY REPRESENTED BY OUR 17 AFFILIATED AGENCIES.

4b (Code:) (Expenses \$ 10,195,944. including grants of \$ 10,195,944.) (Revenue \$)
DISTRIBUTION OF FUNDS TO QUALIFIED 501(C)(3) ORGANIZATIONS THAT SERVE THE JEWISH COMMUNITY OVERSEAS, INCLUDING JEWISH FEDERATION OF NORTH AMERICA, JEWISH AGENCY FOR ISRAEL AND THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE, AND OTHER OVERSEAS ORGANIZATIONS.

4c (Code:) (Expenses \$ 1,284,769. including grants of \$ 1,284,769.) (Revenue \$)
DISTRIBUTION OF FUNDS TO OTHER QUALIFIED 501(C)3 ORGANIZATIONS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 9,157,893. including grants of \$) (Revenue \$ 1,427,698.)

4e Total program service expenses **42,807,638.**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <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, for escrow or custodial account liability, 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 and XII</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 and XII 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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, 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 11b and 19?	X	

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: ISRAEL See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13b			
c	Enter the amount of reserves on hand		
13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
14b			

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 183 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 182		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **MI**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 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, address, and telephone number of the person who possesses the organization's books and records: ►
BECKY STASCH - (248) 203-1521
6735 TELEGRAPH RD., BLOOMFIELD HILLS, MI 48301

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

Check if Schedule O contains a response or note to any line 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 (list any hours for related organizations below line)	(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 0.00	X					0.	0.	0.	
(2) PETER M. ALTER DIRECTOR	0.50 0.00	X					0.	0.	0.	
(3) KELLI ANDERSON DIRECTOR	0.50 0.00	X					0.	0.	0.	
(4) EUGENE M. APPLEBAUM DIRECTOR	0.50 0.00	X					0.	0.	0.	
(5) STEVEN ARBIT DIRECTOR	0.50 0.00	X					0.	0.	0.	
(6) DANIEL ARONOVITZ DIRECTOR	0.50 0.00	X					0.	0.	0.	
(7) JAMES M. AUGUST DIRECTOR	0.50 0.00	X					0.	0.	0.	
(8) NORA LEE BARRON DIRECTOR	0.50 0.50	X					0.	0.	0.	
(9) JODI BECKER DIRECTOR	0.50 0.00	X					0.	0.	0.	
(10) NORMAN BEITNER DIRECTOR	0.50 0.00	X					0.	0.	0.	
(11) CAROLYN BELLINSON DIRECTOR	0.50 0.00	X					0.	0.	0.	
(12) MICHAEL BERGER DIRECTOR	0.50 0.50	X					0.	0.	0.	
(13) MAX BERLIN DIRECTOR	0.50 0.00	X					0.	0.	0.	
(14) MANDELL L. BERMAN DIRECTOR	0.50 0.00	X					0.	0.	0.	
(15) ADAM BLANCK DIRECTOR	0.50 0.00	X					0.	0.	0.	
(16) ROSELYN BLANCK DIRECTOR	0.50 0.00	X					0.	0.	0.	
(17) FREDERICK BLECHMAN DIRECTOR	0.50 0.00	X					0.	0.	0.	

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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) DOUGLAS A. BLOOM DIRECTOR	0.50 1.00	X						0.	0.	0.
(19) PENNY B. BLUMENSTEIN DIRECTOR	0.50 0.50	X						0.	0.	0.
(20) PAUL D. BORMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(21) RICHARD BRODER DIRECTOR	0.50 0.00	X						0.	0.	0.
(22) RUTH BRODER DIRECTOR	0.50 0.00	X						0.	0.	0.
(23) JEFF BRODSKY DIRECTOR	0.50 0.00	X						0.	0.	0.
(24) STACY BRODSKY DIRECTOR	0.50 0.00	X						0.	0.	0.
(25) HARVEY BRONSTEIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(26) RICHARD J. BURSTEIN DIRECTOR	0.50 0.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								2,032,742.	0.	168,589.
d Total (add lines 1b and 1c)								2,032,742.	0.	168,589.

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 **20**

	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
GUARDIAN GUARD SERVICES PO BOX 5196, SOUTHFIELD, MI 48086	COMMUNITY SECURITY PROGRAM	183,907.

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 **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

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532008 12-16-15

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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) RONALD B. CHARFOOS DIRECTOR	0.50 0.00							0.	0.	0.
(28) AARON CHERNOW DIRECTOR	0.50 0.00	X						0.	0.	0.
(29) SUSAN CITRIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(30) AVERN L. COHN DIRECTOR	0.50 0.00	X						0.	0.	0.
(31) MARGOT COVILLE DIRECTOR	0.50 0.00	X						0.	0.	0.
(32) WARREN COVILLE DIRECTOR	0.50 0.00	X						0.	0.	0.
(33) SUZAN F. CURHAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(34) PEGGY DAITCH DIRECTOR	0.50 0.00	X						0.	0.	0.
(35) GAIL DANTO DIRECTOR	0.50 0.00	X						0.	0.	0.
(36) SANDY MUSKOVITZ-DANTO DIRECTOR	0.50 0.00	X						0.	0.	0.
(37) DENNIS B. DEUTSCH DIRECTOR	0.50 0.00	X						0.	0.	0.
(38) STACY DOCTOROFF DIRECTOR	0.50 0.00	X						0.	0.	0.
(39) MICHAEL EIZELMAN VICE PRESIDENT	0.50 1.00	X		X				0.	0.	0.
(40) KEVIN ELBINGER DIRECTOR	0.50 0.00	X						0.	0.	0.
(41) IRWIN L. ELSON DIRECTOR	0.50 0.00	X						0.	0.	0.
(42) JOAN CHERNOFF EPSTEIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(43) RENEE ERLICH DIRECTOR	0.50 0.00	X						0.	0.	0.
(44) DOLORES FARBER DIRECTOR	0.50 0.00	X						0.	0.	0.
(45) LEONARD FARBER DIRECTOR	0.50 0.00	X						0.	0.	0.
(46) WILLIAM FARBER DIRECTOR	0.50 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

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Form 990

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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) OSCAR FELDMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(48) DARREN FINDLING DIRECTOR	0.50 0.00	X						0.	0.	0.
(49) BEVERLY FINE DIRECTOR	0.50 0.00	X						0.	0.	0.
(50) KATHLEEN WILSON-FINK DIRECTOR	0.50 0.00	X						0.	0.	0.
(51) TODD FINK DIRECTOR	0.50 0.00	X						0.	0.	0.
(52) JEFFREY FORMAN DIRECTOR	0.50 0.50	X						0.	0.	0.
(53) STANLEY FRANKEL DIRECTOR	0.50 0.00	X						0.	0.	0.
(54) ALAN GALLATIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(55) ALLAN GELFOND DIRECTOR	0.50 0.00	X						0.	0.	0.
(56) DOROTHY GERSON DIRECTOR	0.50 0.00	X						0.	0.	0.
(57) ARYEH GIBBER DIRECTOR	0.50 0.00	X						0.	0.	0.
(58) DANIEL GILBERT DIRECTOR	0.50 0.00	X						0.	0.	0.
(59) CONRAD L. GILES DIRECTOR	0.50 0.00	X						0.	0.	0.
(60) LYNDA GILES DIRECTOR	0.50 0.00	X						0.	0.	0.
(61) PAULA GLAZIER DIRECTOR	0.50 0.00	X						0.	0.	0.
(62) NANCY GLEN DIRECTOR	0.50 0.00	X						0.	0.	0.
(63) ERIC GLOBERMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(64) GAYLE FRIEDMAN GOLD DIRECTOR	0.50 0.00	X						0.	0.	0.
(65) PAULA GOLDMAN-SPINNER DIRECTOR	0.50 0.00	X						0.	0.	0.
(66) DIANE GOLDSTEIN DIRECTOR	0.50 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Form 990

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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) JODI GOODMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(68) STEVEN GOODMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(69) ROBERT GORDON DIRECTOR	0.50 0.00	X						0.	0.	0.
(70) KEN GOSS DIRECTOR	0.50 0.00	X						0.	0.	0.
(71) NANCY GRAND DIRECTOR	0.50 0.00	X						0.	0.	0.
(72) STEPHEN GRAND DIRECTOR	0.50 0.00	X						0.	0.	0.
(73) CAROLYN GREENBERG DIRECTOR	0.50 0.00	X						0.	0.	0.
(74) NANCY GROSFELD DIRECTOR	0.50 0.50	X						0.	0.	0.
(75) DAN G. GUYER DIRECTOR	0.50 0.50	X						0.	0.	0.
(76) JEROME Y. HALPERIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(77) MARGOT HALPERIN DIRECTOR	0.50 0.50	X						0.	0.	0.
(78) DAVID HANDLEMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(79) MERLE HARRIS DIRECTOR	0.50 0.00	X						0.	0.	0.
(80) SHARON HART DIRECTOR	0.50 0.00	X						0.	0.	0.
(81) MARK HAUSER DIRECTOR	0.50 1.00	X						0.	0.	0.
(82) NANCY HEINRICH DIRECTOR	0.50 0.00	X						0.	0.	0.
(83) BRIAN HERMELIN DIRECTOR	0.50 0.50	X						0.	0.	0.
(84) DOREEN HERMELIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(85) ROBERT HERTZBERG DIRECTOR	0.50 0.00	X						0.	0.	0.
(86) BETSY HEUER DIRECTOR	0.50 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

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Form 990

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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) JAMES HOOBERMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(88) MICHAEL P. HOROWITZ DIRECTOR	0.50 0.00	X						0.	0.	0.
(89) LEE HURWITZ OFFICER AT LARGE	0.50 0.50	X		X				0.	0.	0.
(90) LAWRENCE S. JACKIER DIRECTOR	0.50 0.00	X						0.	0.	0.
(91) JOHN E. JACOBS DIRECTOR	0.50 0.00	X						0.	0.	0.
(92) KAREN KAHN DIRECTOR	0.50 0.00	X						0.	0.	0.
(93) NORMAN D KATZ DIRECTOR	0.50 0.00	X						0.	0.	0.
(94) SIDNEY KATZ DIRECTOR	0.50 0.00	X						0.	0.	0.
(95) SCOTT KAUFMAN EXECUTIVE SECRETARY AND CEO	20.00 20.00	X		X				323,065.	0.	17,471.
(96) SHARI FERBER KAUFMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(97) SUE ELLEN KAUFMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(98) BERNARD S KENT DIRECTOR	0.50 0.50	X						0.	0.	0.
(99) BRIAN E. KEPES DIRECTOR	0.50 0.00	X						0.	0.	0.
(100) SHERRI KETAI DIRECTOR	0.50 0.50	X						0.	0.	0.
(101) ROBERT KLEIMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(102) DIANE KLEIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(103) JASON KLEIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(104) RONALD A. KLEIN DIRECTOR	0.50 0.50	X						0.	0.	0.
(105) LEAH ANN KLEINFELDT DIRECTOR	0.50 0.00	X						0.	0.	0.
(106) HOWARD J. KORMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(107) MARK KOWALSKY DIRECTOR	0.50 0.00	X						0.	0.	0.
(108) DAVID KRAMER DIRECTOR	0.50 0.00	X						0.	0.	0.
(109) RICHARD KRUGEL DIRECTOR	0.50 0.50	X						0.	0.	0.
(110) ELLEN S. LABES DIRECTOR	0.50 0.00	X						0.	0.	0.
(111) TERRAN LEEMIS DIRECTOR	0.50 0.00	X						0.	0.	0.
(112) MATTHEW B. LESTER VICE PRESIDENT	0.50 0.50	X		X				0.	0.	0.
(113) EDWARD C LEVY, JR DIRECTOR	0.50 0.00	X						0.	0.	0.
(114) MICHAEL LIPPITT DIRECTOR	0.50 0.00	X						0.	0.	0.
(115) PAMELA LIPPITT DIRECTOR	0.50 0.00	X						0.	0.	0.
(116) ROBERT LIPPITT TREASURER	0.50 0.50	X						0.	0.	0.
(117) SHARON B. LIPTON DIRECTOR	0.50 0.00	X						0.	0.	0.
(118) HANNAN LIS DIRECTOR	0.50 0.00	X						0.	0.	0.
(119) LISA I. LIS OFFICER AT LARGE	0.50 1.00	X		X				0.	0.	0.
(120) ARTHUR LISS DIRECTOR	0.50 0.00	X						0.	0.	0.
(121) BEVERLY LISS VICE PRESIDENT	0.50 1.00	X		X				0.	0.	0.
(122) HAROLD S LOSS OFFICER AT LARGE	0.50 0.50	X		X				0.	0.	0.
(123) KEITH A. LUBLIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(124) MARTY MADDIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(125) MICHAEL W. MADDIN DIRECTOR	0.50 1.00	X						0.	0.	0.
(126) FLORINE MARK DIRECTOR	0.50 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**JEWISH FEDERATION OF METROPOLITAN
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Form 990

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(127) SUSAN MARWIL DIRECTOR	0.50 0.00	X						0.	0.	0.
(128) EDWARD MEER DIRECTOR	0.50 0.50	X						0.	0.	0.
(129) STEVEN MIGLIORE DIRECTOR	0.50 0.50	X						0.	0.	0.
(130) MARK MILGROM DIRECTOR	0.50 0.00	X						0.	0.	0.
(131) ROBERT H. NAFTALY DIRECTOR	0.50 0.50	X						0.	0.	0.
(132) LARRY M. NEMER DIRECTOR	0.50 0.00	X						0.	0.	0.
(133) BARB NUSBAUM DIRECTOR	0.50 0.00	X						0.	0.	0.
(134) IRVING NUSBAUM DIRECTOR	0.50 0.00	X						0.	0.	0.
(135) GRAHAM ORLEY DIRECTOR	0.50 0.50	X						0.	0.	0.
(136) HARRIET ORLEY DIRECTOR	0.50 0.00	X						0.	0.	0.
(137) JOSEPH ORLEY DIRECTOR	0.50 0.00	X						0.	0.	0.
(138) MARCIE ORLEY DIRECTOR	0.50 0.50	X						0.	0.	0.
(139) SUSIE PAPPAS DIRECTOR	0.50 0.00	X						0.	0.	0.
(140) PATRICE M. PHILLIPS DIRECTOR	0.50 0.00	X						0.	0.	0.
(141) MATT RAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(142) DON ROCHLEN DIRECTOR	0.50 0.00	X						0.	0.	0.
(143) DULCIE B. ROSENFELD DIRECTOR	0.50 0.00	X						0.	0.	0.
(144) BENJAMIN ROSENTHAL DIRECTOR	1.00 10.00	X						0.	0.	0.
(145) DEBORAH ROSENTHAL DIRECTOR	0.50 0.00	X						0.	0.	0.
(146) MARTA ROSENTHAL DIRECTOR	0.50 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) TERRI FARBER ROTH OFFICER AT LARGE	0.50 1.00	X		X				0.	0.	0.
(148) SHELLY RUBENFIRE DIRECTOR	0.50 0.00	X						0.	0.	0.
(149) STEVE RUBENSTEIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(150) LOWELL SALESIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(151) BRIAN SATOVSKY DIRECTOR	0.50 0.00	X						0.	0.	0.
(152) NEIL SATOVSKY DIRECTOR	0.50 0.00	X						0.	0.	0.
(153) MARC SCHECHTER DIRECTOR	0.50 0.00	X						0.	0.	0.
(154) JEFFREY B. SCHLUSSEL SECRETARY	0.50 0.50	X		X				0.	0.	0.
(155) MARK E. SCHLUSSEL DIRECTOR	0.50 0.50	X						0.	0.	0.
(156) KAREN SOSNICK SCHOENBERG DIRECTOR	0.50 0.50	X						0.	0.	0.
(157) DAVID SCHOSTAK DIRECTOR	0.50 0.00	X						0.	0.	0.
(158) ALAN E. SCHWARTZ DIRECTOR	0.50 0.00	X						0.	0.	0.
(159) RONALD SCHWARTZ DIRECTOR	0.50 0.00	X						0.	0.	0.
(160) LOIS SHAEVSKY DIRECTOR	0.50 0.00	X						0.	0.	0.
(161) ROBERT SHER DIRECTOR	0.50 0.00	X						0.	0.	0.
(162) ELLEN SHERMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(163) JANE F. SHERMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(164) GARY A. SHIFFMAN VICE PRESIDENT	0.50 0.50	X		X				0.	0.	0.
(165) BRIAN D. SIEGEL DIRECTOR	0.50 0.00	X						0.	0.	0.
(166) LORI SIEGEL DIRECTOR	0.50 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(167) JENNIFER SILVERMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(168) ROBERT SLATKIN DIRECTOR	0.50 0.50	X						0.	0.	0.
(169) EDIE SLOTKIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(170) RONALD A. SOLLISH DIRECTOR	0.50 0.00	X						0.	0.	0.
(171) AARON STARR DIRECTOR	0.50 0.00	X						0.	0.	0.
(172) JESSIE STERN DIRECTOR	0.50 0.00	X						0.	0.	0.
(173) SHELDON D. STERN DIRECTOR	0.50 0.00	X						0.	0.	0.
(174) JOEL D. TAUBER DIRECTOR	0.50 0.00	X						0.	0.	0.
(175) LAURENCE S. TISDALE DIRECTOR	0.50 0.00	X						0.	0.	0.
(176) GARY TORGOW VICE PRESIDENT	0.50 0.50	X		X				0.	0.	0.
(177) LEAH TROSCH DIRECTOR	0.50 0.50	X						0.	0.	0.
(178) DEBORAH G. TYNER DIRECTOR	0.50 0.00	X						0.	0.	0.
(179) BRAD URDAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(180) DAVID VICTOR DIRECTOR	0.50 0.00	X						0.	0.	0.
(181) STEWART C. WEINER DIRECTOR	0.50 0.50	X						0.	0.	0.
(182) SAUL I. WEINGARDEN DIRECTOR	0.50 0.00	X						0.	0.	0.
(183) LAWRENCE A. WOLFE PRESIDENT	10.00 0.00	X		X				0.	0.	0.
(184) KAREN ALPNER DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(185) RONALD M. APPLEBAUM DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(186) JEFF ARONOFF DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

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38-1359214

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(187) JAMES BELLINSON VICE PRESIDENT - PARTIAL YEAR	0.50 0.50	X		X				0.	0.	0.
(188) JOSHUA BENNETT DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(189) MICHAEL BERKE DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(190) HADAS BERNARD DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(191) ILANA BLOCK DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(192) RONALD ELKUS DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(193) MIRIAM FORMAN DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(194) CHERYL GUYER DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(195) FRAN HACK DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(196) JAY HACK DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(197) LINDA Z. KLEIN DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(198) CHANAN KROLL DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(199) RANDIE LEVIN DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(200) JOSHUA LEVINE DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(201) DAN MENDELSON DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(202) JILL MENUCK DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(203) HOWARD MOROF DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(204) JOSHUA F. OPPERER VICE PRESIDENT - PARTIAL YEAR	0.50 0.50	X		X				0.	0.	0.
(205) PHYLIS PILCOWITZ DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(206) JACK A. ROBINSON DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

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Form 990

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(207) HOWARD M. ROSEN DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(208) KAREN SIMMONS DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(209) SUZANNE SIMON DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(210) SHELDON STONE DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(211) BARBARA ZALTZ DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(212) DOROTHY BENYAS CHIEF FINANCIAL OFFICER	20.00 20.00			X				203,217.	0.	21,744.
(213) SCOTT STERN CHIEF OPERATING OFFICER	20.00 20.00			X				218,630.	0.	18,136.
(214) HOWARD NEISTEIN CHIEF ADMINISTRATIVE OFFICER	20.00 20.00			X				204,025.	0.	21,454.
(215) THEODORE COHEN CHIEF MARKETING OFFICER	20.00 20.00			X				169,121.	0.	20,921.
(216) ROBERT ARONSON SENIOR DEVELOPMENT DIRECTOR	15.00 15.00				X			244,439.	0.	17,718.
(217) STACEY DEWEESE DIRECTOR, JEWISH COMMUNITY ENDOWMENT	20.00 20.00				X			178,452.	0.	5,103.
(218) JONATHAN LOWE ASSOCIATE ENDOWMENT DIRECTOR	20.00 20.00				X			173,638.	0.	20,955.
(219) MARGO PERNICK DIRECTOR, THE JEWISH FUND	0.10 36.00				X			159,385.	0.	20,560.
(220) DANIEL GREENBERG DIRECTOR, MAJOR GIFTS	20.00 20.00				X			158,770.	0.	4,527.
Total to Part VII, Section A, line 1c								2,032,742.		168,589.

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Form 990 (2015)

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 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 18,568,903.				
	e Government grants (contributions)	1e 3,100,008.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 29,114,315.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		50,783,226.			
Program Service Revenue	2 a COLLABORATION REVENUE	Business Code 900099	534,084.	534,084.		
	b PARTICIPANT REV/MISSION	900099	464,361.	464,361.		
	c TUITION REVENUE	900099	428,453.	428,453.		
	d JFMD PROGRAMMING	900099	800.	800.		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,427,698.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		10,668.	194.	10,474.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a UJF ENDOWMENT MGMT FEE	900099	1,987,672.	1,987,672.			
b JEWISH FUND MGMT FEE	900099	250,000.	250,000.			
c OTHER INCOME	900099	18,290.		18,290.		
d All other revenue						
e Total. Add lines 11a-11d		2,255,962.				
12 Total revenue. See instructions.		54,477,554.	3,665,370.	194.	28,764.	

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Form 990 (2015)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21	32,759,782.	32,759,782.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	865,300.	865,300.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,242,065.	186,310.	434,723.	621,032.
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	7,662,814.	4,399,792.	2,506,610.	756,412.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	483,456.	193,646.	222,470.	67,340.
9 Other employee benefits	1,637,764.	767,662.	678,229.	191,873.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	19,708.		19,708.	
c Accounting	25,150.		25,150.	
d Lobbying	20,400.		20,400.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	626,169.	499,040.	127,129.	
12 Advertising and promotion	230,239.	156,396.	34,042.	39,801.
13 Office expenses	327,352.	64,161.	113,254.	149,937.
14 Information technology	227,473.	70,737.	117,816.	38,920.
15 Royalties				
16 Occupancy	225,000.	117,513.	83,463.	24,024.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,644,102.	1,343,762.	182,349.	117,991.
20 Interest	834.	43.		791.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	145,889.	82,640.	49,533.	13,716.
23 Insurance	26,167.	9,794.	16,373.	
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 MISSIONS	685,888.	685,888.		
b OTHER PROGRAM SERVICES	366,770.	366,770.		
c PROFESSIONAL DEVELOPMENTS	338,018.	189,885.	98,153.	49,980.
d BAD DEBT	-340,627.			-340,627.
e All other expenses	-2,919,131.	48,517.	-2,317,916.	-649,732.
25 Total functional expenses. Add lines 1 through 24e	46,300,582.	42,807,638.	2,411,486.	1,081,458.
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)

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Form 990 (2015)

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	600.	1	600.	
	2 Savings and temporary cash investments	15,836,750.	2	16,177,769.	
	3 Pledges and grants receivable, net	19,298,476.	3	20,767,296.	
	4 Accounts receivable, net	334,241.	4	146,971.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other 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 instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net	34,055.	7	17,669.	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	217,025.	9	235,182.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,513,215.			
	b Less: accumulated depreciation	1,285,973.			
	11 Investments - publicly traded securities	29,612.	11	392.	
	12 Investments - other securities. See Part IV, line 11	862,536.	12	253,500.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	316,208.	15	322,155.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	37,313,941.	16	38,148,776.		
Liabilities	17 Accounts payable and accrued expenses	2,916,321.	17	2,810,001.	
	18 Grants payable	24,556,108.	18	24,771,783.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,419,189.	25	1,921,669.	
	26 Total liabilities. Add lines 17 through 25	29,891,618.	26	29,503,453.	
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27 Unrestricted net assets		7,422,323.	27	8,645,323.	
28 Temporarily restricted net assets			28		
29 Permanently restricted net assets			29		
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
30 Capital stock or trust principal, or current funds			30		
31 Paid-in or capital surplus, or land, building, or equipment fund			31		
32 Retained earnings, endowment, accumulated income, or other funds			32		
33 Total net assets or fund balances	7,422,323.	33	8,645,323.		
34 Total liabilities and net assets/fund balances	37,313,941.	34	38,148,776.		

Form 990 (2015)

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Form 990 (2015)

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	54,477,554.
2 Total expenses (must equal Part IX, column (A), line 25)	2	46,300,582.
3 Revenue less expenses. Subtract line 2 from line 1	3	8,176,972.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,422,323.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	-4,000,000.
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	-2,953,972.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,645,323.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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	2b	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
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?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form 990 (2015)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

JEWISH FEDERATION OF METROPOLITAN

Schedule A (Form 990 or 990-EZ) 2015 **DETROIT**

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	46,208,851.	47,845,245.	47,659,084.	51,913,467.	50,783,226.	244,409,873.
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	46,208,851.	47,845,245.	47,659,084.	51,913,467.	50,783,226.	244,409,873.
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)						9,152,372.
6 Public support. Subtract line 5 from line 4.						235,257,501.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	46,208,851.	47,845,245.	47,659,084.	51,913,467.	50,783,226.	244,409,873.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,194.	6,673.	8,218.	8,199.	10,474.	50,758.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	2,368.	3,733.	1,226.	3,224.	194.	10,745.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,731,374.	309,364.	55,594.	216,032.	18,290.	2,330,654.
11 Total support. Add lines 7 through 10						246,802,030.
12 Gross receipts from related activities, etc. (see instructions)					12	15,506,664.
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 2015 (line 6, column (f) divided by line 11, column (f))	14	95.32	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	92.86	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2014. 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 - 2015. 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 VI 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 - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)						
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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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

JEWISH FEDERATION OF METROPOLITAN

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

JEWISH FEDERATION OF METROPOLITAN

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

JEWISH FEDERATION OF METROPOLITAN

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

JEWISH FEDERATION OF METROPOLITAN

Schedule A (Form 990 or 990-EZ) 2015 **DETROIT**

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

JEWISH FEDERATION OF METROPOLITAN

Schedule A (Form 990 or 990-EZ) 2015 DETROIT

38-1359214 Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

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

MANAGEMENT FEES

MISCELLANEOUS INCOME

Lined area for providing supplemental information.

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

Schedule of Contributors
▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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

Employer identification number
38-1359214

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, 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) (2015)

Name of organization JEWISH FEDERATION OF METROPOLITAN DETROIT	Employer identification number 38-1359214
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>15,702,738.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>1,600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>3,100,008.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>1,800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>1,065,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JEWISH FEDERATION OF METROPOLITAN DETROIT	Employer identification number 38-1359214
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization JEWISH FEDERATION OF METROPOLITAN DETROIT	Employer identification number 38-1359214
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2015

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10-05-15

JEWISH FEDERATION OF METROPOLITAN

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

JEWISH FEDERATION OF METROPOLITAN

Schedule C (Form 990 or 990-EZ) 2015 DETROIT

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		20,400.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			20,400.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

TO SUPPORT JEWISH CAUSES IN THE COMMUNITY

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2015
Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

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

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

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

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

9 In Part XIII, 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" on 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 XIII, 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Schedule D (Form 990) 2015

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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 XIII.

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" on 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 XIII and complete the following table:

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	73,672,989.	72,456,549.	68,876,311.	63,596,065.	
b Contributions	64,941.	1,986,659.	1,143,221.	944,218.	
c Net investment earnings, gains, and losses	-605,869.	3,963,856.	6,150,386.	8,945,026.	
d Grants or scholarships	4,698,355.	4,734,075.	3,713,369.	4,608,998.	
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	68,433,706.	73,672,989.	72,456,549.	68,876,311.	

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 99.12 %
 c Temporarily restricted endowment .89 %

The percentages on 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	X	

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,513,215.	1,285,973.	227,242.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				227,242.

Schedule D (Form 990) 2015

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Schedule D (Form 990) 2015

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTERORGANIZATION PAYABLES	1,921,669.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,921,669.

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Schedule D (Form 990) 2015

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	51,511,361.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	133,815.	
	e Add lines 2a through 2d	2e		133,815.
3	Subtract line 2e from line 1		3	51,377,546.
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 XIII.)	4b	3,100,008.	
	c Add lines 4a and 4b	4c		3,100,008.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	54,477,554.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	50,288,361.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	4,000,000.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	3,087,787.	
	e Add lines 2a through 2d	2e		7,087,787.
3	Subtract line 2e from line 1		3	43,200,574.
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 XIII.)	4b	3,100,008.	
	c Add lines 4a and 4b	4c		3,100,008.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	46,300,582.

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, 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 XI, LINE 2D - OTHER ADJUSTMENTS:

RETURNED GRANT 133,815.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GRANTS RECEIVED IN AGENCY TRANSACTION 3,100,008.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ADMIN EXPS ALLOCATED TO UJF & SUPPORT FOUNDATIONS 3,087,787.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

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

Employer identification number
38-1359214

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
MIDDLE EAST AND NORTH AFRICA	1	3	GRANTS TO RECIPIENT ORGANIZATIONS AND PROGRAM SERVICES	HUNGER RELIEF, AT RISK YOUTH PROGRAMS AND EARLY CHILDHOOD INITIATIVES, MISSIONS	1,114,100.
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		253,500.
3 a Sub-total	1	3			1,367,600.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	3			1,367,600.

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

Schedule F (Form 990) 2015

JEWISH FEDERATION OF METROPOLITAN

Schedule F (Form 990) 2015

DETROIT

38-1359214

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MIDDLE EAST AND NORTH AFRICA	TO SUPPORT THE COMMUNITY	300,000	WIRE	0	N/A	N/A
			MIDDLE EAST AND NORTH AFRICA	TO SUPPORT THE COMMUNITY	140,000	WIRE	0	N/A	N/A
			MIDDLE EAST AND NORTH AFRICA	TO SERVE THE COMMUNITY	20,000	WIRE	0	N/A	N/A
			MIDDLE EAST AND NORTH AFRICA	TO SUPPORT THE COMMUNITY	50,000	WIRE	0	N/A	N/A
			MIDDLE EAST AND NORTH AFRICA	TO SUPPORT THE COMMUNITY	50,000	WIRE	0	N/A	N/A
			MIDDLE EAST AND NORTH AFRICA	TO SUPPORT THE COMMUNITY	300,300	WIRE	0	N/A	N/A
			MIDDLE EAST AND NORTH AFRICA	TO SUPPORT THE COMMUNITY	5,000	WIRE	0	N/A	N/A

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 7

3 Enter total number of other organizations or entities 7

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Schedule F (Form 990) 2015

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Page 3

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

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

JEWISH FEDERATION OF METROPOLITAN

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately 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; do not file with Form 990)* 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

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.

PART I, LINE 2:

IN ORDER TO MONITOR OUR MAJOR OVERSEAS AGENCIES, WE RECEIVE AT LEAST SEMI-ANNUAL PROGRAM AND BUDGET REPORTS, AS WELL AS ANNUAL BUDGET PROPOSALS. IN ADDITION, WE RELY HEAVILY ON OUR ISRAEL OFFICE IN JERUSALEM FOR ON-SITE MONITORING AND USE OF THE FUNDS.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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)	39,490.	0.			TO SUPPORT CONSERVATIVE JUDAISM
AISH HATORAH 25725 COOLIDGE HIGHWAY OAK PARK, MI 48237	38-2785489	501(C)(3)	8,960.	0.			TO SUPPORT CONSERVATIVE JUDAISM
AKIVA HEBREW DAY SCHOOL 21100 W. 12 MILE RD SOUTHFIELD, MI 48076	38-1750780	501(C)(3)	794,414.	0.			TO SUPPORT JEWISH EDUCATION
AMERICAN FRIENDS OF SHEBA MEDICAL CENTER - 205 WEST 86TH ST #511A - NEW YORK, NY 10024	13-3733541	501(C)(3)	34,304.	0.			TO SUPPORT HEALTH CARE
AMERICAN JEWISH COMMITTEE THE JACOB BLAUSTEIN BLDG NEW YORK, NY 10002	13-5563393	501(C)(3)	2,463,447.	0.			TO ENHANCE THE JEWISH WAY OF LIFE
ANTI-DEFAMATION LEAGUE 25800 NORTHWESTERN HWY SOUTHFIELD, MI 48075	13-1818723	501(C)(3)	10,875.	0.			TO FIGHT DISCRIMINATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **47.**

3 Enter total number of other organizations listed in the line 1 table **47.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2015)**

JEWISH FEDERATION OF METROPOLITAN

DETROIT

38-1359214 Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATID 29901 MIDDLEBELT RD FARMINGTON HILLS, MI 48334	38-1437934	501(C)(3)	7,200.	0.			TO SUPPORT EDUCATION
BAR ILAN UNIVERSITY 6735 TELEGRAPH RD SUITE 130 BLOOMFIELD HILLS, MI 48301	13-6192275	501(C)(3)	20,000.	0.			TO SUPPORT EDUCATION
BIRMINGHAM TEMPLE 28611 W. 12 MILE RD FARMINGTON HILLS, MI 48334	38-1747980	501(C)(3)	8,800.	0.			TO SUPPORT JUDAISM
BIRTHRIGHT ISRAEL FOUNDATION 33 EAST 33RD STREET NEW YORK, NY 10016	13-4092050	501(C)(3)	265,690.	0.			TO SUPPORT JUDAISM
B'NAI BRITH YOUTH ORGANIZATION 6600 WEST MAPLE RD WEST BLOOMFIELD, MI 48322	31-1794932	501(C)(3)	127,617.	0.			TO SUPPORT THE ANNUAL CAMPAIGN
CHABAD OF NOVI 42142 LOGANBERRY RIDGE NORTH NOVI, MI 48375	38-2288004	501(C)(3)	5,120.	0.			TO SUPPORT CONSERVATIVE JUDAISM
CONGREGATION B'NAI MOSHE 6800 DRAKE RD WEST BLOOMFIELD, MI 48322	38-1357997	501(C)(3)	5,280.	0.			TO SUPPORT CONSERVATIVE JUDAISM
CONGREGATION SHAAREY ZEDEK 27375 BELL RD SOUTHFIELD, MI 48034	38-1420140	501(C)(3)	17,920.	0.			TO SUPPORT CONSERVATIVE JUDAISM
CONGREGATION SHIR TIKVAH 3900 NORTHFIELD PKWY TROY, MI 48064	38-2439322	501(C)(3)	22,080.	0.			TO SUPPORT REFORM JUDAISM

Schedule I (Form 990)

JEWISH FEDERATION OF METROPOLITAN

Schedule I (Form 990) 38-1359214 Page 1

DETROIT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANKEL JEWISH ACADEMY OF METRO DETROIT - DEVELOPMENT DEPARTMENT - WEST BLOOMFIELD, MI 48322	38-3428219	501(C)(3)	1,474,086.	0.			TO SUPPORT EDUCATION
FRESH AIR SOCIETY 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48303	38-1360545	501(C)(3)	833,492.	0.			TO SUPPORT THE NEEDS OF CHILDREN
FRIENDSHIP CICLE 6892 W. MAPLE ROAD WEST BLOOMFIELD, MI 48322	38-3613944	501(C)(3)	169,555.	0.			TO SUPPORT FAMILIES WITH SPECIAL NEEDS
HEBREW FREE LOAN 6735 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301	38-1359260	501(C)(3)	155,268.	0.			TO PROVIDE INTEREST FREE LOANS
HILLEL DAY SCHOOL 32200 MIDDLEBELT RD FARMINGTON HILLS, MI 48334-1715	38-1586703	501(C)(3)	1,762,480.	0.			TO SUPPORT EDUCATION
HILLEL FOUNDATION OF METRO DETROIT 667 GROSSBERG RELIGIOUS CTR DETROIT, MI 48202-3919	52-1758804	501(C)(3)	189,229.	0.			TO SUPPORT EDUCATION
JARC 30301 NORTHWESTERN HWY STE 100 FARMINGTON HILLS, MI 48334	38-3690103	501(C)(3)	255,146.	0.			TO SUPPORT DISABLED INDIVIDUALS
JEWISH AGENCY FOR ISRAEL 633 THIRD AVE 21ST FLR NEW YORK, NY 10017	23-0053483	501(C)(3)	5,490,683.	0.			TO SUPPORT ISRAEL
JEWISH COMMUNITY CENTER 6600 W. MAPLE RD WEST BLOOMFIELD, MI 48322	38-1358397	501(C)(3)	2,164,083.	0.			TO SUPPORT THE COMMUNITY

Schedule I (Form 990)

JEWISH FEDERATION OF METROPOLITAN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY RELATIONS COUNCIL 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	38-3011194	501(C)(3)	332,466.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH FAMILY SERVICE 6555 W. MAPLE ROAD BLOOMFIELD HILLS, MI 48322	38-0691329	501(C)(3)	3,888,428.	0.			TO SUPPORT JEWISH FAMILIES
JEWISH FEDERATIONS OF NORTH AMERICA - 111 8TH AVENUE - NEW YORK, NY 10011	13-1624240	501(C)(3)	1,543,514.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH SENIOR LIFE OF METRO DETROIT - 15000 WEST TEN MILE ROAD - OAK PARK, MI 48237	38-2693397	501(C)(3)	627,366.	0.			TO SUPPORT THE ELDERLY
JVS 15000 WEST TEN MILE ROAD OAK PARK, MI 48237	38-1358013	501(C)(3)	2,598,305.	0.			TO SUPPORT THE ELDERLY
KADIMA 15999 W. TWELVE MILE RD., 2ND FLOOR SOUTHFIELD, MI 48076	38-2630596	501(C)(3)	227,409.	0.			TO SUPPORT THE JEWISH COMMUNITY
KOLLEL INSTITUTE OF GTR DETROIT 15230 WEST LINCOLN ROAD OAK PARK, MI 48237	38-2114751	501(C)(3)	5,547.	0.			TO SUPPORT JEWISH EDUCATION
LUBAVITCH FOUNDATION 14100 W. 9 MILE ROAD OAK PARK, MI 48237	38-2346125	501(C)(3)	6,547.	0.			TO SUPPORT ORTHODOX JUDAISM
MICHIGAN STATE UNIVERSITY - HILLEL FOUNDATION - 360 CHARLES ST - EAST LANSING, MI 48823	38-3034766	501(C)(3)	325,877.	0.			TO SUPPORT EDUCATION

Schedule I (Form 990)

JEWISH FEDERATION OF METROPOLITAN

Schedule I (Form 990) DETROIT

38-1359214

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL FUNDING COUNCIL 130 E 59TH STREET NEW YORK, NY 10022	51-0172429	501(C)(3)	250,776.	0.			TO SUPPORT THE JEWISH COMMUNITY
ORT AMERICA 6735 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301	13-5562424	501(C)(3)	10,550.	0.			TO SUPPORT THE JEWISH COMMUNITY
TEMPLE BETH EL 7400 TELEGRAPH RD. BLOOMFIELD HILLS, MI 48301	38-1359595	501(C)(3)	28,960.	0.			TO SUPPORT REFORM JUDAISM
TEMPLE ISRAEL 5725 WALNUT LAKE RD. WEST BLOOMFIELD, MI 48323	38-1490194	501(C)(3)	191,080.	0.			TO SUPPORT REFORM JUDAISM
TEMPLE KOL AMI 5085 WALNUT LAKE RD WEST BLOOMFIELD, MI 48323	38-6140065	501(C)(3)	9,440.	0.			TO SUPPORT REFORM JUDAISM
TEMPLE SHIR SHALOM 3999 WALNUT LAKE RD WEST BLOOMFIELD, MI 48323	38-2803191	501(C)(3)	63,360.	0.			TO SUPPORT REFORM JUDAISM
THE SHUL 6890 W. MAPLE RD WEST BLOOMFIELD, MI 48322	20-1370223	501(C)(3)	5,120.	0.			TO SUPPORT THE JEWISH COMMUNITY
UNITED JEWISH FOUNDATION OF METROPOLITAN DETROIT - 6735 TELEGRAPH ROAD - BLOOMFIELD HILLS, MI 48301	38-1360585	501(C)(3)	3,065,539.	0.			TO SUPPORT THE COMMUNITY
UNIVERSITY OF MICHIGAN - HILLEL 1429 HILL ST ANN ARBOR, MI 48104-3105	38-6119964	501(C)(3)	190,544.	0.			TO SUPPORT EDUCATION

Schedule I (Form 990)

JEWISH FEDERATION OF METROPOLITAN

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Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YACHAD 11 BROADWAY 13TH FLR NEW YORK, NY 10004	13-5623717	501(C)(3)	14,560.	0.			TO SUPPORT JEWISH EDUCATION
YESHIVA BETH YEHUDAH 15751 W. LINCOLN SOUTHFIELD, MI 48037-2044	38-1437939	501(C)(3)	2,379,556.	0.			TO SUPPORT JEWISH EDUCATION
YAD EZRA 2850 W. ELEVEN MILE RD BERKLEY, MI 48072	38-2904733	501(C)(3)	5,334.	0.			TO SUPPORT JEWISH EDUCATION
YESHIVA GEDOLAH 24600 GREENFIELD ROAD OAK PARK, MI 48237-1544	38-2569760	501(C)(3)	188,445.	0.			TO SUPPORT EDUCATION
YESHIVAS DARCHEI TORAH 21550 W. TWELVE MILE RD SOUTHFIELD, MI 48076-5501	38-2842622	501(C)(3)	454,608.	0.			TO SUPPORT JEWISH EDUCATION

Schedule I (Form 990)

JEWISH FEDERATION OF METROPOLITAN

Schedule I (Form 990) (2015)

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DETROIT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCH I, PART II, LINE 1:

ANNUAL ALLOCATIONS APPROVED BY THE BOARD OF GOVERNORS ARE BASED ON AGENCY NEEDS AND COMMUNITY PRIORITIES. FEDERATION PLANNING STAFF AND LAY VOLUNTEERS RECEIVE AND REVIEW QUARTERLY FINANCIAL REPORTS AND ANNUAL AUDITS FROM CONSTITUENT AGENCIES. STAFF MEET WITH RECIPIENT ORGANIZATIONS SEVERAL TIMES A YEAR TO REVIEW PROGRAMS, SERVICES, BUDGETS AND ACCREDITATIONS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Employer identification number

38-1359214

Part I Questions Regarding Compensation

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

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

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

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

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, but explain in Part III.

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

4 During the year, did any person listed on 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?

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

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

JEWISH FEDERATION OF METROPOLITAN

38-1359214

Schedule J (Form 990) 2015

DETROIT

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 on 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 and Title	(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 in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SCOTT KAUFMAN EXECUTIVE SECRETARY AND CEO	(i) 322,435.	0.	630.	5,775.	11,696.	340,536.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(2) DOROTHY BENYAS CHIEF FINANCIAL OFFICER	(i) 198,427.	3,000.	1,790.	3,608.	18,136.	224,961.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(3) SCOTT STERN CHIEF OPERATING OFFICER	(i) 218,000.	0.	630.	0.	18,136.	236,766.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(4) HOWARD NEISTEIN CHIEF ADMINISTRATIVE OFFICER	(i) 197,296.	4,000.	2,729.	3,605.	17,849.	225,479.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(5) THEODORE COHEN CHIEF MARKETING OFFICER	(i) 167,607.	1,000.	514.	3,020.	17,901.	190,042.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(6) ROBERT ARONSON SENIOR DEVELOPMENT DIRECTOR	(i) 193,818.	0.	50,621.	4,671.	13,047.	262,157.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(7) STACEY DEWEESE DIRECTOR, JEWISH COMMUNITY ENDOWMENT	(i) 171,942.	5,000.	1,510.	3,169.	1,934.	183,555.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(8) JONATHAN LOWE ASSOCIATE ENDOWMENT DIRECTOR	(i) 167,382.	4,000.	2,256.	3,069.	17,886.	194,593.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(9) MARGO PERNICK DIRECTOR, THE JEWISH FUND	(i) 158,012.	0.	1,373.	2,830.	17,730.	179,945.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(10) DANIEL GREENBERG DIRECTOR, MAJOR GIFTS	(i) 152,911.	4,000.	1,859.	2,810.	1,717.	163,297.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.

JEWISH FEDERATION OF METROPOLITAN

DETROIT

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Schedule J (Form 990) 2015

Part III Supplemental Information

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 - \$50,621. ROBERT PARTICIPATES IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. UNDER THIS ARRANGEMENT, THE ORGANIZATION MAKES AN ANNUAL CONTRIBUTION TO THE ACCOUNT AND PAYS ANNUAL INTEREST ON THE AVERAGE BALANCE OF THE PRECEDING 12 MONTHS. ROBERT IS REQUIRED TO TAKE A DISTRIBUTION EACH YEAR IN AGREEMENT WITH THE CONTRACT.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Employer identification number
38-1359214

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

ISRAEL, AND AROUND THE WORLD.

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

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

EXPENSES \$ 9,157,893. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,427,698.

FORM 990, PART VI, SECTION A, LINE 2:

THE FOLLOWING BOARD MEMBERS HAVE FAMILY RELATIONSHIPS:

CAROLYN BELLINSON AND JAMES BELLINSON

ROSELYN BLANCK AND ADAM BLANCK

RICHARD BRODER AND RUTH BRODER

JEFFREY BRODSKY AND STACY BRODSKY

FREDRICK BLECHMAN AND KEN GOSS

WARREN COVILLE AND MARGOT COVILLE

SUZAN CURHAN AND LAWRENCE JACKIER

GAIL DANTO AND SANDY MUSKOVITZ-DANTO

STACY DOCTOROFF AND SHERRI KETAI

DELORES FARBER AND LEONARD FARBER

JEFFREY FORMAN AND MIRIAM FORMAN

CONRAD GILES AND LYNDA GILES

NANCY GRAND AND STEPHEN GRAND

CHERYL GUYER AND DAN GUYER

FRANCINE HACK AND JAY HACK

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

Employer identification number
38-1359214

MARGOT HALPERIN AND JEROME HALPERIN

NANCY HEINRICH AND BRIAN SIEGEL

LEE HURWITZ AND RICHARD BRODER

DIANE KLEIN AND RONALD KLEIN

DIANE KLEIN AND BARBARA ZALTZ

JASON KLEIN AND RONALD KLEIN

JOSHUA LEVINE AND HAROLD LOSS

HANNAN LIS AND FLORINE MARK

LISA LIS AND HANNAN LIS

LISA LIS AND FLORINE MARK

ARTHUR LISS AND BEVERLY LISS

MICHAEL MADDIN AND MARTY MADDIN

IRVING NUSBAUM AND BARB NUSBAUM

HOWARD ROSEN AND MARTIN MADDIN

BENJAMIN ROSENTHAL AND MARTA ROSENTHAL

BRIAN SATOVSKY AND NEIL SATOVSKY

BRIAN HERMELIN AND DOREEN HERMELIN

MICHAEL LIPPITT AND ROBERT LIPPITT

GRAHAM ORLEY AND MARCIE ORLEY

HARRIET ORLEY AND JOSEPH ORLEY

HARRIET ORLEY AND GRAHAM ORLEY

HARRIET ORLEY AND MARCIE ORLEY

JOSEPH ORLEY AND GRAHAM ORLEY

JOSEPH ORLEY AND MARCIE ORLEY

JESSIE STERN AND SHELDON STERN

JEFFREY SCHLUSSEL AND MARK SCHLUSSEL

JANE SHERMAN AND ELLEN SHERMAN

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

Employer identification number
38-1359214

THE FOLLOWING BOARD MEMBERS HAVE BUSINESS RELATIONSHIPS:

MARK HAUSER AND LOWELL SALESIN

LEE HURWITZ AND RICHARD BRODER

BERNARD KENT AND MARC SCHECHTER

MARTY MADDIN AND MICHAEL MADDIN

ROBERT SLATKIN AND MICHAEL MADDIN

ROBERT SLATKIN AND MARK HAUSER

MARK HAUSER AND MICHAEL MADDIN

NANCY HEINRICH AND BRIAN SIEGEL

HANNAN LIS AND LISA LIS

HANNAN LIS AND FLORINE MARK

BRIAN SIEGEL AND SCOTT KAUFMAN

FORM 990, PART VI, SECTION B, LINE 11:

THE AUDIT COMMITTEE HAS THE AUTHORITY TO APPROVE THE FORM 990 ON BEHALF OF THE BOARD OF 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 PUBLIC DISCLOSURE COPY OF THE FORM 990 IS MADE AVAILABLE TO THE BOARD OF JEWISH FEDERATION OF METROPOLITAN DETROIT PRIOR TO IT BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS, BOARD MEMBERS AND STAFF OF THE JEWISH FEDERATION OF METROPOLITAN DETROIT DISCLOSE IN WRITING ANY POTENTIAL CONFLICTS OF INTEREST. THIS DOCUMENTATION IS MAINTAINED ON FILE. AT THE TIME OF VOTING ON GRANT APPROVALS, BOARD MEMBERS ARE ASKED TO CITE CONFLICTS OF INTEREST, IF ANY EXIST, AND ABSTAIN FROM INDIVIDUAL VOTES. THIS PROCESS IS RECORDED

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

Employer identification number
38-1359214

IN THE BOARD MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 15:

A COMPENSATION COMMITTEE DETERMINES COMPENSATION BASED ON THE STAFF MEMBERS' ESTABLISHED GOALS AND OBJECTIVES. THE COMMITTEE WILL ALSO CONSIDER COMPARABLE SALARY DATA FROM OTHER JEWISH FEDERATIONS OR NON-PROFIT ORGANIZATIONS. THIS PROCESS IS DONE ANNUALLY FOR THE CEO, CFO, CHIEF FINANCIAL RESOURCE DEVELOPMENT OFFICER AND THE CHIEF ADMINISTRATIVE OFFICER AND LAST OCCURRED IN MAY 2016. 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 9, CHANGES IN NET ASSETS:

ALLOCATED TO UJF AND VARIOUS SUPPORT ORGANIZATIONS	-3,087,787.
RETURNED GRANT	133,815.
TOTAL TO FORM 990, PART XI, LINE 9	-2,953,972.

FORM 990, PART XII, LINE 2C

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Employer identification number
38-1359214

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

(a) Name, address, and EIN (if applicable) 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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UNITED JEWISH FOUNDATION - 38-1360585 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	HOLDS PROPERTY AND INVESTMENTS	MICHIGAN	501(C)(3)	7	N/A		X
THE JEWISH FUND - 38-3323875 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE II	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
		MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		X

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

Schedule R (Form 990) 2015

JEWISH FEDERATION OF METROPOLITAN

DETROIT

38-1359214

Schedule R (Form 990)

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	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
IRWIN AND BETHA GREEN SUPPORT FOUNDATION - 38-2490337, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		X

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Schedule R (Form 990)

38-1359214

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
DAVID & NADINE FARBMAN FAMILY SUPPORT FOUNDATION - 38-2805017, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
ALAN JAY & SUE E KAUFMAN FAMILY SUPPORT FOUNDATION - 61-1562406, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
THE JACK A. & AVIVA ROBINSON FAMILY SUPPORT FOUNDATION - 38-2993215, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		X

JEWISH FEDERATION OF METROPOLITAN

DETROIT

Schedule R (Form 990)

38-1359214

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
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	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
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	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
WOODRUM FOUNDATION - 38-3316513 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		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	JEWISH FEDERATION OF METROPOLITAN DETROIT		X

JEWISH FEDERATION OF METROPOLITAN

DETROIT

Schedule R (Form 990)

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Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
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	JEWISH FEDERATION OF METROPOLITAN DETROIT	X	
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	JEWISH FEDERATION OF METROPOLITAN DETROIT	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	JEWISH FEDERATION OF METROPOLITAN DETROIT	X	
COVILLE-TRIST FAMILY FOUNDATION - 38-2548695, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	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	JEWISH FEDERATION OF METROPOLITAN DETROIT	X	
HUGHES L. & SHEILA 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	JEWISH FEDERATION OF METROPOLITAN DETROIT	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	JEWISH FEDERATION OF METROPOLITAN DETROIT	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	JEWISH FEDERATION OF METROPOLITAN DETROIT	X	
GERALD ORAM FAMILY - 61-1562412 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	X	
SEYMOUR & LOIS LEVINE - 38-2824404 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT	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	JEWISH FEDERATION OF METROPOLITAN DETROIT	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	JEWISH FEDERATION OF METROPOLITAN DETROIT	X	

JEWISH FEDERATION OF METROPOLITAN
DETROIT

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Schedule R (Form 990)

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
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			X

JEWISH FEDERATION OF METROPOLITAN

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Page 2

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

Table with 12 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

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

Table with 11 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity?.

JEWISH FEDERATION OF METROPOLITAN

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, 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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1) HERMELIN FAMILY SUPPORT FOUNDATION	C	57,000.	CASH TRANSACTION		X
(2) PRENTIS FAMILY SUPPORT FOUNDATION	C	90,000.	CASH TRANSACTION		X
(3) MADELEINE H. AND MANDELL L. BERMAN FAMILY SUPPORT FOUNDATION	C	999,167.	CASH TRANSACTION		X
(4) THE JEWISH FUND	C	901,061.	CASH TRANSACTION		X
(5) UNITED JEWISH FOUNDATION	C	15,702,738.	CASH TRANSACTION		X
(6) THE JEWISH FUND	L	250,000.	CASH TRANSACTION		X

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Schedule R (Form 990)

38-1359214

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)	MAXWELL AND MARJORIE JOSPEY SUPPORT FOUNDATION	C	100,000.	CASH TRANSACTION
(8)	UNITED JEWISH FOUNDATION	B	3,065,539.	CASH TRANSACTION
(9)	RITA C. & JOHN HADDOW FAMILY SUPPORT FOUNDATION	C	130,000.	CASH TRANSACTION
(10)	ALAN JAY & SUE KAUFMAN FAMILY SUPPORT FOUNDATION	C	216,000.	CASH TRANSACTION
(11)	DOUG & KAISA LEVINE FAMILY SUPPORT FOUNDATION	C	62,000.	CASH TRANSACTION
(12)	SCHOSTAK FAMILY FOUNDATION	C	60,000.	CASH TRANSACTION
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

JEWISH FEDERATION OF METROPOLITAN

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.

Form 990-T

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

OMB No. 1545-0687

For calendar year 2015 or other tax year beginning JUN 1, 2015, and ending MAY 31, 2016

2015

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

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); Name of organization: JEWISH FEDERATION OF METROPOLITAN DETROIT; Address: 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301; Employer identification number: 38-1359214; Unrelated business activity codes: 900099.

C Book value of all assets at end of year: 38,148,776; F Group exemption number; G Check organization type: [X] 501(c) corporation.

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? [X] No

J The books are in care of: BECKY STASCH; Telephone number: (248) 203-1521

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales; 2 Cost of goods sold; 5 Income (loss) from partnerships and S corporations (194.); 13 Total (194.).

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table with 2 columns: Description, Amount. Rows include: 14 Compensation of officers, directors, and trustees; 21 Depreciation; 29 Total deductions (0.); 30 Unrelated business taxable income before net operating loss deduction (194.); 33 Specific deduction (1,000.); 34 Unrelated business taxable income (0.).

**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Form 990-T (2015)

38-1359214

Page 2

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____
c Income tax on the amount on line 34 ▶ 35c 0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) ▶ 36
37 Proxy tax. See instructions ▶ 37
38 Alternative minimum tax ▶ 38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies ▶ 39 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ▶ 40a
b Other credits (see instructions) ▶ 40b
c General business credit. Attach Form 3800 ▶ 40c
d Credit for prior year minimum tax (attach Form 8801 or 8827) ▶ 40d
e Total credits. Add lines 40a through 40d ▶ 40e
41 Subtract line 40e from line 39 ▶ 41 0.
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) ▶ 42
43 Total tax. Add lines 41 and 42 ▶ 43 0.
44 a Payments: A 2014 overpayment credited to 2015 ▶ 44a
b 2015 estimated tax payments ▶ 44b
c Tax deposited with Form 8868 ▶ 44c
d Foreign organizations: Tax paid or withheld at source (see instructions) ▶ 44d
e Backup withholding (see instructions) ▶ 44e
f Credit for small employer health insurance premiums (Attach Form 8941) ▶ 44f
g Other credits and payments: Form 2439 Form 4136 Other ▶ 44g
45 Total payments. Add lines 44a through 44g ▶ 45
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ 46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed ▶ 47 0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶ 48 0.
49 Enter the amount of line 48 you want: Credited to 2016 estimated tax Refunded ▶ 49

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

1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **ISRAEL** ▶ Yes No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. ▶ Yes No
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ ▶ Yes No

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

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

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

Sign Here ▶ Signature of officer *[Signature]* Date *10/12/16* Title **CHIEF FINANCIAL OFFICER**

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

Paid Preparer Use Only

Print/type preparer's name LYNNE M. HUISMANN	Preparer's signature <i>[Signature]</i>	Date 10/12/16	Check <input type="checkbox"/> if self-employed	PTIN P00053811
Firm's name PLANTE & MORAN, PLLC			Firm's EIN 38-1357951	
Firm's address 2601 CAMBRIDGE CT., SUITE 500 AUBURN HILLS, MI 48326			Phone no. 248-375-7100	

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

1. Description of property

Table with 4 rows for property descriptions (1-4).

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

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

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

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3(a) Straight line depreciation, 3(b) Other deductions.

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

Totals ... Total dividends-received deductions included in column 8 ...

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

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 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.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable income, 8. Net unrelated income (loss), 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.

Totals ... Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) 0. Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) 0.

JEWISH FEDERATION OF METROPOLITAN

Form 990-T (2015) **DETROIT**

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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		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 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		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 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)						
Totals from Part I		0.	0.			0.
Totals, Part II (lines 1-5)		Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.			Enter here and on page 1, Part II, line 27. 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

PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
PAUL CAPITAL PARNTERS IX LP SIGULAR GUFF DISTRESSED	5.	0.	5.
OPPORTUNITIES FUND III, LP	189.	0.	189.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	194.	0.	194.

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.
 ▶ Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

2015

Name JEWISH FEDERATION OF METROPOLITAN DETROIT	Employer identification number 38-1359214
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Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.
This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	7.			7.
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7 7.

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

See instructions for how to figure the amounts to enter on the lines below.
This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked		483.		-483.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Enter gain from Form 4797, line 7 or 9				11 5.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 -478.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)		16
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)		17
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns		18 0.

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

Sales and Other Dispositions of Capital Assets

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.
 ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return
**JEWISH FEDERATION OF METROPOLITAN
 DETROIT**

Social security number or
 taxpayer identification no.
38-1359214

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2.
Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	FROM PAUL CAPITAL PARTNERS IX LP K-1			7.				7.
2	Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶			7.				7.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side
**JEWISH FEDERATION OF METROPOLITAN
DETROIT**

Social security number or taxpayer identification no.
38-1359214

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

[] (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

[X] (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS

[] (F) Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Includes entry for FROM PAUL CAPITAL PARTNERS IX LP K-1 with proceeds 483 and loss <483.>

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))
▶ Attach to your tax return.

▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Name(s) shown on return JEWISH FEDERATION OF METROPOLITAN DETROIT	Identifying number 38-1359214
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1 Enter the gross proceeds from sales or exchanges reported to you for 2015 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2 FROM PAUL CAPITAL PARTNERS IX LP K-1			5.			5.

3 Gain, if any, from Form 4684, line 39	3	
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6 Gain, if any, from line 32, from other than casualty or theft	6	
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.	7	5.
8 Nonrecaptured net section 1231 losses from prior years (see instructions)	8	
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	9	5.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):						

11 Loss, if any, from line 7	11	()
12 Gain, if any, from line 7 or amount from line 8, if applicable	12	
13 Gain, if any, from line 31	13	
14 Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17 Combine lines 10 through 16	17	
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:		
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	18a	
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
	▶	Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975 (see instructions)	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126 (see instructions)	29a	
b	Enter the smaller of line 24 or 29a (see instructions)	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33
34	Recomputed depreciation (see instructions)	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35