

Form **990**

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

OMB No. 1545-0047

2015
Open to Public Inspection

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.

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

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
UNITED JEWISH FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
6735 TELEGRAPH ROAD

City or town, state or province, country, and ZIP or foreign postal code
BLOOMFIELD HILLS, MI 48301

F Name and address of principal officer: **SCOTT KAUFMAN**
SAME AS C ABOVE

D Employer identification number
38-1360585

E Telephone number
(248) 642-4260

G Gross receipts \$ **164,771,179.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.JEWISHDETROIT.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1899** **M** State of legal domicile: **MI**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **THE UNITED JEWISH FOUNDATION SERVES AS CUSTODIAN OF THE DETROIT JEWISH COMMUNITY'S ASSETS. THE**

2 Check this box 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 | 53 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 52 |
| 5 | Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 | 0 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 800 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 19,290. |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 18,290. |

| | | Prior Year | Current Year |
|-----|--|-------------|--------------|
| 8 | Contributions and grants (Part VIII, line 1h) | 31,447,058. | 37,594,631. |
| 9 | Program service revenue (Part VIII, line 2g) | 0. | 0. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 17,102,038. | 13,058,593. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -3,390. | 30,182. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 48,545,706. | 50,683,406. |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 47,059,177. | 42,604,299. |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| 16b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 679,565. | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 8,517,921. | 8,926,189. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 55,577,098. | 51,530,488. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | -7,031,392. | -847,082. |

| | | Beginning of Current Year | End of Year |
|----|--|---------------------------|--------------|
| 20 | Total assets (Part X, line 16) | 471,288,327. | 454,859,108. |
| 21 | Total liabilities (Part X, line 26) | 85,143,734. | 88,478,624. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 386,144,593. | 366,380,484. |

Part II Signature Block

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

Sign Here: Signature of officer *[Signature]* Date **10/13/16**
DOROTHY BENYAS, CHIEF FINANCIAL OFFICER
 Type or print name and title

Paid: Print/Type preparer's name **LYNNE M. HUISMANN** Preparer's signature *[Signature]* Date **10/12/16** Check if self-employed PTIN **P00053811**

Preparer Use Only: Firm's name ▶ **PLANTE & MORAN, LLC** 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

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the 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 \$ 42,604,299. including grants of \$ 42,604,299.) (Revenue \$) DISTRIBUTION OF ASSETS TO THE JEWISH FEDERATION'S ANNUAL CAMPAIGN AND TO OTHER QUALIFIED 501(C)(3) ORGANIZATIONS SERVING THE JEWISH COMMUNITY LOCALLY AND NATIONALLY

4b (Code:) (Expenses \$ 4,686,958. including grants of \$) (Revenue \$) OTHER PROGRAM SERVICES

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

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

4e Total program service expenses 47,291,257.

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 |

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 |
| 20b 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 | |
| 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | X |
| 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | X |
| 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | X |
| 25a Section 501(c)(3), 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 |
| 25b 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): | | |
| 28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28c 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 | |
| 35b 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? Note. All Form 990 filers are required to complete Schedule O | X | |

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

Table with columns for question number, description, and Yes/No boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (53); 1b Enter the number of voting members included in line 1a, above, who are independent (52); 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); 7b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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); 11b 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); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c 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); 16b 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

Table with 2 columns: Question, Answer. Rows include: 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. [X] Own website [] Another's website [X] 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 ROAD, BLOOMFIELD HILLS, MI 48301

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

Check if Schedule O contains a response 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) NANCY ADLER DIRECTOR | 0.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (2) PAMELA APPLEBAUM VICE-PRESIDENT | 0.50 0.00 | X | | X | | | | 0. | 0. | 0. |
| (3) MICHAEL E. BERGER VICE-PRESIDENT | 0.50 0.50 | X | | X | | | | 0. | 0. | 0. |
| (4) DENNIS S. BERNARD TREASURER - PARTIAL YEAR | 0.50 0.00 | X | | X | | | | 0. | 0. | 0. |
| (5) ROSELYN K. BLANCK DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (6) DOUGLAS BLOOM DIRECTOR | 0.50 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) SCOTT A. EISENBERG TREASURER - PARTIAL YEAR | 0.50 0.00 | X | | X | | | | 0. | 0. | 0. |
| (8) STEPHEN EISENBERG DIRECTOR | 0.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (9) JEFFREY EISENSHTADT DIRECTOR - PARTIAL YEAR | 0.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (10) MICHAEL EIZELMAN DIRECTOR | 0.50 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) DOUGLAS ETKIN DIRECTOR | 0.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (12) PHILLIP WM. FISHER DIRECTOR - PARTIAL YEAR | 0.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (13) MINDI FYNKE DIRECTOR | 0.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (14) RALPH GERSON VICE-PRESIDENT | 0.50 0.00 | X | | X | | | | 0. | 0. | 0. |
| (15) MARGOT HALPERIN DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (16) MARK R. HAUSER DIRECTOR | 0.50 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) BRIAN HERMELIN DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (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) LEE HURWITZ DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (19) ALAN J. KAUFMAN VICE-PRESIDENT | 0.50 0.00 | X | | X | | | | 0. | 0. | 0. |
| (20) SCOTT KAUFMAN CEO AND SECRETARY | 20.00 20.00 | X | | X | | | | 0. | 323,065. | 17,471. |
| (21) BERNARD KENT DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (22) BRIAN KEPES DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (23) SHERRI KETAI DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (24) LAWRENCE LAX VICE-PRESIDENT | 0.50 0.50 | X | | X | | | | 0. | 0. | 0. |
| (25) MATTHEW LESTER DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (26) ROBERT LIPPITT DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 323,065. | 17,471. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 794,993. | 82,255. |
| d Total (add lines 1b and 1c) | | | | | | | | 0. | 1,118,058. | 99,726. |

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

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| ENGINEERING, INC 1270 RICKETT ROAD, BRIGHTON, MI 48116 | BUILDING CONSTRUCTION | 2,404,370. |
| APPLEBAUM CAMPUS, 29100 NORTHWESTERN HWY SUITE 200, SOUTHFIELD, MI 48034 | PROPERTY MANAGEMENT | 320,046. |
| COMERICA BANK P.O BOX 67600, DETROIT, MI 48267 | TRUST BANKING | 188,880. |
| JEFFREY SLOCUM & ASSOCIATES INC, 43 MAIN ST. SE, STE 300, MINNEAPOLIS, MN 55414 | INVESTMENT CONSULTING | 163,285. |
| PCI ONE SOURCE CONTRACTING 21717 REPUBLIC STREET, OAK PARK, MI 48237 | BUILDING CONSTRUCTION | 154,880. |

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 **10**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

| (A) Name and title | (B) Average hours per week (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) LISA LIS DIRECTOR | 0.50 1.00 | X | | | | | | 0. | 0. | 0. |
| (28) BEVERLY LISS DIRECTOR | 0.50 1.00 | X | | | | | | 0. | 0. | 0. |
| (29) RABBI HAROLD LOSS DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (30) MICHAEL W. MADDIN DIRECTOR | 0.50 1.00 | X | | | | | | 0. | 0. | 0. |
| (31) EDWARD MEER DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (32) STEVEN MIGLIORE DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (33) JEREMY J. MODELLE DIRECTOR | 0.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (34) HOWARD MOROF DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (35) ALLAN NACHMAN DIRECTOR | 0.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (36) GRAHAM A. ORLEY DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (37) NORMAN A. PAPPAS DIRECTOR | 0.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (38) MICHAEL B. PERLMAN DIRECTOR | 0.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (39) JACK A. ROBINSON DIRECTOR - PARTIAL YEAR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (40) WARREN ROSE OFFICER AT LARGE | 0.50 0.00 | X | | X | | | | 0. | 0. | 0. |
| (41) BENJAMIN F. ROSENTHAL PRESIDENT | 10.00 1.00 | X | | X | | | | 0. | 0. | 0. |
| (42) TERRI FARBER ROTH DIRECTOR | 0.50 1.00 | X | | | | | | 0. | 0. | 0. |
| (43) TODD SACHSE DIRECTOR | 0.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (44) JEFFREY SCHLUSSEL DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (45) KAREN SOSNICK SCHOENBERG OFFICER AT LARGE | 0.50 1.00 | X | | X | | | | 0. | 0. | 0. |
| (46) ALAN S. SCHWARTZ DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week (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) GARY SHIFFMAN DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (48) ROBERT SLATKIN DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (49) HARVEY SOLWAY DIRECTOR | 0.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (50) JEFFREY P. STRAUSS DIRECTOR | 0.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (51) CAROLYN TISDALE DIRECTOR | 0.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (52) GARY TORGOW DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (53) LEAH TROSCHE DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (54) STEWART WEINER DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (55) STEVEN WEISBERG VICE-PRESIDENT | 0.50 0.00 | X | | X | | | | 0. | 0. | 0. |
| (56) RANDY WERTHEIMER DIRECTOR | 0.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (57) LAWRENCE A. WOLFE DIRECTOR | 0.50 1.00 | X | | | | | | 0. | 0. | 0. |
| (58) NEAL ZALENKO DIRECTOR | 0.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (59) ALAN S. ZEKELMAN - PARTIAL YEAR VICE-PRESIDENT | 0.50 0.00 | X | | X | | | | 0. | 0. | 0. |
| (60) DOROTHY BENYAS CHIEF FINANCIAL OFFICER | 20.00 22.00 | | | X | | | | 0. | 203,217. | 21,744. |
| (61) HOWARD NEISTEIN CHIEF ADMINISTRATIVE OFFICER | 20.00 20.00 | | | X | | | | 0. | 204,025. | 21,454. |
| (62) SCOTT STERN CHIEF OPERATING OFFICER | 20.00 20.00 | | | X | | | | 0. | 218,630. | 18,136. |
| (63) THEODORE COHEN CHIEF MARKETING OFFICER | 20.00 20.00 | | | X | | | | 0. | 169,121. | 20,921. |
| Total to Part VII, Section A, line 1c | | | | | | | | 794,993. | 82,255. | |

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 | | | | | |
| | b | Membership dues | | | | | |
| | c | Fundraising events | | | | | |
| | d | Related organizations | 3,468,704. | | | | |
| | e | Government grants (contributions) | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 34,125,927. | | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | 10,400,630. | | | | |
| | h | Total. Add lines 1a-1f | 37,594,631. | | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2 a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | g | Total. Add lines 2a-2f | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 11,682,300. | | 11,682,300. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6 a | | | (i) Real | (ii) Personal | | |
| | | | | 858,850. | | | |
| | | | | 956,234. | | | |
| | | | | -97,384. | | | |
| | d | Net rental income or (loss) | | -97,384. | | -97,384. | |
| | 7 a | | | (i) Securities | (ii) Other | | |
| | | | | 114,362,431. | 145,401. | | |
| | | | | 112,963,433. | 168,106. | | |
| | | | | 1,398,998. | -22,705. | | |
| | d | Net gain or (loss) | | 1,376,293. | | 1,376,293. | |
| | 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 | PARTNERSHIP INCOME | 900099 | 61,979. | | 19,290. | 42,689. | |
| b | ANNUITY ARBITRAGE | 900099 | 41,398. | | | 41,398. | |
| c | PARTICIPANT REVENUE | 900099 | 19,275. | | | 19,275. | |
| d | All other revenue | 900099 | 4,914. | | | 4,914. | |
| e | Total. Add lines 11a-11d | | 127,566. | | | | |
| 12 | Total revenue. See instructions. | | 50,683,406. | 0. | 19,290. | 13,069,485. | |

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

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (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 | 42,604,299. | 42,604,299. | | |
| 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 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 1,367,614. | | 1,367,614. | |
| b Legal | 94,537. | | 94,537. | |
| c Accounting | 58,454. | | 58,454. | |
| d Lobbying | | | | |
| 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.) | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 124,241. | | 124,241. | |
| 14 Information technology | 4,485. | | 4,485. | |
| 15 Royalties | | | | |
| 16 Occupancy | 1,353,399. | 1,270,663. | 82,736. | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 96,950. | | 96,950. | |
| 20 Interest | 57,937. | 57,937. | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 4,037,948. | 4,020,638. | 17,310. | |
| 23 Insurance | 47,682. | | 47,682. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a JFMD FUND. & ADMIN. EXP | 2,370,787. | | 1,691,222. | 679,565. |
| b CONTRACTED LABOR | 240,090. | 240,090. | | |
| c PROGRAM SERVICES | 53,864. | 53,864. | | |
| d RENTAL EXP. ON PT VIII | -956,234. | -956,234. | | |
| e All other expenses | -25,565. | | -25,565. | |
| 25 Total functional expenses. Add lines 1 through 24e | 51,530,488. | 47,291,257. | 3,559,666. | 679,565. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

Part X Balance Sheet

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 | 1 | |
| | 2 | Savings and temporary cash investments | 17,006,089. | 2 26,495,296. |
| | 3 | Pledges and grants receivable, net | 13,726,557. | 3 10,506,729. |
| | 4 | Accounts receivable, net | 988,220. | 4 3,600,450. |
| | 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 | 8,517,614. | 7 8,426,435. |
| | 8 | Inventories for sale or use | | 8 |
| | 9 | Prepaid expenses and deferred charges | 2,186,741. | 9 2,258,695. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 138,699,060. | |
| | b | Less: accumulated depreciation | 10b 73,042,385. | 10c 65,043,181. |
| | 11 | Investments - publicly traded securities | 218,993,984. | 11 216,610,832. |
| | 12 | Investments - other securities. See Part IV, line 11 | 132,749,716. | 12 109,812,381. |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 |
| | 14 | Intangible assets | | 14 |
| | 15 | Other assets. See Part IV, line 11 | 12,076,225. | 15 11,491,615. |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 471,288,327. | 16 454,859,108. | |
| Liabilities | 17 | Accounts payable and accrued expenses | 588,581. | 17 2,314,008. |
| | 18 | Grants payable | 4,344,837. | 18 7,204,596. |
| | 19 | Deferred revenue | | 19 |
| | 20 | Tax-exempt bond liabilities | 1,342,909. | 20 1,203,422. |
| | 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 | 200,000. | 23 575,000. |
| | 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 | 78,667,407. | 25 77,181,598. |
| | 26 | Total liabilities. Add lines 17 through 25 | 85,143,734. | 26 88,478,624. |
| | 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 | 165,643,478. | 27 136,377,375. |
| 28 | | Temporarily restricted net assets | 47,271,203. | 28 49,160,582. |
| 29 | | Permanently restricted net assets | 173,229,912. | 29 180,842,527. |
| 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 | 386,144,593. | 33 366,380,484. | |
| 34 | Total liabilities and net assets/fund balances | 471,288,327. | 34 454,859,108. | |

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 | 50,683,406. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 51,530,488. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -847,082. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 386,144,593. |
| 5 | Net unrealized gains (losses) on investments | 5 | -28,856,518. |
| 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 | 5,939,491. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 366,380,484. |

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 | | 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 | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (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 | | | | | | |

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.") | 19,933,048. | 24,029,320. | 66,886,420. | 31,447,058. | 37,594,631. | 179,890,477. |
| 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 | 19,933,048. | 24,029,320. | 66,886,420. | 31,447,058. | 37,594,631. | 179,890,477. |
| 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) | | | | | | 69,913,090. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 109,977,387. |

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 | 19,933,048. | 24,029,320. | 66,886,420. | 31,447,058. | 37,594,631. | 179,890,477. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 6,530,141. | 921,073. | 1,521,371. | 4,620,106. | 12,541,150. | 26,133,841. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 30,607. | 128,830. | 32,295. | 61,309. | 19,290. | 272,331. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 287,421. | 57,296. | 105,690. | 248,458. | 108,276. | 807,141. |
| 11 Total support. Add lines 7 through 10 | | | | | | 207,103,790. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|--|-------------------------------------|-------|---|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | 53.10 | % |
| 15 Public support percentage from 2014 Schedule A, Part II, line 14 | 15 | 53.22 | % |
| 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"/> | | |

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

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? 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. | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| 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)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below. | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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. | | |
| 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)? 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. | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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). | | |
| 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? If "Yes," provide detail in Part VI. | | |
| 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 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))? If "Yes," provide detail in Part VI. | | |
| 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? If "Yes," provide detail in Part VI. | | |
| 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? If "Yes," provide detail in Part VI. | | |
| 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)? If "Yes," answer 10b below. | | |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |

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? | 11a | |
| b A family member of a person described in (a) above? | 11b | |
| 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. | 11c | |

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. | 1 | |
| 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. | 2 | |

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). | 1 | |

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? | 1 | |
| 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). | 2 | |
| 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. | 3 | |

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. | | |
| 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. |
| | 2a | |
| 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. |
| | 2b | |
| 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. |
| | 3a | |
| 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. |
| | 3b | |

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).

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

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:

OTHER INCOME

Multiple horizontal lines for providing explanations for other income.

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

UNITED JEWISH FOUNDATION

Employer identification number

38-1360585

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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 UNITED JEWISH FOUNDATION | Employer identification number 38-1360585 |
|---|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| <u>1</u> | <hr/> <hr/> <hr/> | \$ <u>3,065,539.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>2</u> | <hr/> <hr/> <hr/> | \$ <u>1,075,382.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>3</u> | <hr/> <hr/> <hr/> | \$ <u>14,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>4</u> | <hr/> <hr/> <hr/> | \$ <u>1,127,072.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>5</u> | <hr/> <hr/> <hr/> | \$ <u>1,048,927.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>6</u> | <hr/> <hr/> <hr/> | \$ <u>943,605.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 7 | | \$ <u>1,508,220.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | | \$ <u>1,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | | \$ <u>2,731,416.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | | \$ <u>1,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | | \$ <u>850,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | | \$ <u>898,712.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

UNITED JEWISH FOUNDATION

38-1360585

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| 2 | MARKETABLE SECURITIES | \$ 1,075,382. | 10/09/15 |
| 5 | MARKETABLE SECURITIES | \$ 1,048,927. | |
| 12 | MARKETABLE SECURITIES | \$ 898,712. | 11/19/15 |
| | | \$ | |
| | | \$ | |
| | | \$ | |

Name of organization

Employer identification number

UNITED JEWISH FOUNDATION

38-1360585

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year | 557 | 1164 |
| 2 Aggregate value of contributions to (during year) | 14,035,995. | 27,894,947. |
| 3 Aggregate value of grants from (during year) | 31,030,396. | 12,622,659. |
| 4 Aggregate value at end of year | 67,776,883. | 235,293,108. |

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? Yes 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? Yes 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? Yes No

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)? Yes No

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 ▶ \$ _____

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

Schedule D (Form 990) 2015

532051
11-02-15

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:

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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 | 196,340,828. | 186,005,117. | 170,556,024. | 149,404,380. | 157,624,913. |
| b Contributions | 1,534,607. | 12,270,434. | 8,745,973. | 4,734,990. | 1,893,420. |
| c Net investment earnings, gains, and losses | 6,228,479. | 7,463,024. | 15,463,242. | 24,842,532. | -1,569,460. |
| d Grants or scholarships | 8,931,959. | 9,397,747. | 8,760,122. | 8,425,878. | 8,544,493. |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 195,171,955. | 196,340,828. | 186,005,117. | 170,556,024. | 149,404,380. |

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 90.00 %
- c Temporarily restricted endowment 10.00 %

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 | | |

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 | 2,258,400. | 7,375,208. | | 9,633,608. |
| b Buildings | | 122,268,637. | 70,491,321. | 51,777,316. |
| c Leasehold improvements | | | | |
| d Equipment | | 2,778,294. | 2,551,064. | 227,230. |
| e Other | | 4,018,521. | | 4,018,521. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 65,656,675. |

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) LIQUID LIMITED | | |
| (B) PARTNERSHIP INVESTMENT | 4,472,600. | END-OF-YEAR MARKET VALUE |
| (C) INCOME ANNUITY ARBITRAGE | 2,075,983. | COST |
| (D) ALTERNATIVE INVESTMENTS | 97,917,885. | END-OF-YEAR MARKET VALUE |
| (E) ISRAEL BONDS | 3,457,000. | END-OF-YEAR MARKET VALUE |
| (F) CERTIFICATES OF DEPOSIT | 1,888,913. | END-OF-YEAR MARKET VALUE |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 109,812,381. | |

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) CONSTITUENT AGENCIES DEPOSITS | 58,910,083. |
| (3) OTHER ORGANIZATIONS PAYABLE | 12,817,920. |
| (4) CHARITABLE GIFT ANNUITIES PAYABLE | 4,766,676. |
| (5) CONTRIBUTIONS FOR FUTURE USE | 686,919. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 77,181,598. |

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

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 | 29,845,088. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | -28,856,518. | |
| b | Donated services and use of facilities | 2b | 4,000,000. | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 4,429,579. | |
| e | Add lines 2a through 2d | 2e | -20,426,939. | |
| 3 | Subtract line 2e from line 1 | 3 | 50,272,027. | |
| 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 | 411,379. | |
| c | Add lines 4a and 4b | 4c | 411,379. | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 50,683,406. | |

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 | 60,345,245. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 12,553,158. | |
| e | Add lines 2a through 2d | 2e | 12,553,158. | |
| 3 | Subtract line 2e from line 1 | 3 | 47,792,087. | |
| 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 | 3,738,401. | |
| c | Add lines 4a and 4b | 4c | 3,738,401. | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 51,530,488. | |

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:**

| | |
|---------------------------------------|------------|
| SUPPORT FOUNDATION REVENUE | 1,264,040. |
| INTERORGANIZATION APPROPRIATIONS | 3,165,539. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 4,429,579. |

PART XI, LINE 4B - OTHER ADJUSTMENTS:

| | |
|---------------------------------------|------------|
| RENTAL EXPENSE | -956,234. |
| MANAGEMENT FEES | 1,367,613. |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B | 411,379. |

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|--|-------------|
| SUPPORT FOUNDATION EXPENSES | 11,596,924. |
| RENTAL EXPENSE | 956,234. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 12,553,158. |

PART XII, LINE 4B - OTHER ADJUSTMENTS:

| | |
|--|------------|
| JFMD FUNDRAISING/ADMIN. EXP | 2,370,787. |
| MANAGEMENT FEES | 1,367,614. |
| TOTAL TO SCHEDULE D, PART XII, LINE 4B | 3,738,401. |

**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 UNITED JEWISH FOUNDATION | Employer identification number 38-1360585 |
|---|---|

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 |
|---|-------------------------------------|--|---|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | INVESTMENTS | | 96,872,476. |
| EUROPE | 0 | 0 | INVESTMENTS | | 16,231,953. |
| MIDDLE EAST AND NORTH AFRICA | 0 | 0 | INVESTMENTS | | 3,457,000. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Sub-total | 0 | 0 | | | 116,561,429. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 116,561,429. |

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

Schedule F (Form 990) 2015

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 JEWISH EDUCATION | 23,500. | | 0. | | |
| | | MIDDLE EAST AND NORTH AFRICA | TO SUPPORT JEWISH EDUCATION | 6,500. | | 0. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

3 Enter total number of other organizations or entities 2

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) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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.

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

UNITED JEWISH FOUNDATION

Employer identification number
38-1360585

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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) | 49,859. | 0. | | | TO SUPPORT CONSERVATIVE JUDAISM |
| AISH HATORAH 25725 COOLIDGE OAK PARK, MI 48237 | 11-3666684 | 501(C)(3) | 6,000. | 0. | | | TO SUPPORT JEWISH EDUCATION |
| AKIVA HEBREW DAY SCHOOL 21100 W TWELVE MILE RD SOUTHFIELD, MI 48076 | 38-1750780 | 501(C)(3) | 41,011. | 0. | | | TO SUPPORT EDUCATION |
| ALZHEIMER'S ASSOCIATION 20300 CIVIC CENTER DRIVE #100 SOUTHFIELD, MI 48076 | 38-2919674 | 501(C)(3) | 54,667. | 0. | | | TO SUPPORT MEDICAL RESEARCH |
| AMERICAN CIVIL LIBERTIES UNION FUND OF MICHIGAN - 2966 WOODWARD AVE. - DETROIT, MI 48201 | 23-7243421 | 501(C)(3) | 6,500. | 0. | | | TO SUPPORT CIVIL LIBERTIES ADVOCACY |
| AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY - 6735 TELEGRAPH ROAD - BLOOMFIELD HILLS, MI 48301 | 13-6192275 | 501(C)(3) | 8,000. | 0. | | | TO SUPPORT JEWISH EDUCATION |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **213.**

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

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

Schedule I (Form 990) (2015)

UNITED JEWISH FOUNDATION

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| AMERICAN FRIENDS OF KEREN MALKI 736 GRANGE ROAD TEANECK, NJ 07666 | 26-2251751 | 501(C)(3) | 20,000. | 0. | | | TO SUPPORT CHILDREN AND YOUTH SERVICES |
| AMERICAN FRIENDS OF LEKET ISRAEL, INC. - PO BOX 2090 - TEANECK, NJ 07666 | 20-8202424 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT THE INTERNATIONAL JEWISH COMMUNITY |
| AMERICAN FRIENDS OF SANHEDRIA JERUSALEM INC - 1121 W. LAURELTON PARKWAY - TEANECK, NJ 07666 | 20-3094503 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT CHILDREN IN JERUSALEM |
| AMERICAN FRIENDS OF THE HEBREW UNIVERSITY INC - ONE BATTERY PARK PLAZA - NEW YORK, NY 10004 | 13-1568923 | 501(C)(3) | 20,900. | 0. | | | TO SUPPORT JEWISH EDUCATION |
| AMERICAN ISRAEL EDUCATION FOUNDATION, INC - 120 W. MADISON, STE 500 - CHICAGO, IL 60602 | 52-1623781 | 501(C)(3) | 204,367. | 0. | | | TO SUPPORT JEWISH EDUCATION |
| AMERICAN JEWISH COMMITTEE 6735 TELEGRAPH ROAD SUITE 320 BLOOMFIELD HILLS, MI 48301 | 13-5563393 | 501(C)(3) | 138,125. | 0. | | | TO SUPPORT JEWISH LIFE |
| AMERICAN JEWISH WORLD SERVICE 45 W 36TH STREET, 11TH FLOOR NEW YORK, NY 10018 | 22-2584370 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT HUMAN RIGHTS AND END POVERTY |
| AMERICAN RED MAGEN DAVID FOR ISRAEL - 23215 COMMERCE PARK ROAD, SUITE 306 - BEACHWOOD, OH 44122 | 23-7231942 | 501(C)(3) | 15,150. | 0. | | | TO PROVIDE MEDICAL SERVICES |
| AMERICAN SCHOOL IN LONDON FOUNDATION - PO BOX 5910 - PRINCETON, NJ 08543 | 13-6258480 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT EDUCATION |

UNITED JEWISH FOUNDATION

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| AMERICAN SOCIETY FOR TECHNION 30230 ORCHARD LAKE RD FARMINGTON HILLS, MI 48334 | 13-0434195 | 501(C)(3) | 59,000. | 0. | | | TO SUPPORT HIGHER EDUCATION |
| ANN ARBOR SKYLINE ATHLETIC BOOSTER CLUB - 2552 N. MAPLE ROAD - ANN ARBOR, MI 48103 | 83-0504845 | 501(C)(3) | 8,040. | 0. | | | TO SUPPORT CHILDREN'S SPORTS |
| ANTI-DEFAMATION LEAGUE 25800 NORTHWESTERN HWY SOUTHFIELD, MI 48075 | 13-1818723 | 501(C)(3) | 38,300. | 0. | | | TO FIGHT DISCRIMINATION |
| ATERES BNOS YERUSHALAYIM 6219 N. ST. LOUIS AVE CHICAGO, IL 60659 | 36-4244357 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT JEWISH EDUCATION |
| AVENTURA TURNBERRY JEWISH CENTER 20400 N.E. 30TH AVE AVENTURA, FL 33180 | 59-1673246 | 501(C)(3) | 25,500. | 0. | | | TO SUPPORT THE COMMUNITY |
| BAIS CHABAD OF WEST BLOOMFIELD 5595 W. MAPLE RD. WEST BLOOMFIELD, MI 48322 | 38-2388299 | 501(C)(3) | 14,260. | 0. | | | TO SUPPORT JUDAISM |
| BANNER ALZHEIMERS FOUNDATION 2025 N 3RD STREET, SUITE 250 PHOENIX, AZ 85004 | 20-4862361 | 501(C)(3) | 25,000. | 0. | | | TO SUPPORT MEDICAL RESEARCH |
| BEAUMONT HOSPITAL PO BOX 5802 TROY, MI 48007 | 38-2707084 | 501(C)(3) | 65,000. | 0. | | | TO SUPPORT MEDICAL RESEARCH |
| BERNARD ZELL ANSHE EMET DAY SCHOOL 3751 N. BROADWAY STREET CHICAGO, IL 60613 | 36-2166955 | 501(C)(3) | 7,000. | 0. | | | TO SUPPORT EDUCATION |

Schedule I (Form 990)

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II). | | | | | | | |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BETH ISRAEL CONGREGATION 2000 WASHTENAW ANN ARBOR, MI 48104 | 38-1794360 | 501(C)(3) | 23,000. | 0. | | | TO SUPPORT JUDAISM |
| BETH JACOB OF JERUSALEM PO BOX 399369 BROOKLYN, NY 11230 | 11-3023091 | 501(C)(3) | 13,500. | 0. | | | TO SUPPORT STUDENTS |
| BIRMINGHAM COMMUNITY COALITION 1221 BOWERS #261 BIRMINGHAM, MI 48012 | 38-3269789 | 501(C)(3) | 20,000. | 0. | | | TO SUPPORT EDUCATION |
| BIRTHRIGHT ISRAEL FOUNDATION 33 EAST 33RD STREET NEW YORK, NY 10016 | 13-4092050 | 501(C)(3) | 35,600. | 0. | | | TO SUPPORT FOUNDATION |
| BLUE WHITE AND GOLD INC 2789 NE 5TH STREET POMPANO BEACH, FL 33062 | 47-3601886 | 501(C)(3) | 20,000. | 0. | | | TO SUPPORT THE ISRAELI CURLING FEDERATION |
| B'NAI B'RITH YOUTH ORGANIZATION 6600 WEST MAPLE RD WEST BLOOMFIELD, MI 48322 | 31-1794932 | 501(C)(3) | 27,912. | 0. | | | TO SUPPORT THE ANNUAL CAMPAIGN |
| BNAI VAIL CONGREGATION INC 19 VAIL ROAD VAIL, CO 81657 | 84-0812741 | 501(C)(3) | 13,600. | 0. | | | TO SUPPORT JUDAISM |
| BOYS & GIRLS CLUB OF KING COUNTY & MERCER ISLAND - 2825 W MERCER WAY - MERCER ISLAND, WA 98040 | 13-5562976 | 501(C)(3) | 11,000. | 0. | | | TO SUPPORT YOUTH PROGRAMS |
| BRADY CENTER TO PREVENT GUN VIOLENCE - 840 FIRST STREET NE, SUITE 400 - WASHINGTON, DC 20002 | 52-1285097 | 501(C)(3) | 10,000. | 0. | | | TO PREVENT HANDGUN VIOLENCE |

UNITED JEWISH FOUNDATION

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| BRAVO COLORADO AT VAIL-BEAVER CREEK - P.O. BOX 2270 - VAIL, CO 81658 | 84-1074065 | 501(C)(3) | 33,300. | 0. | | | TO SUPPORT THE ARTS |
| CABARET 313 PO BOX 2380 BIRMINGHAM, MI 48012 | 35-2463620 | 501(C)(3) | 5,750. | 0. | | | TO SUPPORT THE ARTS |
| CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048 | 95-1644600 | 501(C)(3) | 50,000. | 0. | | | TO SUPPORT MEDICAL RESEARCH & TREATMENT |
| CENTRAL FUND OF ISRAEL 980 SIXTH AVE NEW YORK, NY 10018 | 13-2992985 | 501(C)(3) | 18,000. | 0. | | | TO SUPPORT THE INTERNATIONAL JEWISH COMMUNITY |
| CHALLENGED ATHLETES INC 9591 WAPLES STREET SAN DIEGO, CA 92121 | 33-0739596 | 501(C)(3) | 40,000. | 0. | | | TO PROMOTE SPORTS PARTICIPATION FOR PEOPLE WITH DISABILITIES |
| CHAMBER MUSIC SOCIETY OF DETROIT 31731 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334 | 38-2794258 | 501(C)(3) | 35,250. | 0. | | | TO SUPPORT THE ARTS |
| CHAUTAUQUA FOUNDATION INC PO BOX 28 CHAUTAUQUA, NY 14722 | 16-6028421 | 501(C)(3) | 16,395. | 0. | | | TO SUPPORT THE ARTS |
| CHEMDAS BAIS YAAKOV 3839 FLATLANDS AVE, SUITE 208 BROOKLYN, NY 11234 | 46-4902673 | 501(C)(3) | 14,000. | 0. | | | TO SUPPORT EDUCATION |
| CHILD SAFE MICHIGAN 30680 MONTPELIER, SUITE 250 MADISON HEIGHTS, MI 48071 | 46-0611159 | 501(C)(3) | 8,500. | 0. | | | TO SUPPORT CHILDREN |

Schedule I (Form 990)

UNITED JEWISH FOUNDATION

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CHILDREN'S HOSPITAL OF MICHIGAN FOUNDATION - 3911 BEAUBIEN - DETROIT, MI 48201 | 32-0087353 | 501(C)(3) | 23,100. | 0. | | | TO SUPPORT HEALTH CARE |
| CHILDREN'S TUMOR FOUNDATION 95 PINE STREET NEW YORK, NY 10005 | 13-2298956 | 501(C)(3) | 83,550. | 0. | | | TO SUPPORT MEDICAL RESEARCH |
| CITY YEAR 1 FORD PLACE SUITE 1F DETROIT, MI 48202 | 22-2882549 | 501(C)(3) | 10,500. | 0. | | | TO SUPPORT YOUTH PROGRAMS |
| CLAL - NATIONAL JEWISH CENTER FOR LEARNING AND LEADERSHIP INC - 440 PARK AVENUE S, 4TH FLOOR - NEW YORK, NY 10016 | 23-7390358 | 501(C)(3) | 25,000. | 0. | | | TO SUPPORT JEWISH LEARNING |
| COMMUNITY FOUNDATION FOR S.E. MICHIGAN - 333 W FORT ST - DETROIT, MI 48226 | 38-2530980 | 501(C)(3) | 25,000. | 0. | | | TO SUPPORT THE COMMUNITY |
| COMMUNITY FOUNDATION OF GREATER FLINT - 500 S. SAGINAW ST. SUITE 200 - FLINT, MI 48502 | 38-3573890 | 501(C)(3) | 27,500. | 0. | | | TO SUPPORT PROGRAMS IN THE FLINT MICHIGAN COMMUNITY |
| COMPASSION & CHOICES PO BOX 101810 DENVER, CO 80250 | 84-1328829 | 501(C)(3) | 5,250. | 0. | | | TO SUPPORT EUTHANASIA ADVOCACY AND EDUCATION |
| CONGREGATION BETH AHM 5075 W. MAPLE RD. WEST BLOOMFIELD, MI 48322 | 38-6004801 | 501(C)(3) | 180,630. | 0. | | | TO SUPPORT CONSERVATIVE JUDAISM |
| CONGREGATION BETH ISRAEL 542 S. NEW MIDDLETOWN ROAD MEDIA, PA 19063 | 23-7221726 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT JUDAISM |

UNITED JEWISH FOUNDATION

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CONGREGATION BETH SHALOM 14601 W LINCOLN RD OAK PARK, MI 48237 | 38-1572145 | 501(C)(3) | 6,020. | 0. | | | TO SUPPORT CONSERVATIVE JUDAISM |
| CONGREGATION B'NAI MOSHE 6800 DRAKE ROAD WEST BLOOMFIELD, MI 48322 | 38-1357997 | 501(C)(3) | 9,500. | 0. | | | TO SUPPORT JUDAISM |
| CONGREGATION CHABAD HOUSE LUBAVITCH OF EASTERN MICHIGAN - 5385 CALKINS RD. - FLINT, MI 48532 | 38-2728995 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT JUDAISM |
| CONGREGATION SHAAREY ZEDEK 27375 BELL RD SOUTHFIELD, MI 48034 | 38-1420140 | 501(C)(3) | 151,779. | 0. | | | TO SUPPORT CONSERVATIVE JUDAISM |
| CONGREGATION T'CHIYAH 15000 WEST TEN MILE ROAD OAK PARK, MI 48237 | 38-2153881 | 501(C)(3) | 11,800. | 0. | | | TO SUPPORT JUDAISM |
| CONTRA COSTA JEWISH DAY SCHOOL 955 RISA ROAD LAFAYETTE, CA 94549 | 94-3375313 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT JEWISH EDUCATION |
| CRANBROOK EDUCATIONAL COMMUNITY P.O. BOX 801 BLOOMFIELD HILLS, MI 48303 | 38-2015048 | 501(C)(3) | 84,075. | 0. | | | TO SUPPORT EDUCATION |
| CROHN'S & COLITIS FNDN OF AMERICA 25882 ORCHARD LAKE ROAD, SUITE 102 FARMINGTON HILLS, MI 48336 | 13-6193105 | 501(C)(3) | 16,050. | 0. | | | TO SUPPORT MEDICAL RESEARCH AND EDUCATION |
| DARTMOUTH COLLEGE 6068 BLUNT ALUMNI CENTER HANOVER, NH 03755 | 02-0222111 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT EDUCATION |

Schedule I (Form 990)

UNITED JEWISH FOUNDATION

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| DETROIT INSTITUTE FOR CHILDREN 2075 EAST WEST MAPLE RD, STE B-204 WALLED LAKE, MI 48390 | 38-1359511 | 501(C)(3) | 22,250. | 0. | | | TO SUPPORT CHILDRENS SERVICES |
| DETROIT INSTITUTE OF ARTS 5200 WOODWARD AVE DETROIT, MI 48202 | 38-1359510 | 501(C)(3) | 75,668. | 0. | | | TO SUPPORT THE ARTS |
| DETROIT PUBLIC TELEVISION 1 CLOVER COURT WIXOM, MI 48393 | 38-1440200 | 501(C)(3) | 34,900. | 0. | | | TO SUPPORT THE ARTS |
| DETROIT RIVERFRONT CONSERVANCY 600 RENAISSANCE CENTER, SUITE 1720 DETROIT, MI 48243 | 30-0125283 | 501(C)(3) | 17,600. | 0. | | | TO SUPPORT ENVIRONMENTAL CONSERVATION |
| DETROIT SYMPHONY ORCHESTRA ADMINISTRATIVE OFFICE DETROIT, MI 48201 | 38-1385132 | 501(C)(3) | 74,650. | 0. | | | TO SUPPORT THE ARTS |
| DETROIT ZOOLOGICAL SOCIETY 8450 W. 10 MILE ROAD ROYAL OAK, MI 48067 | 38-6027356 | 501(C)(3) | 44,800. | 0. | | | TO SUPPORT THE ZOO |
| DOG AIDE 511 RIGGS STREET FENTON, MI 48430 | 45-5352922 | 501(C)(3) | 10,000. | 0. | | | TO EDUCATE DOG OWNERS AND PROVIDE SUPPORT |
| DR. GARY BURNSTEIN COMMUNITY HEALTH CLINIC - 45580 WOODWARD AVE - PONTIAC, MI 48341 | 32-0015321 | 501(C)(3) | 415,000. | 0. | | | TO SUPPORT MEDICAL SERVICES |
| EARTHPLACE THE NATURE DISCOVERY CENTER INC. - 10 WOODSIDE LANE - WESTPORT, CT 06880 | 06-0740523 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT CONSERVATION AND NATURE EDUCATION |

Schedule I (Form 990)

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II). | | | | | | | |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| FACING HISTORY & OURSELVES NATIONAL FOUNDATION - 14 EAST 4TH STREET - NEW YORK, NY 10012 | 04-2761636 | 501(C)(3) | 11,000. | 0. | | | TO SUPPORT THE ARTS |
| FLINT CULTURAL CENTER CORPORATION INC - 1310 E KEARSLEY ST - FLINT, MI 48503 | 38-6089075 | 501(C)(3) | 29,667. | 0. | | | TO SUPPORT THE ARTS |
| FLINT INSTITUTE OF ARTS 1310 E KEARSLEY ST FLINT, MI 48503 | 38-1539984 | 501(C)(3) | 225,000. | 0. | | | TO SUPPORT THE ARTS |
| FLINT INSTITUTE OF MUSIC 1310 E KEARSLEY ST FLINT, MI 48503 | 38-6159482 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT THE ARTS |
| FLINT JEWISH FEDERATION 619 WALLENBERG ST FLINT, MI 48502 | 38-1359257 | 501(C)(3) | 98,425. | 0. | | | TO SUPPORT THE JEWISH COMMUNITY |
| FOCUS HOPE 1355 OAKMAN BLVD DETROIT, MI 48238 | 38-1948285 | 501(C)(3) | 50,000. | 0. | | | TO SUPPORT CIVIL AND HUMAN RIGHTS |
| FOOD LIFELINE 1702 NE 150TH ST SEATTLE, WA 98155 | 91-1090450 | 501(C)(3) | 50,000. | 0. | | | TO FEED THE HUNGRY |
| FORGOTTEN HARVEST 21800 GREENFIELD OAK PARK, MI 48237 | 38-2926476 | 501(C)(3) | 15,835. | 0. | | | TO FEED THE HUNGRY |
| FRANKEL JEWISH ACADEMY OF METRO DETROIT - 6600 WEST MAPLE RD - WEST BLOOMFIELD, MI 48322 | 38-3428219 | 501(C)(3) | 87,066. | 0. | | | TO SUPPORT EDUCATION |

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

38-1360585

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| FRESH AIR SOCIETY 6735 TELEGRAPH RD. BLOOMFIELD HILLS, MI 48301 | 38-1360545 | 501(C)(3) | 2,305,880. | 0. | | | TO SUPPORT THE NEEDS OF CHILDREN |
| FRIENDS OF CAMP MAK-A-DREAM 121 W. LONG LAKE, STE 120 BLOOMFIELD HILLS, MI 48304 | 38-3293974 | 501(C)(3) | 26,750. | 0. | | | TO SUPPORT YOUTH PROGRAMS |
| FRIENDS OF THE ISRAEL DEFENSE FORCES - 8451 BOULDER CT. - WALLED LAKE, MI 48390 | 13-3156445 | 501(C)(3) | 663,860. | 0. | | | TO SUPPORT ISRAEL DEFENSE FORCES |
| FRIENDS OF YEMIN ORDE 12230 WILKINS AVENUE ROCKVILLE, MD 20852 | 22-3090463 | 501(C)(3) | 100,000. | 0. | | | TO SUPPORT YOUTH SERVICES |
| FRIENDSHIP CIRCLE 6892 W MAPLE RD WEST BLOOMFIELD, MI 48322 | 38-3613944 | 501(C)(3) | 380,250. | 0. | | | TO SUPPORT FAMILIES WITH SPECIAL NEEDS |
| GLEANERS COMMUNITY FOOD BANK 2131 BEAUFORT DETROIT, MI 48207 | 38-2156255 | 501(C)(3) | 36,500. | 0. | | | TO FEED THE HUNGRY |
| GOOD PEOPLE FUND INC. 384 WYOMING AVE MILLBURN, NJ 07041 | 26-1887249 | 501(C)(3) | 20,000. | 0. | | | TO SUPPORT INTERNATIONAL RELIEF |
| GREAT LAKES CHAMBER MUSIC FESTIVAL 24901 NORTHWESTERN HWY, SUITE 312 SOUTHFIELD, MI 48075 | 20-1106153 | 501(C)(3) | 26,502. | 0. | | | TO SUPPORT THE ARTS |
| GREENSBORO JEWISH FEDERATION 5509 WEST FRIENDLY AVENUE GREENSBORO, NC 27410 | 23-7107693 | 501(C)(3) | 6,200. | 0. | | | TO SUPPORT JEWISH PHILANTHROPY |

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 |
| HADAR BAIS YAAKOV YERUSHALAYIM 351 LAWRENCE AVE LAKELWOOD, NJ 08701 | 22-3316403 | 501(C)(3) | 22,975. | 0. | | | TO SUPPORT RELIGIOUS INSTITUTIONS |
| HADASSAH 5030 ORCHARD LAKE ROAD WEST BLOOMFIELD, MI 48323 | 13-1656651 | 501(C)(3) | 19,350. | 0. | | | TO SUPPORT WOMEN'S CAUSES |
| HADASSAH-GTR DETROIT CHAPTER 5030 ORCHARD LAKE ROAD WEST BLOOMFIELD, MI 48323 | 38-1396062 | 501(C)(3) | 11,300. | 0. | | | TO SUPPORT JEWISH COMMUNITY |
| HAROLD GRINSPOON FOUNDATION 67 HUNT STREET SUITE 100 AGAWAM, MA 01001 | 04-6685725 | 501(C)(3) | 400,000. | 0. | | | TO SUPPORT JEWISH COMMUNITY |
| HARVARD COLLEGE 124 MOUNT AUBURN ST CAMBRIDGE, MA 02138 | 04-2103580 | 501(C)(3) | 30,500. | 0. | | | TO SUPPORT EDUCATION |
| HAVEN 30400 TELEGRAPH ROAD SUITE 101 BINGHAM FARMS, MI 48025 | 38-2426175 | 501(C)(3) | 155,000. | 0. | | | TO SUPPORT THOSE RECOVERING FROM DOMESTIC ABUSE |
| HEBREW FREE LOAN 6735 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301 | 38-1359260 | 501(C)(3) | 205,567. | 0. | | | TO PROVIDE INTEREST FREE LOANS |
| HEBREW FREE LOAN ASSOCIATION OF SAN FRANCISCO - 131 STEUART ST, SUITE 520 - SAN FRANCISCO, CA 94105 | 94-1156545 | 501(C)(3) | 50,000. | 0. | | | TO SUPPORT JEWISH COMMUNITY |
| HENRY FORD HEALTH SYSTEM FOUNDATION - ONE FORD PLACE - DETROIT, MI 48202 | 38-1357020 | 501(C)(3) | 5,250. | 0. | | | TO SUPPORT HEALTH CARE |

UNITED JEWISH FOUNDATION

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| HIGHER HOPES 8898 COMMERCE 5C COMMERCE, MI 48382 | 37-1746399 | 501(C)(3) | 17,500. | 0. | | | TO SUPPORT COMMUNITY PROGRAMS |
| HILLEL DAY SCHOOL 32200 MIDDLEBELT ROAD FARMINGTON HILLS, MI 48334 | 38-1586703 | 501(C)(3) | 3,064,622. | 0. | | | TO SUPPORT EDUCATION |
| HILLEL OF METRO DETROIT 667 GROSBERG CENTER DETROIT, MI 48202 | 52-1758804 | 501(C)(3) | 89,010. | 0. | | | TO SUPPORT EDUCATION |
| HISTORICAL SOCIETY OF MICHIGAN 5815 EXECUTIVE DRIVE LANSING, MI 48911 | 38-1452689 | 501(C)(3) | 5,250. | 0. | | | TO SUPPORT HISTORICAL PRESERVATION |
| HOLOCAUST MEMORIAL CENTER 28123 ORCHARD LAKE RD FARMINGTON HILLS, MI 48334 | 38-2402635 | 501(C)(3) | 57,570. | 0. | | | TO PRESERVE THE PAST AND PROTECT THE FUTURE |
| ISAAC AGREE DOWNTOWN SYNAGOGUE 2568 GRISWOLD STREET DETROIT, MI 48226 | 38-2937738 | 501(C)(3) | 25,439. | 0. | | | TO SUPPORT JUDAISM |
| ISRAEL 21C 15233 VENTURA BLVD, SUITE 1108 SHERMAN OAKS, CA 91403 | 77-0571579 | 501(C)(3) | 30,000. | 0. | | | TO SUPPORT EDUCATION ON ISRAEL |
| ISRAEL GUIDE DOG CENTER FOR THE BLIND - 968 EASTON ROAD SUITE H - WARRINGTON, PA 18976 | 23-2519029 | 501(C)(3) | 50,000. | 0. | | | TO SUPPORT GUIDE DOG PROGRAMS |
| JARC 30301 NORTHWESTERN HWY SUITE 100 FARMINGTON HILLS, MI 48334 | 38-3690103 | 501(C)(3) | 276,625. | 0. | | | TO SUPPORT DISABLED INDIVIDUALS |

Schedule I (Form 990)

UNITED JEWISH FOUNDATION

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II). | | | | | | | |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| JCRC OF SAN FRANCISCO MARIN & PENINSULA - 121 STEUART ST - SAN FRANCISCO, CA 94105 | 94-1156335 | 501(C)(3) | 150,000. | 0. | | | TO SUPPORT THE JEWISH COMMUNITY |
| JEWISH CAUSES OF CHOICE, INC. 75 2ND AVE, SUITE 200 NEEDHAM, MA 02494 | 26-2818594 | 501(C)(3) | 500,000. | 0. | | | TO SUPPORT JEWISH PHILANTHROPY |
| JEWISH COMMUNITY CENTER 6600 WEST MAPLE ROAD WEST BLOOMFIELD, MI 48322 | 38-1358397 | 501(C)(3) | 2,007,740. | 0. | | | TO SUPPORT THE JEWISH COMMUNITY |
| JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO - 121 STEUART ST - SAN FRANCISCO, CA 94105 | 94-1156533 | 501(C)(3) | 250,000. | 0. | | | TO SUPPORT JEWISH COMMUNITY |
| JEWISH COMMUNITY RELATIONS COUNCIL 6735 TELEGRAPH RD. BLOOMFIELD HILLS, MI 48301 | 38-3011194 | 501(C)(3) | 18,863. | 0. | | | TO SUPPORT PUBLIC AFFAIRS IN THE COMMUNITY |
| JEWISH FAMILY & CHILDREN'S SERVICES - 2150 POST STREET - SAN FRANCISCO, CA 94115 | 94-1156528 | 501(C)(3) | 250,000. | 0. | | | TO SUPPORT THE JEWISH COMMUNITY |
| JEWISH FAMILY SERVICE 6555 WEST MAPLE RD WEST BLOOMFIELD, MI 48322 | 38-0691329 | 501(C)(3) | 1,647,400. | 0. | | | TO SUPPORT JEWISH COMMUNITY |
| JEWISH FEDERATION OF GRAND RAPIDS 4127 EMBASSY DR, SE GRAND RAPIDS, MI 49546 | 38-6099686 | 501(C)(3) | 22,250. | 0. | | | TO SUPPORT THE JEWISH COMMUNITY |
| JEWISH FEDERATION OF GREATER ATLANTA - 1440 SPRING ST - ATLANTA, GA 30309 | 58-1021791 | 501(C)(3) | 38,000. | 0. | | | TO SUPPORT THE JEWISH COMMUNITY |

Schedule I (Form 990)

UNITED JEWISH FOUNDATION

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| JEWISH FEDERATION OF GREATER LONG BEACH & W. ORANGE COUNTY - 3801 EAST WILLOW STREET - LONG BEACH, CA 90815 | 95-1647830 | 501(C)(3) | 20,000. | 0. | | | TO SUPPORT JEWISH COMMUNITY |
| JEWISH FEDERATION OF METROPOLITAN DETROIT - 6735 TELEGRAPH - BLOOMFIELD HILLS, MI 48303 | 38-1359214 | 501(C)(3) | 15,702,738. | 0. | | | TO SUPPORT THE JEWISH COMMUNITY |
| JEWISH FEDERATION OF PALM BEACH COUNTY - 4601 COMMUNITY DRIVE - WEST PALM BEACH, FL 33417 | 59-0948696 | 501(C)(3) | 11,110. | 0. | | | TO SUPPORT THE JEWISH COMMUNITY |
| JEWISH FEDERATION OF SOUTH PALM BEACH COUNTY - 9901 DONNA KLEIN BLVD - BOCA RATON, FL 33428 | 59-1945109 | 501(C)(3) | 18,800. | 0. | | | TO SUPPORT THE JEWISH COMMUNITY |
| JEWISH HISTORICAL SOCIETY OF MICHIGAN - 6600 W. MAPLE ROAD - WEST BLOOMFIELD, MI 48322 | 38-6056397 | 501(C)(3) | 11,100. | 0. | | | TO SUPPORT JEWISH EDUCATION |
| JEWISH HOSPICE & CHAPLAINCY NETWORK - 6555 W MAPLE RD - WEST BLOOMFIELD, MI 48322 | 38-3429268 | 501(C)(3) | 92,433. | 0. | | | TO SUPPORT THE ELDERLY |
| JEWISH INSTITUTE FOR NATIONAL SECURITY AFFAIRS - 1101 14TH STREET NW, SUITE 1110 - WASHINGTON, DC 20005 | 52-1233683 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT PUBLIC POLICY ANALYSIS |
| JEWISH KIDS GROUP INC 1440 SPRING ST NW ATLANTA, GA 30309 | 80-0785628 | 501(C)(3) | 6,500. | 0. | | | TO SUPPORT JEWISH YOUTH PROGRAMS |
| JEWISH NATIONAL FUND 60 RIVERA DRIVE, SUITE 960 NORTHBROOK, IL 60062 | 13-1659627 | 501(C)(3) | 14,950. | 0. | | | TO SUPPORT LAND IN ISRAEL |

| 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 RESOURCE CENTER 435 WEST MAIN STREET ASPEN, CO 81611 | 22-3787221 | 501(C)(3) | 7,000. | 0. | | | TO SUPPORT THE JEWISH COMMUNITY |
| JEWISH RESOURCE CENTER CHABAD OF ASPEN - 435 WEST MAIN STREET - ASPEN, CO 81611 | 22-3787221 | 501(C)(3) | 8,800. | 0. | | | TO SUPPORT JEWISH EDUCATION |
| JEWISH SENIOR LIFE OF METRO DETROIT - 15000 WEST TEN MILE ROAD - OAK PARK, MI 48237 | 38-2693397 | 501(C)(3) | 2,285,000. | 0. | | | TO SUPPORT THE ELDERLY |
| JEWISH THEOLOGICAL SEMINARY 6735 TELEGRAPH RD., STE 310 BLOOMFIELD HILLS, MI 48301 | 13-0887640 | 501(C)(3) | 58,950. | 0. | | | TO SUPPORT EDUCATION |
| JEWISH UNITED FUND OF METRO CHICAGO - 30 SOUTH WELLS, #315 - CHICAGO, IL 60606 | 36-2167034 | 501(C)(3) | 27,775. | 0. | | | TO SUPPORT THE JEWISH COMMUNITY |
| JEWISH VOCATIONAL & CAREER COUNSELING SERVICE - 225 BUSH STREET #400 - SAN FRANCISCO, CA 94104 | 94-2213100 | 501(C)(3) | 100,000. | 0. | | | TO SUPPORT VOCATIONAL COUNSELING |
| JEWISH VOCATIONAL SERVICE 29699 SOUTHFIELD RD SOUTHFIELD, MI 48076 | 38-1358013 | 501(C)(3) | 671,215. | 0. | | | TO AID JOB RESEARCH |
| JUVENILE DIABETES RESEARCH FOUNDATION - 24359 NORTHWESTERN HWY SUITE 225 - SOUTHFIELD, MI 48075 | 23-1907729 | 501(C)(3) | 80,150. | 0. | | | TO SUPPORT MEDICAL RESEARCH |
| KADIMA 15999 W 12 MILE RD SOUTHFIELD, MI 48076 | 38-2630596 | 501(C)(3) | 90,010. | 0. | | | TO SUPPORT INDIVIDUALS WITH SPECIAL NEEDS |

UNITED JEWISH FOUNDATION

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| KARMANOS CANCER INSTITUTE 4100 JOHN R DETROIT, MI 48201 | 38-1613280 | 501(C)(3) | 95,000. | 0. | | | TO SUPPORT MEDICAL RESEARCH |
| KEREN-OR INC 350 SEVENTH AVE, SUITE 701 NEW YORK, NY 10001 | 13-5655186 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT HEALTH CARE |
| KOLLEL INSTITUTE OF GTR DETROIT 15230 WEST LINCOLN RD OAK PARK, MI 48237 | 38-2114751 | 501(C)(3) | 16,670. | 0. | | | TO SUPPORT JEWISH EDUCATION |
| LUBAVITCH CHEDER 14100 W NINE MILE ROAD OAK PARK, MI 48237 | 38-3253099 | 501(C)(3) | 8,500. | 0. | | | TO SUPPORT JEWISH EDUCATION |
| LUBAVITCH FOUNDATION 14100 W. 9 MILE RD. OAK PARK, MI 48237 | 38-2346125 | 501(C)(3) | 19,961. | 0. | | | TO SUPPORT ORTHODOX JUDAISM |
| MACHON BNOS YEHUDA 1213 ELM AVE BROOKLYN, NY 11230 | 11-3160759 | 501(C)(3) | 9,500. | 0. | | | TO SUPPORT JEWISH EDUCATION |
| MACHON MAAYAN PO BOX 15 HIGHTSTOWN, NJ 08520 | 32-0283127 | 501(C)(3) | 6,500. | 0. | | | TO SUPPORT JEWISH EDUCATION |
| MACOMB CHARITABLE FOUNDATION 59471 LINENGER LN WASHINGTON, MI 48094 | 38-3618892 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT COMMUNITY PROGRAMS |
| MAKE A WISH FOUNDATION OF MICHIGAN 28697 APPLE BLOSSOM LANE FARMINGTON HILLS, MI 48331 | 38-2505812 | 501(C)(3) | 8,900. | 0. | | | TO PROVIDE SUPPORT TO THE TERMINALLY ILL |

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 |
| MATAN B' SETER 15699 JEANETTE OAK PARK, MI 48237 | 11-3405224 | 501(C)(3) | 18,000. | 0. | | | TO SUPPORT JEWISH EDUCATION |
| MAYO CLINIC 13400 E. SHEA BLVD SCOTTSDALE, AZ 85259 | 41-6011702 | 501(C)(3) | 20,000. | 0. | | | TO SUPPORT MEDICAL RESEARCH |
| MESIVTA OF GREATER LOS ANGELES 25115 MUREAU RD HIDDEN HILLS, CA 91302 | 95-4621495 | 501(C)(3) | 7,500. | 0. | | | TO SUPPORT JUDAISM |
| MESIVTA OF TOLEDO 3853 WOODLEY ROAD TOLEDO, OH 43606 | 20-4751245 | 501(C)(3) | 25,000. | 0. | | | TO SUPPORT JEWISH EDUCATION |
| MESORES ROCHEL SEMINARY 126 BATES DRIVE MONSEY, NY 10952 | 45-2276874 | 501(C)(3) | 16,000. | 0. | | | TO SUPPORT JEWISH EDUCATION |
| MICHIGAN ARMED FORCES RECEPTION CENTER INC - 2843 E GRAND RIVER 251 - EAST LANSING, MI 48823 | 45-2813231 | 501(C)(3) | 24,750. | 0. | | | TO SUPPORT THE ARMED FORCES |
| MICHIGAN FOR VACCINE CHOICE PO BOX 1121 TROY, MI 48099 | 47-5401416 | 501(C)(3) | 13,750. | 0. | | | TO SUPPORT MEDICAL ADVOCACY |
| MICHIGAN HUMANE SOCIETY 3600 AUBURN ROAD ROCHESTER HILLS, MI 48309 | 38-1358206 | 501(C)(3) | 22,500. | 0. | | | TO SUPPORT ANIMAL WELFARE |
| MICHIGAN OPERA THEATRE 1526 BROADWAY DETROIT, MI 48226 | 38-2052726 | 501(C)(3) | 52,000. | 0. | | | TO SUPPORT THE ARTS |

UNITED JEWISH FOUNDATION

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| MICHIGAN STATE UNIVERSITY A217 EAST FEE HALL EAST LANSING, MI 48224 | 38-6005984 | 501(C)(3) | 1,707,083. | 0. | | | TO SUPPORT EDUCATION |
| MICHIGAN STATE UNIVERSITY - HILLEL FOUNDATION - 360 CHARLES STREET - EAST LANSING, MI 48824 | 38-3034766 | 501(C)(3) | 202,548. | 0. | | | TO SUPPORT JEWISH EDUCATION |
| MUSEUM OF CONTEMPORARY ART DETROIT 4454 WOODWARD AVE DETROIT, MI 48201 | 20-3872376 | 501(C)(3) | 15,000. | 0. | | | TO SUPPORT THE ARTS |
| NATIONAL COUNCIL OF JEWISH WOMEN 543 N. FAIRFAX AVE LOS ANGELES, CA 90036 | 95-1641433 | 501(C)(3) | 25,100. | 0. | | | TO SUPPORT WOMEN'S CAUSES |
| NATIONAL RAMAH COMMISSION INC 3080 BROADWAY NEW YORK, NY 10027 | 13-6161110 | 501(C)(3) | 27,000. | 0. | | | TO SUPPORT JEWISH CAMPERS |
| NATURE CONSERVANCY 4245 NORTH FAIRFAX DR, SUITE 100 ARLINGTON, VA 22203 | 90-0248331 | 501(C)(3) | 51,250. | 0. | | | TO SUPPORT THE ENVIRONMENT |
| NIKKI MITCHELL FOUNDATION INC PO BOX 120261 NASHVILLE, TN 37212 | 46-3399632 | 501(C)(3) | 175,000. | 0. | | | TO SUPPORT MEDICAL RESEARCH |
| OAKLAND FAMILY SERVICES 114 ORCHARD LAKE AVENUE PONTIAC, MI 48341 | 38-1358388 | 501(C)(3) | 5,750. | 0. | | | TO PROVIDE MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS |
| OPEN BOOKS, LTD 651 WEST LAKE STREET CHICAGO, IL 60661 | 20-4830666 | 501(C)(3) | 50,000. | 0. | | | TO PROMOTE LITERACY |

| 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 |
| ORCHARDS CHILDREN'S SERVICE 30215 SOUTHFIELD RD SOUTHFIELD, MI 48076 | 38-2712084 | 501(C)(3) | 10,834. | 0. | | | TO SUPPORT CHILDREN |
| ORT AMERICA 6735 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301 | 13-5562424 | 501(C)(3) | 1,052,340. | 0. | | | TO SUPPORT JOB EDUCATION |
| PATH CATALYST FUND 1455 NW LEARY WAY SEATTLE, WA 98107 | 91-1157127 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT HEALTH CARE |
| PEACE NEIGHBORHOOD CENTER 1111 NORTH MAPLE ROAD ANN ARBOR, MI 48103 | 27-7437867 | 501(C)(3) | 16,700. | 0. | | | TO PROVIDE FAMILY AND YOUTH SOCIAL SERVICES |
| PEF ISRAEL ENDOWMENT FUND PO BOX 9991 SAN JOSE, CA 95157 | 13-6104086 | 501(C)(3) | 56,831. | 0. | | | TO SUPPORT WOMEN'S CAUSES |
| PHOENIX ART MUSEUM 1625 N CENTRAL AVE PHOENIX, AZ 85004 | 86-0072608 | 501(C)(3) | 6,750. | 0. | | | TO SUPPORT THE ARTS |
| PLANNED PARENTHOOD OF MID & SOUTH MICHIGAN - 3100 PROFESSIONAL DRIVE, PO BOX 3673 - ANN ARBOR, MI 48106 | 38-1707521 | 501(C)(3) | 25,500. | 0. | | | TO SUPPORT HEALTH CARE |
| PONYRIDE 1401 VERMONT ST DETROIT, MI 48216 | 46-1325946 | 501(C)(3) | 7,650. | 0. | | | TO SUPPORT THE ARTS |
| PROJECT HEALTHY COMMUNITY 401 N MAIN STREET ROYAL OAK, MI 48067 | 46-2392799 | 501(C)(3) | 10,000. | 0. | | | TO PROMOTE HEALTHY EDUCATION AND SUPPORT |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| REPAIR THE WORLD, INC. 1460 BROADWAY NEW YORK, NY 10036 | 36-4524686 | 501(C)(3) | 40,000. | 0. | | | TO SUPPORT JEWISH COMMUNITY |
| ROSE HILL CENTER INC. 5130 ROSE HILL BLVD HOLLY, MI 48442 | 38-2895077 | 501(C)(3) | 12,000. | 0. | | | TO SUPPORT MENTAL HEALTH TREATMENT |
| ROSE HILL FOUNDATION 3707 WEST MAPLE ROAD BLOOMFIELD HILLS, MI 48301 | 20-0081638 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT MENTAL HEALTH TREATMENT |
| SAGINAW COMMUNITY FOUNDATION 1 TUSCOLA STREET, SUITE 100 SAGINAW, MI 48607 | 38-2474297 | 501(C)(3) | 25,000. | 0. | | | TO SUPPORT SAGINAW COUNTY COMMUNITY PROGRAMS |
| SAN FRANCISCO HILLEL 33 BANBURY DR SAN FRANCISCO, CA 94132 | 94-3152892 | 501(C)(3) | 35,000. | 0. | | | TO SUPPORT JEWISH EDUCATION |
| SAN FRANCISCO JEWISH COMM PUBLICATIONS - 225 BUSH STREET #480 - SAN FRANCISCO, CA 94104 | 94-1089387 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT JEWISH EDUCATION |
| SAN FRANCISCO SPECIAL EVENTS COMMITTEE - C/O SGR CONSULTING 465 CALIFORNIA STREET, SUITE 425 - SAN FRANCISCO, CA 94104 | 94-3001337 | 501(C)(3) | 25,000. | 0. | | | TO SUPPORT THE ARTS AND CULTURE |
| SAN FRANCISCO STATE UNIVERSITY 1600 HOLLOWAY AVE, ADM 471 SAN FRANCISCO, CA 94132 | 93-1137247 | 501(C)(3) | 6,000. | 0. | | | TO SUPPORT EDUCATION |
| SARASOTA MANATEE JEWISH FEDERATION 580 S. MCINTOSH RD SARASOTA, FL 34232 | 59-1227747 | 501(C)(3) | 8,500. | 0. | | | TO SUPPORT THE JEWISH COMMUNITY |

UNITED JEWISH FOUNDATION

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SEMINAR YERUSHALAYIM HACHADASH 4622 14TH AVE BROOKLYN, NY 11219 | 11-3106891 | 501(C)(3) | 6,000. | 0. | | | TO SUPPORT JEWISH EDUCATION |
| SHERPA FOUNDATION PO BOX 2737 EDWARDS, CO 81632 | 47-3874781 | 501(C)(3) | 20,000. | 0. | | | TO SUPPORT INTERNATIONAL RELIEF |
| SKY FOUNDATION INC 33 BLOOMFIELD HILLS PKWY, SUITE 275 BLOOMFIELD HILLS, MI 48304 | 26-2720583 | 501(C)(3) | 14,250. | 0. | | | TO SUPPORT MEDICAL RESEARCH |
| STANDWITHUS PO BOX 251153 WEST BLOOMFIELD, MI 48325 | 01-0566033 | 501(C)(3) | 6,110. | 0. | | | TO SUPPORT EDUCATION |
| STANFORD UNIVERSITY PO BOX 20466 STANFORD, CA 94309 | 94-1156365 | 501(C)(3) | 51,000. | 0. | | | TO SUPPORT EDUCATION |
| STARFISH FAMILY SERVICES, INC 30000 HIVELEY RD INKSTER, MI 48141 | 38-2230416 | 501(C)(3) | 150,500. | 0. | | | TO SUPPORT CHILDREN |
| STIGGYS DOGS 2610 BOWEN ROAD HOWELL, MI 48855 | 27-2228933 | 501(C)(3) | 25,000. | 0. | | | TO SUPPORT GUIDE DOG PROGRAMS |
| TEMPLE BETH EL 7400 TELEGRAPH RD. BLOOMFIELD HILLS, MI 48301 | 38-1359595 | 501(C)(3) | 84,340. | 0. | | | TO SUPPORT REFORM JUDAISM |
| TEMPLE BETH SHALOM PO BOX 492 MARQUETTE, MI 49855 | 38-6077619 | 501(C)(3) | 6,000. | 0. | | | TO SUPPORT JUDAISM |

UNITED JEWISH FOUNDATION

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| TEMPLE EMANU-EL 14450 W. TEN MILE RD. OAK PARK, MI 48237 | 38-1493800 | 501(C)(3) | 23,400. | 0. | | | TO SUPPORT REFORM JUDAISM |
| TEMPLE ISRAEL 5725 WALNUT LAKE RD. WEST BLOOMFIELD, MI 48323 | 38-1490194 | 501(C)(3) | 279,400. | 0. | | | TO SUPPORT REFORM JUDAISM |
| TEMPLE SHIR SHALOM 3999 WALNUT LAKE ROAD WEST BLOOMFIELD, MI 48323 | 38-2803191 | 501(C)(3) | 7,410. | 0. | | | TO SUPPORT JUDAISM |
| THE JEWISH ENSEMBLE THEATRE 6600 WEST MAPLE ROAD WEST BLOOMFIELD, MI 48322 | 38-2861818 | 501(C)(3) | 90,138. | 0. | | | TO SUPPORT THE ARTS |
| THE JEWISH FEDERATIONS OF NORTH AMERICA - WALL STREET STATION, PO BOX 157 - NEW YORK, NY 10268 | 13-1624240 | 501(C)(3) | 10,250. | 0. | | | TO SUPPORT JEWISH PHILANTHROPY |
| TIKVAH-ETTA & LAZEAR ISRAEL CENTER 12722 RIVERSIDE DR STE 105 NORTH HOLLYWOOD, CA 91607 | 95-4308644 | 501(C)(3) | 10,000. | 0. | | | TO PROVIDE MEDICAL SERVICES |
| TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 33 WEST 60TH STREET, 7TH FLOOR - NEW YORK, NY 10023 | 13-5598093 | 501(C)(3) | 27,000. | 0. | | | TO SUPPORT EDUCATION |
| UNITED MOSDOS TORAH VEYIRAH YERUSHOLYIM - PO BOX 2340 - MONROE, NY 10949 | 11-3587550 | 501(C)(3) | 30,000. | 0. | | | TO SUPPORT JEWISH EDUCATION |
| UNITED WAY OF SOUTHEASTERN MICHIGAN - 1212 GRISWOLD ST - DETROIT, MI 48226 | 20-3099071 | 501(C)(3) | 39,600. | 0. | | | TO SUPPORT THE ANNUAL CAMPAIGN |

| 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 |
| UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION - 555 MISSION BAY BOULEVARD SOUTH, ROOM 352W - SAN FRANCISCO, CA 94158 | 94-2829914 | 501(C)(3) | 50,000. | 0. | | | TO SUPPORT EDUCATION |
| UNIVERSITY OF DETROIT JESUIT HIGH SCHOOL AND ACADEMY - 8400 S. CAMBRIDGE - DETROIT, MI 48221 | 38-1360587 | 501(C)(3) | 100,000. | 0. | | | TO SUPPORT EDUCATION |
| UNIVERSITY OF MICHIGAN- 3003 S STATE ST ANN ARBOR, MI 48109 | 38-6006309 | 501(C)(3) | 341,783. | 0. | | | TO SUPPORT EDUCATION |
| UNIVERSITY OF MICHIGAN - HILLEL 1429 HILL ST ANN ARBOR, MI 48104 | 38-6119964 | 501(C)(3) | 275,991. | 0. | | | TO SUPPORT JEWISH EDUCATION |
| UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY PARK LOS ANGELES, CA 90089 | 95-1642394 | 501(C)(3) | 85,600. | 0. | | | TO SUPPORT EDUCATION |
| V HECHZAKTA BO PO BOX 310737 DETROIT, MI 48231 | 38-2876911 | 501(C)(3) | 20,000. | 0. | | | TO SUPPORT EDUCATION |
| VAIL VALLEY FOUNDATION PO BOX 309 VAIL, CO 81658 | 74-2215035 | 501(C)(3) | 15,000. | 0. | | | TO SUPPORT THE COMMUNITY |
| VARIETY-THE CHILDREN'S CHARITY CRANBROOK CENTRE, 600 S ADAMS BIRMINGHAM, MI 48009 | 38-2140506 | 501(C)(3) | 61,500. | 0. | | | TO SUPPORT THE COMMUNITY |
| WALKING MOUNTAINS PO BOX 9469, 318 WALKING MOUNTAINS AVON, CO 81620 | 84-1436731 | 501(C)(3) | 15,000. | 0. | | | TO SUPPORT THE ENVIRONMENT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| WAYNE STATE UNIVERSITY DEVELOPMENT OFFICE DETROIT, MI 48202 | 38-6028429 | 501(C)(3) | 74,800. | 0. | | | TO SUPPORT EDUCATION |
| WILSHIRE BOULEVARD TEMPLE 3663 WILSHIRE BLVD LOS ANGELES, CA 90010 | 95-1691339 | 501(C)(3) | 7,900. | 0. | | | TO SUPPORT REFORM JUDAISM |
| WORKSHOPS FOR WARRIORS 2970 MAIN STREET SAN DIEGO, CA 92113 | 26-1721255 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT EDUCATION |
| YAD EZRA 2850 W. ELEVEN MILE RD BERKLEY, MI 48072 | 38-2904733 | 501(C)(3) | 81,255. | 0. | | | TO FEED THE HUNGRY |
| YESHIVA BETH YEHUDAH 15751 W. LINCOLN SOUTHFIELD, MI 48076 | 38-1437939 | 501(C)(3) | 245,489. | 0. | | | TO SUPPORT JEWISH EDUCATION |
| YESHIVA UNIVERSITY 500 WEST 185TH ST, BELFER HALL 725 NEW YORK, NY 10033 | 13-1624225 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT EDUCATION |
| YESHIVAS DARCHEI TORAH 21550 W 12 MILE ROAD SOUTHFIELD, MI 48076 | 38-2842622 | 501(C)(3) | 9,686. | 0. | | | TO SUPPORT CONSERVATIVE JUDAISM |
| YOUNG ISRAEL OF SOUTHFIELD 27705 LAHSER SOUTHFIELD, MI 48034 | 38-2267079 | 501(C)(3) | 6,300. | 0. | | | TO SUPPORT ORTHODOX JUDAISM |
| YOUTH FOUNDATION PO BOX 309 VAIL, CO 81658 | 84-1442909 | 501(C)(3) | 146,500. | 0. | | | TO SUPPORT EDUCATION |

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.

PART I, LINE 2:

TO MONITOR OUR CONSTITUENT AGENCIES, WE RECEIVE ANNUAL BUDGET PROPOSALS AND PERIODIC PROGRAM AND BUDGET REPORTS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2015

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

UNITED JEWISH FOUNDATION

Employer identification number

38-1360585

Part I Questions Regarding Compensation

| | Yes | No |
|--|-----------|----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | |
| 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 type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input 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? | 4a | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | 4c | X |
| 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? | 5a | X |
| b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. | 5b | X |
| 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? | 6a | X |
| b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. | 6b | X |
| 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 | 7 | X |
| 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 | 8 | X |
| 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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

Schedule J (Form 990) 2015

UNITED JEWISH FOUNDATION

38-1360585

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

For each individual whose compensation must be reported 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 CEO AND SECRETARY | (i) 0. (ii) 322,435. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) DOROTHY BENYAS CHIEF FINANCIAL OFFICER | (i) 0. (ii) 198,427. | 0. | 630. | 5,775. | 11,696. | 340,536. | 0. |
| (3) HOWARD NEUSTEIN CHIEF ADMINISTRATIVE OFFICER | (i) 0. (ii) 197,296. | 0. | 1,790. | 3,608. | 18,136. | 224,961. | 0. |
| (4) SCOTT STERN CHIEF OPERATING OFFICER | (i) 0. (ii) 218,000. | 4,000. | 2,729. | 3,605. | 17,849. | 225,479. | 0. |
| (5) THEODORE COHEN CHIEF MARKETING OFFICER | (i) 0. (ii) 167,607. | 0. | 514. | 3,020. | 18,136. | 236,766. | 0. |
| | (i) 0. | 1,000. | | | 17,901. | 190,042. | 0. |
| | (i) 0. | | | | | | |
| | (ii) 0. | | | | | | |
| | (i) 0. | | | | | | |
| | (ii) 0. | | | | | | |
| | (i) 0. | | | | | | |
| | (ii) 0. | | | | | | |
| | (i) 0. | | | | | | |
| | (ii) 0. | | | | | | |
| | (i) 0. | | | | | | |
| | (ii) 0. | | | | | | |
| | (i) 0. | | | | | | |
| | (ii) 0. | | | | | | |
| | (i) 0. | | | | | | |
| | (ii) 0. | | | | | | |
| | (i) 0. | | | | | | |
| | (ii) 0. | | | | | | |

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.

Area containing multiple horizontal lines for supplemental information.

Supplemental Information on Tax-Exempt Bonds
 Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

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

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

Part II Proceeds

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|-----|-------------------------------------|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | <input checked="" type="checkbox"/> | | | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | <input checked="" type="checkbox"/> | | | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | % | | % | | % | | % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | % | | % | | % | | % |
| 6 Total of lines 4 and 5 | | % | | % | | % | | % |
| 7 Does the bond issue meet the private security or payment test? | | <input checked="" type="checkbox"/> | | | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? | | <input checked="" type="checkbox"/> | | | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | % | | % | | % | | % |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | | <input checked="" type="checkbox"/> | | | | | | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|--|-------------------------------------|-------------------------------------|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | <input checked="" type="checkbox"/> | | | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | <input checked="" type="checkbox"/> | | | | | | |
| b Exception to rebate? | <input checked="" type="checkbox"/> | | | | | | | |
| c No rebate due? | | <input checked="" type="checkbox"/> | | | | | | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | <input checked="" type="checkbox"/> | | | | | | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | <input checked="" type="checkbox"/> | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | X | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | | X | | | | | | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | | X | | | | | | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE K, PART 1, LINE A, COLUMN F
TO FINANCE THE ACQUISITION AND INSTALLATION OF VARIOUS ENERGY SAVING IMPROVEMENTS INCLUDING HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS, TEMPERATURE CONTROL SYSTEMS, BUILDING ENVELOPE AND INSULATION SYSTEMS, LIGHTING SYSTEMS AND VARIOUS PLUMBING DEVICES TO BE LOCATED AT THE JEWISH COMMUNITY CENTER JPM FACILITY IN THE CITY OF OAK PARK.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2015

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of the organization

UNITED JEWISH FOUNDATION

Employer identification number

38-1360585

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|---|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|--|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total ▶ \$ | | | | | | | | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| ETKIN EQUITIES | DOUGLAS ETKIN, BOAR | 320,046. | ETKIN EQUIT | | X |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

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

(A) NAME OF PERSON: ETKIN EQUITIES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

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

(C) AMOUNT OF TRANSACTION \$ 320,046.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

| Part I | | Types of Property | | | |
|--------|---|---|--|--|--|
| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts | |
| 1 | Art - Works of art | | | | |
| 2 | Art - Historical treasures | | | | |
| 3 | Art - Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities - Publicly traded | X | 273 | 9,570,628. FAIR MARKET VALUE | |
| 10 | Securities - Closely held stock | | | | |
| 11 | Securities - Partnership, LLC, or trust interests | | | | |
| 12 | Securities - Miscellaneous | | | | |
| 13 | Qualified conservation contribution - Historic structures | | | | |
| 14 | Qualified conservation contribution - Other | | | | |
| 15 | Real estate - Residential | | | | |
| 16 | Real estate - Commercial | | | | |
| 17 | Real estate - Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ▶ (LEASEHOLD IMP) | X | 4 | 830,002. FAIR MARKET VALUE | |
| 26 | Other ▶ () | | | | |
| 27 | Other ▶ () | | | | |
| 28 | Other ▶ () | | | | |

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

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

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

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

UNITED JEWISH FOUNDATION

Employer identification number
38-1360585

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

FOUNDATION IS COMMITTED TO PRESERVING AND GROWING THE ASSETS TO MEET
THE COMMUNITY'S LONG TERM NEEDS.

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

PROMOTE THE CONTINUITY OF THE JEWISH PEOPLE.

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

MINDI FYNKE AND MATT LESTER HAVE FAMILY A RELATIONSHIP.

THE FOLLOWING BOARD MEMBERS HAVE BUSINESS RELATIONSHIPS:

ROBERT SLATKIN AND MICHAEL MADDIN

ROBERT SLATKIN AND MARK HAUSER

ROBERT SLATKIN AND ALAN KAUFMAN

MARK HAUSER AND MICHAEL MADDIN

HARVEY SOLWAY AND STEVEN WEISBERG

LEE HURWITZ AND TODD SACHSE

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION DELEGATED MANAGEMENT DUTIES TO THE JEWISH FEDERATION OF
METROPOLITAN DETROIT.

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

THE AUDIT COMMITTEE HAS THE AUTHORITY TO APPROVE THE FORM 990 ON BEHALF OF
THE BOARD OF DIRECTORS. THE FORM 990 IS REVIEWED INTERNALLY BY THE FINANCE
DIRECTOR AND CHIEF FINANCIAL OFFICER. THE PUBLIC DISCLOSURE COPY IS THEN

Name of the organization

UNITED JEWISH FOUNDATION

Employer identification number

38-1360585

REVIEWED AND APPROVED BY THE AUDIT COMMITTEE. FOLLOWING AUDIT COMMITTEE APPROVAL, THE FORM 990 IS MADE AVAILABLE TO THE BOARD OF THE UNITED JEWISH FOUNDATION OF METROPOLITAN DETROIT, PRIOR TO IT BEING FILED.

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

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

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

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

ALLOCATION OF JFMD FUNDRAISING & ADMINISTRATIVE EXPENSES TO

UJF 2,370,787.

INTERORGANIZATION APPROPRIATIONS 3,165,539.

Name of the organization

UNITED JEWISH FOUNDATION

Employer identification number

38-1360585

NET INTERFUND TRANSFERS NOT INCLUDED ON RETURN 403,165.

TOTAL TO FORM 990, PART XI, LINE 9 5,939,491.

FORM 990, PART XII, LINE 2C:

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

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.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

UNITED JEWISH FOUNDATION

Employer identification number
38-1360585

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" 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 |
| JEWISH FEDERATION OF METROPOLITAN DETROIT - 38-1359214, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301 | SUPPORTS JEWISH COMMUNITY | MICHIGAN | 501(C)(3) | 7 | N/A | | X |
| THE JEWISH FUND - 38-3323875 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 | SUPPORTS JEWISH HEALTH CARE IN THE METRO DETROIT AREA | MICHIGAN | 501(C)(3) | 11, TYPE II | JEWISH FEDERATION OF METROPOLITAN DETROIT | | X |
| APPELBAUM 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 |

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

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 BETHEA GREEN SUPPORT FOUNDATION - 38-2490337, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301 | PROVIDES GRANTS TO OTHER ORGANIZATIONS | MICHIGAN | 501(C)(3) | 11, TYPE I | 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 JOSEFY 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 |

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 |

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 |
| WOODRUN 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. VOLLES 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 |

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 |

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 | JEWISH FEDERATION OF METROPOLITAN DETROIT | | X |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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.

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" 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.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| ALBERT DUBIN CHARITABLE ANNUITY TRUST UA 08/17/94 - 38-3193200, 4665 BOCAIRE BLVD., BOCA RATON, FL 33487 | CHARITABLE REMAINDER TRUST | FL | N/A | TRUST | | 632,134. | 57.20% | | X |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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) | | | | | | X |
| (2) | | | | | X | |
| (3) | | | | | X | |
| (4) | | | | | | X |
| (5) | | | | | | X |
| (6) | | | | | | X |

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 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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).

| | | | |
|---|---|--|--|
| A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) | Print or Type | Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) UNITED JEWISH FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. 6735 TELEGRAPH ROAD City or town, state or province, country, and ZIP or foreign postal code BLOOMFIELD HILLS, MI 48301 | D Employer identification number (Employees' trust, see instructions.) 38-1360585 E Unrelated business activity codes (See instructions.) 531120 531110 |
| C Book value of all assets at end of year 454,859,108 | F Group exemption number (See instructions.) G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust | | |

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

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

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

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|---|--|------------|--------------|---------|
| 1 a | Gross receipts or sales | | | |
| b | Less returns and allowances | | | |
| c Balance ▶ | | 1c | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | | |
| 4 a | Capital gain net income (attach Schedule D) | 4a | | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | |
| c | Capital loss deduction for trusts | 4c | | |
| 5 | Income (loss) from partnerships and S corporations (attach statement) | 5 | 19,290. | 19,290. |
| 6 | Rent income (Schedule C) | 6 | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | |
| 8 | Interest, annuities, royalties, and rents from controlled organizations (Sch. F) | 8 | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | |
| 10 | Exploited exempt activity income (Schedule I) | 10 | | |
| 11 | Advertising income (Schedule J) | 11 | | |
| 12 | Other income (See instructions; attach schedule) | 12 | | |
| 13 | Total. Combine lines 3 through 12 | 13 | 19,290. | 19,290. |

| Part II Deductions Not Taken Elsewhere | | (See instructions for limitations on deductions.) | |
|---|---|---|---------|
| (Except for contributions, deductions must be directly connected with the unrelated business income.) | | | |
| 14 | Compensation of officers, directors, and trustees (Schedule K) | 14 | |
| 15 | Salaries and wages | 15 | |
| 16 | Repairs and maintenance | 16 | |
| 17 | Bad debts | 17 | |
| 18 | Interest (attach schedule) | 18 | |
| 19 | Taxes and licenses | 19 | |
| 20 | Charitable contributions (See instructions for limitation rules) | 20 | |
| 21 | Depreciation (attach Form 4562) | 21 | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | 22a | 22b |
| 23 | Depletion | 23 | |
| 24 | Contributions to deferred compensation plans | 24 | |
| 25 | Employee benefit programs | 25 | |
| 26 | Excess exempt expenses (Schedule I) | 26 | |
| 27 | Excess readership costs (Schedule J) | 27 | |
| 28 | Other deductions (attach schedule) | 28 | |
| 29 | Total deductions. Add lines 14 through 28 | 29 | 0. |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | 19,290. |
| 31 | Net operating loss deduction (limited to the amount on line 30) | 31 | |
| 32 | Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | 32 | 19,290. |
| 33 | Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) | 33 | 1,000. |
| 34 | Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34 | 18,290. |

523701 01-06-16

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2015)

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (40a-40e), Total credits (40e), Subtract line 40e from line 39 (41), Other taxes (42), Total tax (43), Payments (44a-44g), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Enter the amount of line 48 you want (49).

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

Table with 3 columns: Question, Yes, No. Includes questions about foreign financial accounts, distribution from foreign trusts, and tax-exempt interest.

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

Table with 3 columns: Line Number, Description, Amount. Includes rows for Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, Other costs, and Total.

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.

Signature and Preparer Information section. Includes fields for Sign Here (Signature of officer, Date, Title), Paid Preparer Use Only (Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.).

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

1. Description of property

| |
|-----|
| (1) |
| (2) |
| (3) |
| (4) |

| 2. Rent received or accrued | | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | 0. | Total 0. |

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

| 1. Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | |
|--|---|--|--|
| | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |

| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
|---|---|---------------------------------|--|---|
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |

Totals **0.** Enter here and on page 1, Part I, line 7, column (A). **0.** Enter here and on page 1, Part I, line 7, column (B).
 Total dividends-received deductions included in column 8 **0.**

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

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

Totals **0.** 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).

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

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

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

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

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

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

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

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

| PARTNERSHIP NAME | GROSS INCOME | DEDUCTIONS | NET INCOME OR (LOSS) |
|--|----------------|------------|-------------------------|
| SIGULAR GUFF DISTRESSED OPPORTUNITIES FUND II, LP | 85. | 0. | 85. |
| NORTH HILLS VILLAGE APARTMENTS LLC | 16,209. | 0. | 16,209. |
| PAUL CAPITAL PARTNERS IX LP | 2,996. | 0. | 2,996. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 5 | 19,290. | 0. | 19,290. |

FORM 990-T NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST STATEMENT 2

NAME OF COUNTRY

CAYMAN ISLANDS
IRELAND
ISRAEL

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

Employer identification number

UNITED JEWISH FOUNDATION

38-1360585

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 1, 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 | 107. | | | 107. |
| 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) | | | | () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h | | | | 107. |

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 | | 7,476. | | -7,476. |
| 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 |
| 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 | | | | -7,476. |

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

UNITED JEWISH FOUNDATION

Social security number or
taxpayer identification no.
38-1360585

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 | |
| | PAUL CAPITAL PARTNERS IX LP | | | 107. | | | | 107. |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 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) ▶ | | | | 107. | | | 107. |

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

Social security number or taxpayer identification no.

38-1360585

UNITED JEWISH FOUNDATION

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 PAUL CAPITAL PARTNERS IX LP with a loss of 7,476.

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.