** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

16

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

AF	or the	2016 calendar year, or tax year beginning JUN 1, 2016 and	ending M	AY 31, 2017	
Вс	heck if pplicable	JEWISH FEDERATION OF METROPOLITAN		D Employer identifi	cation number
F	Addres change Name change	DETROIT Doing business as		38-1	359214
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	ır
	Final return/ termin-	6735 TELEGRAPH ROAD		(248)642-4260
_	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	52,071,706.
\vdash	return	BLOOMFIELD HILLS, MI 48301		H(a) Is this a group re	
1	Application pending			V363A39983	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	
		mpt status: X 501(c)(3) 501(c)() ((insert no.) 4947(a)(1) ce: ► WWW.JEWISHDETROIT.ORG	or 527		list. (see instructions)
			T. v	H(c) Group exemptio	
		organization: X Corporation Trust Association Other ► Summary	L Year	of formation; 1920	M State of legal domicile: MI
1.500		Briefly describe the organization's mission or most significant activities: TAKE	CAPE	סב שמה אבבט	פ רב שמב
ce		JEWISH PEOPLE AND BUILD A VIBRANT JEWISH			
Jan		Check this box if the organization discontinued its operations or dispose			
Activities & Governance	person Si	살을 가장 그리고 있는 아이들을 보다가 그 바다 있는 나타가 되어 있을 것이 어려워 하나 아이를 하는 것이 어떻게 하지 않는 것이 없다면 없었다. 그 아이를 하는 것이 아이를 보고 하나 아이를 보다 하나 다른 사람이 아이를 보다 하나 하나 나는 사람이 아이를 보고 하는 것이다.		3	192
g		Number of independent voting members of the governing body (Part VI, line 1b)			191
ళ		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			136
iție		otal number of volunteers (estimate if necessary)			800
cţi	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	1,009.
Ř		Net unrelated business taxable income from Form 990-T, line 34			9.
				Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)		50,783,226.	48,173,092.
ű	9 F	Program service revenue (Part VIII, line 2g)	on ancreached 1	1,427,698.	
Revenue	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		10,668.	
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,255,962.	2,542,299.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		54,477,554.	52,071,706.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		33,625,082.	30,467,031.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	45 6	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		11,026,099.	11,856,107.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	b 7	otal fundraising expenses (Part IX, column (D), line 25) 1,617,35	66.		
ш	., ,	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,649,401.	
	18	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		46,300,582.	
		Revenue less expenses. Subtract line 18 from line 12		8,176,972.	7,941,953.
d Balances			Be	ginning of Current Year	End of Year
Sset	20 1	otal assets (Part X, line 16)		38,148,776.	40,702,036.
Net		otal liabilities (Part X, line 26)		29,503,453.	31,143,121.
	22 N	let assets or fund balances. Subtract line 21 from line 20		8,645,323.	9,558,915.
2-20-0				-1 11- 11- 11-1	
		ies of perjury, I declare that I have examined this return, including accompanying schedules , and complete. Declaration of preparer (other than officer) is based on all information of whi			knowledge and belief, it is
uue,	Correct	NACALA	ich preparer	nas any knowledge.	17
Sign	.	Signature of officer		Date	-1
Here		DOROTHY BENYAS, CHIEF FINANCIAL OFFICE	R	50.578.57	
icit		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		LYNNE M. HUISMANN LYNNE M. HUISMAN	1	0/04/17 if self-employ	
Prep		Firm's name PLANTE & MORAN, PLLC		Firm's EIN >	38-1357951
Use (Firm's address 2601 CAMBRIDGE CT., STE. 500		vein	
	odfe#	AUBURN HILLS, MI 48326		Phone no. (2	48) 375-7100
Мау	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

The Briefly describe the organization's mission: THE JEWISH FEDERATION OF METROPOLITAN DETROIT IS THE CORNERSTONE OF OUR JEWISH COMMUNITY. WE ARE COMMITTED TO TAKING CARE OF THE NEEDS OF THE JEWISH PROPLE AND BUILDING A STRONG AND VIBRANT JEWISH FUTURE, IN DETROIT, IN ISRAEL AND AROUND THE WORLD. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 390 or 890-27. If "Yes," describe these new services on Schedule O. 2 Did the organization cause conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 2 Did the organization cause conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(5)(8) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, section 501(6)(8) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, section 501(6)(8) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, section 501(6)(8) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, section 501(6)(8) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, section 501(6)(8) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, section 501(6)(8) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, section 501(6)(8) and 501(6)(4) organizations are required to a section 501(6)(8) and	Pa	t III Statement of Program Service Accomplishments
THE JEWISH COMMUNITY. WE ARE COMMITTED TO TAKING CARE OF THE NEEDS OF THE JEWISH COMMUNITY. WE ARE COMMITTED TO TAKING CARE OF THE NEEDS OF THE JEWISH PROPIE AND BUILDING A STRONG AND VIBRANT JEWISH FUTURE, IN DETROIT, IN ISRAEL AND AROUND THE WORLD. 2 Did the organization undertake any significant propam services during the year which were not listed on the prior form 950 or 950-527 Ves.		Check if Schedule O contains a response or note to any line in this Part III
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4e Total program service expenses ► 40,191,759.		
	4e	

Form 990 (2016) DETROIT 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4	Х	
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? If "Yes," complete Schedule C, Part III	_5		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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			~
	Part VI	11a	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? /f "Yes," complete Schedule D, Part VII	11b		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? /f "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d	L	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f	L	Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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? If "Yes," complete Schedule F, Parts II and IV	15	Х	
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
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? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X
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Form 990 (2016) DETROIT

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	162	X
ь	the state of the s	20b	 	-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	\vdash	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		<u> </u>	
_	Part IX, column (A), line 2? /f "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	\vdash	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		_
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		-
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	Schedule L, Part I	25b		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	200		<u> </u>
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1,00		Desire.
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	HEP-HOUSE	x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			-
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	38	X	
		Form	990	(2016)

b E c C ((Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 150 160 170 180 180 180 180 180 180 18		Yes	No
b E c C ((140
c (((2a E	Enter the number of Forms W.2G included in line to Enter O if not conflictly			
(g 2a E	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
2a E	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	gambling) winnings to prize winners?	1c	X	
,et	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
11	filed for the calendar year ending with or within the year covered by this return 2a 136			
b If	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
N	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a D	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	X	
b If	f "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
fi	inancial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	f "Yes," enter the name of the foreign country:	護體		
S	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a V	Nas the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b D	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	f "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
	f "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7 C	Organizations that may receive deductible contributions under section 170(c).			
a D	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	Earnoque
	f "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	o file Form 8282?	7c		х
	f "Yes," indicate the number of Forms 8282 filed during the year 7d		(d.1)	10 m
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	MAN PARCE	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
	f the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			8,3
	sponsoring organization have excess business holdings at any time during the year?	8	THE PARTY.	Magicastr.
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	111,121,121	DERECTOR
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	nitiation fees and capital contributions included on Part VIII, line 12			20-0
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	15.70		
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	PERSONAL PROPERTY OF	14.55
	f "Yes," enter the amount of tax-exempt interest received or accrued during the year		10	
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	s the organization licensed to issue qualified health plans in more than one state?	13a		responsible to
	Note. See the instructions for additional information the organization must report on Schedule O.		17.34	
	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	f "Yes," has it filed a Form 720 to report these payments? <i>If "No." provide an explanation in Schedule O</i>	14b		

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

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.

Sec	tion A. Governing Body and Management			
		A10 (6:2%)	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 19	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2	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?	3	+	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	 	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	+	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	1_		\ \ _
	more members of the governing body?	7a	+	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		
_	persons other than the governing body?	7b	WEST STREET	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	W 5555	v	
a	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	 ^ -	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
Sec	organization's mailing address? If "Yes." provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9	<u> </u>	_ <u>A</u>
	tion 5.1 Gildles (This Section B requests information about policies not required by the internal Hevenue Code.)		Yes	N.
10a	Did the organization have local chapters, branches, or affiliates?	10a	162	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	ioa		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	X
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	APENISON
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶MI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	ıvailabl	е	
	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	i financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	BECKY STASCH - (248) 203-1521			
	6735 TELEGRAPH RD., BLOOMFIELD HILLS, MI 48301			

Part VIII 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.

(A) Name and Title	(B) Average hours per	box	not cl	Pos heck a ss per	more son i	than o	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MARK ADLER DIRECTOR	0.50	x						0.	0	0
(2) PETER M. ALTER	0.50	^	\vdash	\vdash	\vdash			V .	0.	0.
DIRECTOR	0.00	X						0.	0.	0.
(3) KELLI ANDERSON	0.50	1	-			 		•	0.	0.
DIRECTOR	0.00	\mathbf{x}						0.	0.	0.
(4) EUGENE M. APPLEBAUM	0.50									
DIRECTOR	0.00	x						0.	0.	0.
(5) STEVEN ARBIT	0.50									
DIRECTOR	0.00	\mathbf{x}						0.	0.	0.
(6) DANIEL ARONOVITZ	0.50									
DIRECTOR	0.00	X						0.	0.	0.
(7) JAMES M. AUGUST	0.50									
DIRECTOR	0.00	X	Ш			_		0.	0.	0.
(8) NORA LEE BARRON	0.50							_	_	_
DIRECTOR	0.00	X				L.		0.	0.	0.
(9) JODI BECKER	0.50									_
DIRECTOR	0.00	X	Ш		_			0.	0.	0.
(10) NORMAN BEITNER	0.50									
DIRECTOR	0.00	X	Ш			<u> </u>		0.	0.	0.
(11) CAROLYN BELLINSON	0.50	.,								
DIRECTOR (12) JAMES BELLISON	0.00	X	Н	_		-		0.	0.	0.
DIRECTOR	0.50	x						0.	0.	0.
(13) MICHAEL BERGER	0.50	Α			\vdash	\vdash		0.	0.	0.
DIRECTOR	0.50	X						0.	0.	0.
(14) MAX BERLIN	0.50					-		0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(15) ROSELYN BLANCK	0.50				\vdash					
DIRECTOR	0.50	x						0.	0.	0.
(16) FREDERICK BLECHMAN	0.50									
DIRECTOR	0.00	X						0.	0.	0.
(17) DOUGLAS A. BLOOM	0.50									
DIRECTOR	1.00	X						0.	0.	0.

632007 11-11-16

Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	st C		s (continued)			
(A)	(B)			Pos	C) :ition	,		(D)	(E)			(F)
Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable			timated
	week		c, unle icer ar					compensation from	compensation from related			nount of other
	(list any	ctor	П					the	organizations			pensation
	hours for	r director				pa		organization	(W-2/1099-MISC)		om the
	related	trustee or	trustee		_	eusal		(W-2/1099-MISC)			orga	anization
	organizations below	al tru	onalt		oloyee	E co						related
	line)	Individual	Institutional 1	Officer	Кеу етріоуве	Highest compensated employee	Former				orga	inizations
(18) PENNY B. BLUMENSTEIN	0.50	-	=	-	×	Ŧ =	<u></u>			\dashv		
DIRECTOR		x						0.	().		0.
(19) PAUL D. BORMAN	0.50						Г					
DIRECTOR	0.00	\mathbf{x}						0.	().		0.
(20) RICHARD BRODER	0.50											
DIRECTOR		X						0.	().		0.
(21) RUTH BRODER	0.50											
DIRECTOR		X			_	$oxed{oxed}$		0.	().		0.
(22) STACY BRODSKY	0.50											
DIRECTOR		X	<u> </u>			╙		0.		2.		0.
(23) HARVEY BRONSTEIN	0.50	.										_
DIRECTOR		X	ļ		_	-	_	0.		2.		0.
(24) RICHARD J. BURSTEIN	0.50	1										
DIRECTOR		X	⊢	<u> </u>		_	_	0.).		0.
(25) RONALD B. CHARFOOS	0.50	١.,							,			•
DIRECTOR (26) AARON CHERNOW		X	\vdash	-	-	-		0.).		0.
DIRECTOR	0.50	x						0.).		0
41 0 1 1 1 1			_					0.		5.		0.
1b Sub-total c Total from continuation sheets to Part V								2,251,868.		5.	110	5,106.
d Total (add lines 1b and 1c)								2,251,868.		5.		5,106.
Total number of individuals (including but r							o re					3/100
compensation from the organization						,		, and the state of	oco or roportubio			19
												Yes No
3 Did the organization list any former officer	, director, or tru	ıste	e, ke	y en	nplo	yee,	or l	highest compensated en	nployee on	ſ		
line 1a? If "Yes," complete Schedule J for s	uch individual			-							3	X
4 For any individual listed on line 1a, is the se										The state of		
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule) J f	or such individual		[4	X
5 Did any person listed on line 1a receive or	accrue comper	ısati	on fi	om	any	unre	elate	ed organization or individ	ual for services			
rendered to the organization? If "Yes." con	nplete Schedule	e <i>J f</i>	or su	ıch ı	oers	on		·····			5	X
Section B. Independent Contractors								***************************************				
1 Complete this table for your five highest co									•	nsati	ion fro	m
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax ye	ear.			<u> </u>
(A)	addraga							(B)		0	(C	
Name and business	address							Description of s			omper	nsation
GUARDIAN GUARD SERVICES	MT 4000	6						COMMUNITY SEC	CURITY		10'	7 770
PO BOX 5196, SOUTHFIELD,	MI 4000	0					-	PROGRAM			10	7,770.
							\dashv					
Management of the second of th												
				-			\dashv					
2 Total number of independent contractors (i	ncluding but no	ot lir	nited	to t	thos	e lis	ted	above) who received mo	re than			
\$100,000 of compensation from the organi					1							
SEE PART VII, SECTION		TN	ΠJA	TI	ON	S	HE	RTS			Form (990 (2016)

Part VII Section A. Officers, Directors	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(ch	eck	all t	hat	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					loyee		the	organizations	compensation
	(list any hours for	direct				emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	96 05	stee			nsated		(***2/1099-10113C)		and related
	organizations	trust	nal tru		oyee	ошре				organizations
	below	Individual trustee or director	Institutional trustee	Je .	Кеу етріоуее	Highest compensated employee	ner			
	line)	Ē	Insti	Officer	Key	цâн	Former			547
(27) SUSAN CITRIN	0.50									
DIRECTOR	0.00	X						0.	0.	0
(28) AVERN L. COHN	0.50								W.F. I. M.W	
DIRECTOR	0.00	X						0.	0.	0
(29) MARGOT COVILLE	0.50							344.10		
DIRECTOR	0.00	X						0.	0.	0
(30) WARREN COVILLE	0.50									
DIRECTOR	0.00	Х						0.	0.	0
(31) SUZAN F. CURHAN	0.50							-370.570		
DIRECTOR	0.00	X						0.	0.	0
(32) GAIL DANTO	0.50							4/0/202		
DIRECTOR	0.00	X						0.	0.	0
(33) SANDY MUSKOVITZ-DANTO	0.50									
DIRECTOR	0.00	X						0.	0.	0
(34) DENNIS B. DEUTSCH	0.50							260.		
DIRECTOR	0.00	X						0.	0.	0.
(35) STACY DOCTOROFF	0.50									
DIRECTOR	0.00	X						0.	0.	0
(36) MICHAEL EIZELMAN	0.50							5.55V (3.54V)		
VICE PRESIDENT		X		X				0.	0.	0
(37) KEVIN ELBINGER	0.50								0947.9	37.478YU 3
DIRECTOR	0.00	X						0.	0.	0
(38) IRWIN L. ELSON	0.50									845
DIRECTOR	0.00	X		\Box				0.	0.	0
(39) RENEE ERLICH	0.50							0.50		100000
DIRECTOR		X						0.	0.	0
(40) CRAIG ERLICH	0.50								eyester v - Ca-	
DIRECTOR	0.00	X						0.	0.	0
(41) DOLORES FARBER	0.50		-					249,000,000,000,000		
DIRECTOR	0.00	X						0.	0.	0
(42) LEONARD FARBER	0.50			ı					National Professional Control	
DIRECTOR	0.00	X	\Box	_				0.	0.	0 .
(43) TERRI FARBER	0.50									
OFFICER AT LARGE	1.50	X		Х	\Box			0.	0.	0 .
(44) WILLIAM FARBER	0.50									
DIRECTOR	0.00	X						0.	0.	0.
(45) OSCAR FELDMAN	0.50								1	
DIRECTOR	0.00	X						0.	0.	0 .
(46) DARREN FINDLING	0.50								2	
DIRECTOR	0.00	X						0.	0.	0.

Part VII Section A. Officers, Directo (A)	(B)			(0	2)			(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cł	neck	all t	that	арр	ly)	compensation	compensation	amount of
	per					Γ		from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				етріоуве		organization	(W-2/1099-MISC)	from the
	hours for	or dir				ated e		(W-2/1099-MISC)		organization
	related	stee	truste		90	beus				and related
	organizations	al tr.	onal		ploye	EO III				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated	Former			
(47) BEVERLY FINE	0.50	-	_	Ť		-	<u> </u>			
DIRECTOR	0.00	x						0.	0.	0
(48) JEFFREY FORMAN	0.50						П			
DIRECTOR	0.00	x						0.	0.	0
(49) STANLEY FRANKEL	0.50	П						-		
DIRECTOR	0.00	x						0.	0.	0
(50) ALAN GALLATIN	0.50									
DIRECTOR	0.00	X						0.	0.	0
(51) DOROTHY GERSON	0.50									
DIRECTOR	0.00	X		Ш				0.	0.	0
(52) ARYEH GIBBER	0.50									
DIRECTOR	0.00	X					Ш	0.	0.	0
(53) DANIEL GILBERT	0.50									
DIRECTOR	0.00	Х		Щ	Щ			0.	0.	0
(54) CONRAD L. GILES	0.50								_	_
DIRECTOR	0.00	Х						0.	0.	0
(55) LYNDA GILES	0.50									_
DIRECTOR	0.00	X						0.	0.	0
(56) PAULA GLAZIER DIRECTOR	0.50	.						_	_	_
(57) ERIC GLOBERMAN	0.00	X					Н	0.	0.	0
DIRECTOR	0.00	x						0.	0.	_
(58) DIANE GOLDSTEIN	0.50	Δ	-			H		U•	0.	0
DIRECTOR	0.00	x						0.	0.	0
(59) JODI GOODMAN	0.50	A	-				-	0.	0.	0
DIRECTOR	0.00	x						0.	0.	0
(60) STEVEN GOODMAN	0.50	A	\dashv	\vdash	\vdash		Н	U •	0.	
DIRECTOR	0.00	v						0.	0.	0
(61) ROBERT GORDON	0.50		\vdash	\vdash					0.	
DIRECTOR	0.00	x						0.	0.	0
(62) KEN GOSS	0.50		\Box	\Box						
DIRECTOR	0.00	$ \mathbf{x} $						0.	0.	0
(63) NANCY GRAND	0.50					_				
DIRECTOR	0.00	x						0.	0.	0
(64) STEPHEN GRAND	0.50	П								
DIRECTOR	0.00	х						0.	0.	0
(65) CAROLYN GREENBERG	0.50									
DIRECTOR	0.00	Х	_					0.	0.	0
(66) NANCY GROSFELD	0.50						П			
DIRECTOR	0.50	Ivl					1	0.	0.	0

Part VII Section A. Officers, Directors, 1 (A)	(B)	Γ		((C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(c	heck	ali 1	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				employee		the	organizations	compensation
	(list any hours for	or director				emp		organization	(W-2/1099-MISC)	from the
	related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	truste	al trus		yee	шреп				organizations
	below	Individual trustee	Institutional trustee	La	Key employee	Highest compensated	er			organization.
	line)	Indiv	Instit	Officer	Кеуе	High	Former			
(67) KRISTIN GROSS	0.50							View in		
DIRECTOR	0.00	X						0.	0.	0
(68) DAN G. GUYER	0.50								W. 19231	
DIRECTOR	0.00	X						0.	0.	0
(69) JAY HACK	0.50									
DIRECTOR	0.00	X						0.	0.	0
(70) JEROME Y. HALPERIN	0.50									
DIRECTOR	0.00	X						0.	0.	0
(71) MARGOT HALPERIN	0.50									
DIRECTOR	0.50	X						0.	0.	0
(72) DAVID HANDLEMAN	0.50							C 2000		*******
DIRECTOR	0.00	X						0.	0.	0
(73) MERLE HARRIS	0.50									23-1
DIRECTOR	0.00	X						0.	0.	0
(74) SHARON HART	0.50									1
DIRECTOR	0.00	X						0.	0.	0
(75) MARK HAUSER	0.50							_		
DIRECTOR	1.00	X						0.	0.	0
(76) NANCY HEINRICH	0.50							_	_	
DIRECTOR	0.00	X	Щ	Щ	Щ			0.	0.	0
(77) BRIAN HERMELIN	0.50							_		
DIRECTOR	0.50	X		-	Ш	Ш		0.	0.	0
(78) DOREEN HERMELIN	0.50									
DIRECTOR	0.00	X					\Box	0.	0.	C
(79) BETSY HEUER	0.50							_	_	
DIRECTOR	0.00	X	Ш				Н	0.	0.	C
(80) JAMES HOOBERMAN	0.50									_
DIRECTOR	0.00	X			Н	\dashv	\vdash	0.	0.	
(81) MICHAEL P. HOROWITZ	0.50	.,								
DIRECTOR	0.00	X	Н				\vdash	0.	0.	0
(82) LEE HURWITZ	0.50			,				_	_	_
OFFICER AT LARGE	0.50	X	<u> </u>	X		-	\square	0.	0.	0
83) LAWRENCE S. JACKIER	0.50	,,						_		_
OIRECTOR 84) JOHN E. JACOBS	0.00	Ă	\vdash		\vdash	\dashv	\dashv	0.	0.	0
DIRECTOR	0.50	.					.			_
85) KAREN KAHN	0.00	<u> </u>	\vdash	\dashv			-	0.	0.	0
OIRECTOR	0.50	.							_	
86) NORMAN D KATZ	0.00	^	\vdash	\dashv				0.	0.	0
DIRECTOR	0.50	T.						0.	0.	0

Part VII Section A. Officers, Directors, (A)	(B)	l pio	y 00.	(C		i giri	336	Compensated Employer (D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
Name and the	hours	ích		allt			lv)	compensation	compensation	amount of
	per	\ <u>``</u>				upp	',,	from	from related	other
	week					99/		the	organizations	compensation
	(list any	ctor				oldu		organization	(W-2/1099-MISC)	from the
	hours for	or director				ed er		(W-2/1099-MISC)		organization
	related	trustee o	uste			ensa				and related
	organizations	ţ	nal tr		loyee	dwoo				organizations
	below	Individual	institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	Ē	ins	æ	Key	ijH	For			
(87) SIDNEY KATZ	0.50									
DIRECTOR	0.00	X						0.	0.	0
(88) SCOTT KAUFMAN	20.00									
EXECUTIVE SECRETARY AND CEO	20.00	X		X				337,856.	0.	8,327
(89) SHARI FERBER KAUFMAN	0.50									
DIRECTOR	0.00	x						0.	0.	0
(90) SUE ELLEN KAUFMAN	0.50									
DIRECTOR		x						0.	0.	0
(91) BERNARD S KENT	0.50	П								
DIRECTOR	0.50	x						0.	0.	0
(92) SHERRI KETAI	0.50									
DIRECTOR	0.50	x						0.	0.	0
(93) ROBERT KLEIMAN	0.50									
DIRECTOR	0.00	$ \mathbf{x} $						0.	0.	0
(94) DIANE KLEIN	0.50	-					_			
DIRECTOR	0.00	$ \mathbf{x} $						0.	0.	0
(95) JASON KLEIN	0.50	22		\vdash	\vdash	H	\vdash	0.	<u> </u>	0
DIRECTOR	0.00	$ _{\mathbf{x}} $						0.	0.	
(96) RONALD A. KLEIN	0.50						-	0.	U •	0
DIRECTOR	0.50	x						0.	_	
		<u> </u>				\vdash		0.	0.	0
(97) LEAH ANN KLEINFELDT	0.50	۱., ا								
DIRECTOR		X		-	-	Щ	-	0.	0.	0
(98) MARK KOWALSKY	0.50									
DIRECTOR		X						0.	0.	0
(99) RICHARD KRUGEL	0.50								_	
DIRECTOR	0.50	X					_	0.	0.	0
(100) ELLEN S. LABES	0.50									2.00
DIRECTOR	0.00	X						0.	0.	0
(101) TERRAN LEEMIS	0.50									
DIRECTOR	0.00	X						0.	0.	0
(102) MATTHEW B. LESTER	0.50									
VICE PRESIDENT	0.50	x		X				0.	0.	0
(103) EDWARD C LEVY, JR	0.50	П								
DIRECTOR	0.00	$ \mathbf{x} $						0.	0.	0
(104) MICHAEL LIPPITT	0.50	П						880-935-10-41 ¹		
DIRECTOR	0.00	$ \mathbf{x} $						0.	0.	0
(105) PAMELA LIPPITT	0.50								***	
DIRECTOR	0.00	$ \mathbf{x} $						0.	0.	0
(106) ROBERT LIPPITT	0.50								· ·	
TREASURER	0.50	_v						0.	0.	0
		بعا						U .	U •	

Part VII Section A. Officers, Directors (A)	(B)	<u> </u>	,,,,,,	10))	<u>ngri</u>	-	(D)	(E)	(F)
Name and title	Average				رہ ition			Reportable	(E) Reportable	(r) Estimated
radine and title	hours	(c	heck				lv)	compensation	compensation	amount of
	per	<u> </u>						from	from related	other
	week					yee.		the	organizations	compensation
	(list any	actor				율		organization	(W-2/1099-MISC)	from the
	hours for	or director	gg .			ated e		(W-2/1099-MISC)		organization
	related	iş	truste		9	bens				and related
	organizations below	ual tr	ional		ploye	85				organizations
	line)	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(107) SHARON B. LIPTON	0.50									
DIRECTOR	0.00	X						0.	0.	0
(108) HANNAN LIS	0.50									
DIRECTOR	0.00	X						0.	0.	0
(109) LISA I. LIS	0.50						П			
OFFICER AT LARGE	1.00	Х		x				0.	0.	0
(110) BEVERLY LISS	0.50									
VICE PRESIDENT	1.00	X		х				0.	0.	0
(111) HAROLD S LOSS	0.50									
OFFICER AT LARGE	0.00	X		X				0.	0.	0
(112) KEITH A. LUBLIN	0.50					П				
DIRECTOR	0.00	X						0.	0.	0
(113) MARTY MADDIN	0.50									
DIRECTOR	0.00	X						0.	0.	0
(114) MICHAEL W. MADDIN	0.50									
DIRECTOR	1.00	X						0.	0.	o
(115) FLORINE MARK	0.50									
DIRECTOR	0.00	x						0.	0.	0
(116) SUSAN MARWIL	0.50									
DIRECTOR	0.00	x				ŀ		0.	0.	0
(117) MARK MILGROM	0.50	-				\vdash				
DIRECTOR		X						0.	0.	0
(118) ROBERT H. NAFTALY	0.50					\vdash	\vdash			
DIRECTOR		x						0.	0.	0
(119) LARRY M. NEMER	0.50		_	Н		\vdash	\vdash			
DIRECTOR		X						0.	0.	0
(120) BARB NUSBAUM	0.50	-	-			 		•	0.	
DIRECTOR	0.00	Y						0.	0.	۱ ،
(121) IRVING NUSBAUM	0.50	-				\vdash	_	0.	0.	0
DIRECTOR	0.00	v						0.	0.	0
(122) GRAHAM ORLEY	0.50	A	\vdash			-		0.	<u> </u>	<u>_</u>
DIRECTOR	0.50	v				1		0.	0.	0
123) HARRIET ORLEY	0.50	^	_	Н			_		. 0.	
DIRECTOR	0.00	v						0.	_	,
124) MARCIE ORLEY	0.50	1		$\vdash\vdash$	\vdash	\vdash	\vdash	<u> </u>	0.	0
OIRECTOR	0.50	v						_	_	_
(125) SUSIE PAPPAS		^	\vdash	\vdash		\vdash	-	0.	0.	0
	0.50							_	_	_
DIRECTOR	0.00	X	H			\vdash	_	0.	0.	0
(126) MATT RAN	0.50									_
DIRECTOR	0.00	Į X						0.	0.	0

Part VII Section A. Officers, Directors, (A)	(B)		,,		C)			Compensated Employe		(E)
Name and title	Average				ری ition			(D) Reportable	(E) Reportable	(F) Estimated
Name and title	hours) (c			that		lv)	compensation	compensation	amount of
	per	H					·,,	from	from related	other
	week					èee Xee		the	organizations	compensation
	(list any	sctor				oidm		organization	(W-2/1099-MISC)	from the
	hours for	or dir				ted e		(W-2/1099-MISC)		organization
	related	stee	truste			pens				and related
	organizations below	ual fr	ional		ploye	t com				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуве	Highest compensated employee	Former			
(127) DON ROCHLEN	0.50	F	\vdash		Ē		Ē	6		
DIRECTOR	0.00	x						0.	0.	0
(128) DULCIE B. ROSENFELD	0.50						Г			
DIRECTOR	0.00	х						0.	0.	0.
(129) BENJAMIN ROSENTHAL	1.00				П		_		7.	
DIRECTOR	10.50	x		ŀ				0.	0.	0.
(130) DEBORAH ROSENTHAL	0.50	Ī					\vdash			
DIRECTOR	0.00	x						0.	0.	0.
(131) MARTA ROSENTHAL	0.50									53/01/2007 17
DIRECTOR	0.00	X						0.	0.	0.
(132) LOWELL SALESIN	0.50									
DIRECTOR	0.00	X						0.	0.	0.
(133) BRIAN SATOVSKY	0.50									
DIRECTOR	0.00	X						0.	0.	0.
(134) JEFFREY B. SCHLUSSEL	0.50									
SECRETARY	1.00	X		X				0.	0.	0 .
(135) MARK E. SCHLUSSEL	0.50									
DIRECTOR	0.50	X						0.	0.	0.
(136) KAREN SOSNICK SCHOENBERG	0.50									
DIRECTOR	1.00	X						0.	0.	0.
(137) DAVID SCHOSTAK	0.50									
DIRECTOR	0.00	X				_	$ldsymbol{le}}}}}}$	0.	0.	0.
(138) ALAN E. SCHWARTZ	0.50									
DIRECTOR	0.00	X					L.,	0.	0.	0.
(139) RONALD SCHWARTZ	0.50									
DIRECTOR		X						0.	0.	0.
(140) LOIS SHAEVSKY	0.50							_	_	
DIRECTOR	0.00	X				_	_	0.	0.	0.
(141) ROBERT SHER	0.50								_	
DIRECTOR	0.00	X						0.	0.	0.
(142) JANE F. SHERMAN	0.50							_		
DIRECTOR	0.00	X	$oxed{igspace}$					0.	0.	0.
(143) GARY A. SHIFFMAN	0.50								_	
VICE PRESIDENT	0.50	X	Щ	X	Ш			0.	0.	0.
(144) BRIAN D. SIEGEL	0.50							_	_	
DIRECTOR	0.00	X	\vdash					0.	0.	0.
(145) LORI SIEGEL	0.50							_		-
DIRECTOR	0.00	X		L.,				0.	0.	0.
(146) JENNIFER SILVERMAN	0.50							_	_	_
DIRECTOR	0.00	ΙX		1	i l			0.	0.	0 .

Part VII Section A. Officers, Directors,		npic	yee			ligh	est			4->
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	/_		Pos			I. A	Reportable	Reportable	Estimated
	hours	(C	neck	all	ınat	app	iy)	compensation from	compensation from related	amount of other
	week					8		the	organizations	compensation
	(list any	cto				ploy		organization	(W-2/1099-MISC)	from the
	hours for	or director	_			ed en		(W-2/1099-MISC)	,	organization
	related	stee o	rustee			ensal				and related
	organizations	Individual trustee	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	lvidu	attati	Officer	y emp	hest	Former			
The first section is a second section of the second section of the second section is a second section of the section of the second section of the section of the second section of the second section of the	line)	Ē	su.	율,	A.	Ħ	For			
(147) ROBERT SLATKIN	0.50	1								Att
DIRECTOR	0.50	X				<u> </u>		0.	0.	0.
(148) EDIE SLOTKIN	0.50									92-0.0
DIRECTOR	0.00	X						0.	0.	0.
(149) RONALD A. SOLLISH	0.50	Г								227
DIRECTOR	0.00	X						0.	0.	0.
(150) AARON STARR	0.50									
DIRECTOR	0.00	x						0.	0.	0.
(151) JESSIE STERN	0.50					П				
DIRECTOR	0.00	x						0.	0.	0.
(152) SHELDON D. STERN	0.50									
DIRECTOR		x						0.	0.	0.
(153) JOEL D. TAUBER	0.50	 		Н				· ·	•	
DIRECTOR	0.00	x						0.	0.	0
(154) LAURENCE S. TISDALE	0.50	 	\vdash	Н				•	0.	<u>_</u>
DIRECTOR	0.50	X						0.	0.	0.
(155) GARY TORGOW	0.50	^	\vdash	Н		-		0.	0.	<u></u>
VICE PRESIDENT	0.50	X		x				0.	0.	0.
(156) LEAH TROSCH	0.50	<u> </u>		Δ	\vdash			0.	0.	0.
DIRECTOR	0.00	x						0.	0.	
(157) DEBORAH G. TYNER	0.50	^	-	Н	Н	\vdash	_	0.	0.	0.
DIRECTOR	0.00	x						0.	_	
(158) BRAD URDAN	0.50	<u> </u>				-		0.	0.	0.
DIRECTOR								0.	_	
		X	-		Н		_	0.	0.	0.
(159) DAVID VICTOR	0.50	١.,								
DIRECTOR		X						0.	0.	0.
(160) STEWART C. WEINER	0.50									
DIRECTOR	0.50	X					_	0.	0.	0.
(161) SAUL I. WEINGARDEN	0.50									
DIRECTOR	0.00	X	<u> </u>	Щ				0.	0.	0.
(162) LAWRENCE A. WOLFE	10.00								_	
PRESIDENT	1.50	X	L	X	Щ	Щ		0.	0.	0.
(163) JONATHAN AARON	0.50							.11		
DIRECTOR-PARTIAL YEAR		X						0.	0.	0
(164) MANDELL L. BERMAN	0.50									2048888
DIRECTOR-PARTIAL YEAR		X						0.	0.	0 .
(165) ADAM BLANCK	0.50							1,25,39		
DIRECTOR-PARTIAL YEAR	0.00	X						0.	0.	0 .
(166) ILANA BLOCK	0.50									
DIRECTOR-PARTIAL YEAR	0.00	X						0.	0.	0.
					-	_		775-1		

Part VII Section A. Officers, Directors	ighe	est	Compensated Employe	es (continued)						
(A)	(B)			(C	>)			(D)	(E)	(F)
Name and title	Average			Posi	tion			Reportable	Reportable	Estimated
	hours	(c	heck	all t	hat	appi	iy)	compensation	compensation	amount of
	per							from	from related	other
	week					oyee		the	organizations	compensation
	(list any	ecto				ld ma		organization	(W-2/1099-MISC)	from the
	hours for	or director	. e			Highest compensated employee		(W-2/1099-MISC)		organization
	related	stee	truste			bens				and related
	organizations	Individual trustee	Institutional trustee		Key employee	E 00				organizations
	below	fividu	titoti	Officer	e A	hest	Former			
	line)	볼	<u>E</u>	통	. Š	. ¥	Ğ			
(167) JEFF BRODSKY	0.50									
DIRECTOR-PARTIAL YEAR	0.00	X	<u> </u>	-				0.	0.	0.
(168) MATTHEW COHN	0.50	.,								
DIRECTOR-PARTIAL YEAR	0.00	X		$\vdash \vdash$	-			0.	0.	0.
(169) REGINA COLTON	0.50									
DIRECTOR-PARTIAL YEAR	0.00	X	_					0.	0.	0.
(170) JOAN CHERNOFF EPSTEIN	0.50									_
DIRECTOR-PARTIAL YEAR (171) DAVID FEBER	0.00	X	 	$\vdash \vdash$	\dashv	-		0.	0.	0.
DIRECTOR-PARTIAL YEAR	0.50	x						0.	0.	_
(172) JACK FOLBE	0.50	^	\vdash	\vdash	\dashv			0.	0.	0.
DIRECTOR-PARTIAL YEAR	0.00	x	l					0.	0.	0.
(173) KATHLEEN WILSON-FINK	0.50	1	-		\dashv	\dashv		0.	0.	0.
DIRECTOR-PARTIAL YEAR	0.00	x						0.	0.	0.
(174) TODD FINK	0.50	-							0.	· ·
DIRECTOR-PARTIAL YEAR	0.00	x						0.	0.	0.
(175) ALLAN GELFOND	0.50			\square	\neg	-		•	0.	· ·
DIRECTOR-PARTIAL YEAR	0.00	x						0.	0.	0.
(176) NANCY GLEN	0.50	_		П						
DIRECTOR-PARTIAL YEAR	0.00	x						0.	0.	0.
(177) GAYLE FRIEDMAN GOLD	0.50									
DIRECTOR-PARTIAL YEAR	0.00	x			ł			0.	0.	0.
(178) PAULA GOLDMAN-SPINNER	0.50			П						341323
DIRECTOR-PARTIAL YEAR	0.50	X						0.	0.	0.
(179) ROBERT HERTZBERG	0.50			П						
DIRECTOR-PARTIAL YEAR	0.00	X						0.	0.	0.
(180) MARLA HORNSTEN	0.50									
DIRECTOR-PARTIAL YEAR	0.00	X						0.	0.	0.
(181) GARY KARP	0.50									
DIRECTOR-PARTIAL YEAR	0.00	X						0.	0.	0.
(182) BRIAN E. KEPES	0.50								10.50000000	
DIRECTOR-PARTIAL YEAR	0.50	X						0.	0.	0.
(183) LINDA KLEIN	0.50							10000-90100		
DIRECTOR-PARTIAL YEAR		X						0.	0.	0.
(184) HOWARD J. KORMAN	0.50								- W-20-W-1000	
DIRECTOR-PARTIAL YEAR	0.00	X						0.	0.	0.
(185) ANESSA KRAMER	0.50									
DIRECTOR-PARTIAL YEAR	0.50	X						0.	0.	0.
(186) DAVID KRAMER	0.50								5 to 1	
DIRECTOR-PARTIAL YEAR	0.00	X		Ш		$_{\perp}$		0.	0.	0.
								19.892	S=77200	
Total to Part VII, Section A, line 1c							23			

Part VII Section A. Officers, Directors, Tr	(D)		,,	<u>.,</u>	27	115 116		(5)	JOS ICOMINGEO	450
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	۱,		Pos			L A	Reportable	Reportable	Estimated
	hours	(c	neck	all t	tnat	app	iy)	compensation from	compensation from related	amount of
	per week					92		the	organizations	other
	(list any	ğ				ploye		organization	(W-2/1099-MISC)	compensation from the
	hours for	gie				d em		(W-2/1099-MISC)	(***271033-141100)	organization
	related	ee or	stee			nsate		(and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	vidua	Ē	, j	ВШР	est c	ner			
	line)	D D	IIst	Officer	Key	High	Former			
(187) GEOFFREY KRETCHMER	0.50	Γ								
DIRECTOR-PARTIAL YEAR	0.00	X		Ш				0.	0.	0
(188) SALLY KRUGEL	0.50									
DIRECTOR-PARTIAL YEAR	0.00	X						0.	0.	0
(189) JOSHUA LEVINE	0.50									
DIRECTOR-PARTIAL YEAR	0.00	X	L					0.	0.	0
(190) ARTHUR LISS	0.50									
DIRECTOR-PARTIAL YEAR	0.00	X						0.	0.	0
(191) PAUL MAGY	0.50									
DIRECTOR-PARTIAL YEAR	0.00	X						0.	0.	0
(192) JOHN MARX	0.50									
DIRECTOR-PARTIAL YEAR	0.00	X						0.	0.	0
(193) EDWARD MEER	0.50									
DIRECTOR-PARTIAL YEAR	0.50	X						0.	0.	0
(194) STEVEN MIGLIORE	0.50									3.00.00
DIRECTOR-PARTIAL YEAR	0.50	x						0.	0.	0
(195) MICHAEL MOSKOWITZ	0.50									
DIRECTOR-PARTIAL YEAR	0.00	X						0.	0.	0
(196) ALISON OLESHANSKY	0.50									
DIRECTOR-PARTIAL YEAR	0.00	x						0.	0.	o
(197) JOSHUA OPPERER	0.50			П	П					
DIRECTOR-PARTIAL YEAR	0.50	x						0.	0.	o
(198) JOSEPH ORLEY	0.50				Н					
DIRECTOR-PARTIAL YEAR	0.00	х						0.	0.	o
(199) PHYLLIS PILCOWITZ	0.50									
DIRECTOR-PARTIAL YEAR	0.00	x						0.	0.	0
(200) PATRICE M. PHILLIPS	0.50				Н	\Box				
DIRECTOR-PARTIAL YEAR	0.00	x						0.	0.	0
(201) JARED ROTHBERGER	0.50				Н					
DIRECTOR-PARTIAL YEAR	0.00	x						0.	0.	0
(202) SHELLY RUBENFIRE	0.50	- <u>-</u> -				Н			Ŭ.	
DIRECTOR-PARTIAL YEAR		x						0.	0.	0
(203) STEVE RUBENSTEIN	0.50		\vdash	\vdash	H	\dashv	\neg		<u> </u>	
DIRECTOR-PARTIAL YEAR		x						0.	0.	0
204) NEIL SATOVSKY	0.50	 ^				\vdash	-	J.	0.	
DIRECTOR-PARTIAL YEAR	0.00	x						0.	0.	0
(205) MARC SCHECHTER	0.50	ᢡ	Н	\vdash	\vdash	-		0.	U •	
DIRECTOR-PARTIAL YEAR	0.00	y						0.	0.	_
(206) SANDRA SCHWARTZ	0.50	╚	Н	\vdash	\vdash			U •	U •	0
LUU, VINIDINI VUITTAILI	1 0.50	1		ı I	. 1			l		
DIRECTOR-PARTIAL YEAR	0.00	y			1			0.	0.	0

Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee			ligh	est (
(A)	(B)			-	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(C	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	5				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	or director				ma p		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	related	50 aa	stee			nsate		(11 2/ 1000 111100)		and related
	organizations	trustee	Institutional trustee		Кеу етріоуве	Highest compensated employee				organizations
	below	Individual 1	tution	ъ	am pk	est co	161			
	line)	iğ.	Insti	Officer	Key	휼	Former			72502-9150
(207) ELLEN SHERMAN	0.50									
DIRECTOR-PARTIAL YEAR	0.00	X						0.	0.	0.
(208) EUGENE SHERIZEN	0.50									
DIRECTOR-PARTIAL YEAR	0.00	X						0.	0.	0
(209) WILLIAM SIDER	0.50									
DIRECTOR-PARTIAL YEAR	0.00	X		X			L	0.	0.	0
(210) PAUL SILVERMAN	0.50									
DIRECTOR-PARTIAL YEAR	0.00	X						0.	0.	0
(211) LINDA SPIGELMAN	0.50									
DIRECTOR-PARTIAL YEAR	0.00	X		_			$ldsymbol{ldsymbol{ldsymbol{eta}}}$	0.	0.	0
(212) ROBERT STONE	0.50									- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
DIRECTOR-PARTIAL YEAR	0.00	X						0.	0.	0
(213) BARBARA ZALTZ	0.50								TO THE STATE OF TH	5.0325
DIRECTOR-PARTIAL YEAR	0.00	X	<u> </u>					0.	0.	0
(214) RICHARD ZUSSMAN	0.50								A STATE OF THE STA	
DIRECTOR-PARTIAL YEAR	0.00	X						0.	0.	0
(215) HADAS BERNARD	0.50								_	
DIRECTOR - PARTIAL YEAR	0.00	X						0.	0.	0
(216) DOROTHY BENYAS	20.00	1				1				
CHIEF FINANCIAL OFFICER	22.00	_	_	Х			$ldsymbol{ldsymbol{ldsymbol{eta}}}$	208,819.	0.	16,018
(217) THEODORE COHEN	20.00									
CHIEF MARKETING OFFICER	20.00			X				177,620.	0.	16,162
(218) STEVEN INGBER	20.00									
CHIEF OPERATING OFFICER-PARTIAL YEAR	20.00			X				74,827.	0.	13,519
(219) HOWARD NEISTEIN	20.00								STATE OF THE STATE	1.4 2000-00-00-00-00-00-00-00-00-00-00-00-00
CHIEF ADMINISTRATIVE OFFICER	20.00		_	X				206,804.	0.	15,843
(220) MIRYAM ROSENZWEIG	20.00		l							
CHIEF DEVELOPMENT OFFICER	20.00			X				157,514.	0.	5,153
(221) ROBERT ARONSON	15.00		İ							
SENIOR DEVELOPMENT DIRECTOR	15.00		lacksquare			X		273,596.	0.	8,912
(222) STACEY DEWEESE	20.00									
DIRECTOR, JEWISH COMMUNITY ENDOWMENT	20.00					X		180,416.	0.	-146
(223) DANIEL GREENBERG	20.00					ŀ				
DIRECTOR, MAJOR GIFTS	20.00	$oxed{oxed}$				X		162,924.	0.	-146
(224) JONATHAN LOWE	0.50									
ASSOCIATE ENDOWMENT DIRECT	20.00			$oxed{oxed}$	$oxed{oxed}$	X		177,757.	0.	16,163
(225) MARGO PERNICK	0.10									
DIRECTOR, THE JEWISH FUND	36.00					X		176,218.	0.	15,986
(226) SCOTT STERN	0.00									
FORMER CHIEF OPERATING OFFICER	0.00	<u> </u>					X	117,517.	0.	315
Total to Part VII, Section A, line 1c								2,251,868.		116,106

Form 990 (2016) DETROIT
Part VIII Statement of Revenue

y incomes	-consens	Check if Schedule O contains	a response	or note to any line		(D)	(6)	(D)
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
9 9	1 a	Federated campaigns	1a					012 014
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
호임		Fundraising events						
Ę.		Related organizations		18,496,296.				
2		Government grants (contributions		2,750,891.				
잃		All other contributions, gifts, grants, a	<i>'</i>					
ğğ		similar amounts not included above	1 1	26,925,905.				
문청	_	Noncash contributions included in lines 1a-1f						
ξg	-	Total. Add lines 1a-1f			48,173,092.			
0.0	•	Total. Add lines (a-1)		Business Code				
	2 a	COLLABORATION REVENUE		900099	514,722.	514,722.		a see a se a se a se a se a se a se a s
Program Service Revenue	2 b			900099	422,047.	422,047.		
<i>§</i> 9		JFMD PROGRAMMING		900099	246,660.	246,660.		
ES	-	PARTICIPANT REV/MISSION		900099	157,804.	157,804.		
Pa Be				1	20.,001.	237,002.		
5		All other program service revenue						
_		-			1,341,233.			Participation of the second
$\overline{}$	3	Investment income (including divi			1,341,233.			
	3	, , ,		· · · · · · · · · · · · · · · · · · ·	15,082.		1,009.	14,073.
	4	other similar amounts)			13,002.		1,005.	14,073.
				· · -				
	5	Royalties						Family Ward State
	^ -	C	(i) Real	(ii) Personal				
	6 a							
		Less: rental expenses		 				
		Rental income or (loss)				BOARD SAN SAN SAN SAND		SIZE TROPICATION
		Net rental income or (loss)			atterna	The State of the S	A SAN TANKS	The Personal Control of the
	7 a) Securities	(ii) Other				
		assets other than inventory						
	Ю	Less: cost or other basis		9				
		and sales expenses		1				
		Gain or (loss)						
		Net gain or (loss)				second disposable as all	10 To 10 Carlot	has a San Carlos San as an
9	8 a	Gross income from fundraising ev	•					
evenue		including \$						
ا ۾		contributions reported on line 1c).						
Other R	_	Part IV, line 18		a				
튐		Less: direct expenses		D				
-		Net income or (loss) from fundrais	_					No proposition of the second
	9 a	Gross income from gaming activit						
		Part IV, line 19		a				
		Less: direct expenses		b				
		Net income or (loss) from gaming			STORY OF STATE OF STREET	TOTAL CONTRACTOR OF THE PARTY O		Manual Constitution
	10 a	Gross sales of inventory, less retu						
		and allowances		a				
		Less: cost of goods sold		b				
	С	Net income or (loss) from sales of	inventory		vallaguais akona	distribus visus minus		
	4.	Miscellaneous Revenue		Business Code	2 101 606	2 101 522		
- 1	11 a	THUT OUT THE WOMEN THE		900099	2,191,682.	2,191,682.		
	b			900099	300,000.	300,000.		
	С	OTHER INCOME		900099	50,617.			50,617.
1		All other revenue			2 542 225			
		Total. Add lines 11a-11d	•••••	······ P	2,542,299.	2 020 215		
	12	Total revenue. See instructions.	**********		52,071,706.	3,832,915.	1,009.	64,690.

Form 990 (2016) DETROIT Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a response include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	20 405 004			
	and domestic governments. See Part IV, line 21	30,427,031.	30,427,031.		
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	40,000.	40 000		
	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members	40,000.	40,000.		
4 5	Compensation of current officers, directors,				
3	trustees, and key employees	1,326,766.	199,015.	464,368.	663,383
6	Compensation not included above, to disqualified	2/320/7000	133,013.	404,300.	003,303
•	persons (as defined under section 4958(f)(1)) and			İ	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,107,397.	4,600,733.	2,517,641.	989,023.
8	Pension plan accruals and contributions (include			, , , , , , , , , , , ,	
	section 401(k) and 403(b) employer contributions)	600,063.	264,671.	224,188.	111,204.
9	Other employee benefits	1,821,881.	906,267.	639,640.	275,974.
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	14,778.		14,778.	
C	Accounting	50,425.		50,425.	
d	Lobbying	21,817.	No. of the last of	21,817.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	E00 201	447 607	75 604	
	column (A) amount, list line 11g expenses on Sch O.)	523,301. 177,451.	447,607. 122,360.	75,694.	27 202
12	Advertising and promotion		78,993.	17,708.	37,383
13	Office expenses	341,040. 213,039.	69,370.	97,262.	159,099. 46,407.
14	Information technology	213,039.	65,370.	31,202.	40,40/
15	Royalties	280,000.	138,589.	102,542.	38,869.
16 17	Occupancy Travel	200,000.	130,309.	102,342.	30,009
18	Payments of travel or entertainment expenses	,,			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,799,672.	1,577,231.	104,003.	118,438.
20	Interest		_,,		
21	Payments to affiliates				
 22	Depreciation, depletion, and amortization	136,917.	78,075.	39,835.	19,007.
23	Insurance	35,053.	11,750.	23,303.	
24	Other expenses. Itemize expenses not covered			的一种特别的	
	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.)				
а	MISSIONS	704,181.	704,181.		
b	OTHER PROGRAM SERVICES	389,682.	389,682.		
C	PROFESSIONAL DEVELOPMEN	211,264.	85,155.	75,484.	50,625.
d	BAD DEBT	-217,559.			-217,559.
е	All other expenses	-2,874,446.	51,049.	-2,250,998.	-674,497.
25	Total functional expenses. Add lines 1 through 24e	44,129,753.	40,191,759.	2,320,638.	1,617,356.
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)				Form 990 (2016

632010 11-11-16

38-1359214 Page 11 DETROIT Form 990 (2016) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 600. 600. 1 1 16,177,769. Savings and temporary cash investments 18,966,164. 2 2 20,767,296. 20,472,682. Pledges and grants receivable, net 146,971. Accounts receivable, net 175,282. 4 4 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 Notes and loans receivable, net 17,669. 17,669. 7 Inventories for sale or use Prepaid expenses and deferred charges 235,182. 248,454. 10a Land, buildings, and equipment: cost or other 1,430,719. basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation 10b 1,187,824. <u>227,242.</u> 242,895. 10c 392. 14,443. Investments - publicly traded securities 11 11 253,500. 240,500. 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 322,155. 38,148,776. 323,347. Other assets. See Part IV, line 11 15 15 40,702,036. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 2,810,001. 3,539,501. Accounts payable and accrued expenses 17 17 24,771,783. 25,414,431. 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 1,921,669. 2,189,189. Schedule D 25 29,503,453. 31,143,121. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 8,645,323. 9,558,915. 27 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31

> 40,702,036. Form 990 (2016)

9,558,915.

31

32

33

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances .

8,645,323.

38,148,776.

33

JEWISH FEDERATION OF METROPOLITAN

Form	1 990 (2016) DETROIT	38-1	359214	Pag	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	52,073					
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,129	7!	<u>53.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3	7,943					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,645	5,3	<u>23.</u>			
5	Net unrealized gains (losses) on investments	5						
6	5 Donated services and use of facilities 6							
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,028	3,3	<u>61.</u>			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	9,558	3,9	<u> 15.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		Yes	No			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	MeLVI.	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1200					
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		VALUE OF					
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
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?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			701071			
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		7				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b					
			Form	990 ((2016)			

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Part I

(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. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DETROIT

JEWISH FEDERATION OF METROPOLITAN

Employer identification number 38-1359214

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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. ____ 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ 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). (iv) Is the organization listed (iii) Type of organization (i) Name of supported (ii) EIN (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

Total

Schedule A (Form 990 or 990-EZ) 2016 DETROIT 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.)

Se	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	47845245.	47659084.	51913467.	50783226.	48173092.	246374114				
2	Tax revenues levied for the organ-										
	ization'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	47845245.	47659084.	51913467.	50783226.	48173092.	246374114				
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)						8250138.				
	Public support. Subtract line 5 from line 4.						238123976				
_	ction B. Total Support	T		I			·				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
	Amounts from line 4	47845245.	47659084.	51913467.	50783226.	48173092.	246374114				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties	6 650	0.010	0.400	40.454	44 050					
	and income from similar sources	6,673.	8,218.	8,199.	10,474.	14,073.	47,637.				
9	Net income from unrelated business										
	activities, whether or not the	2 522	4 006	2 224	104	4					
	business is regularly carried on	3,733.	1,226.	3,224.	194.	1,009.	9,386.				
10	Other income. Do not include gain										
	or loss from the sale of capital	200 264	EE E04	216 022	10 200	F0 617	640 005				
	assets (Explain in Part VI.)	309,364.	55,594.	216,032.	18,290.		649,897.				
11							247081034				
12							,139,346.				
13	First five years. If the Form 990 is for	r the organization's	tirst, second, thir	d, fourth, or fifth ta	ix year as a section	1 501(c)(3)					
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Per	centage	······································							
14	Public support percentage for 2016 (I	ine 6 column (f) di	vided by line 11 c	olumn (f)\		14	96.37 %				
	Public support percentage from 2015				••••••••••	15	95.32 %				
	33 1/3% support test - 2016. If the										
	stop here. The organization qualifies	•		•		•	-				
ь	33 1/3% support test - 2015. If the										
	and stop here. The organization qual										
17a	10% -facts-and-circumstances test										
	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"										
ь	10% -facts-and-circumstances test										
	more, and if the organization meets the	_				•					
	organization meets the "facts-and-circ				-		▶ □				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s				
							or 990-EZ) 2016				

Schedule A (Form 990 or 990-EZ) 2016 DETROIT

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

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
Ť	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and			ļ	 		
ı a	3 received from disqualified persons						
t	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			1			
	Public support. (Subtract line 7c from line 6.)		(DE) 对数隔的数分				
	ction B. Total Support						<u></u>
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
	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						
	Add lines 10a and 10b 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.)						
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiza	ation,
		-			-		. —
Sec	ction C. Computation of Public	c Support Per	centage				
15	Public support percentage for 2016 (li	ne 8, column (f) di	vided by line 13. c	olumn (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inves				2,-		70
	Investment income percentage for 20			ne 13, column (fl)		17	%
	Investment income percentage from 2					18	<u>%</u>
	33 1/3% support tests - 2016. If the	-					
.54	more than 33 1/3%, check this box an						
h	33 1/3% support tests - 2015. If the	-	-			***************************************	
	line 18 is not more than 33 1/3%, chec	_				,	
20	Private foundation. If the organization					_	
∠V	i i i vate iounidation. Il the organization	GIG HOL GIRCK &	DOX OIT III 14, 13	a, or rap, crieck ti	iis DUX allU See INS	STUCKIONS	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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 12a or 12b 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?
- 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.)

	Yes	No
1		
2		
3a		
3b		
3c 4a		
_4b		
4c		
5a 5b		
5c		
6		
8		
9a 9b		
9c		e Ang
10a		
10b m 990 or 99	0-EZ)	2016

632025 09-21-16

JEWISH FEDERATION OF METROPOLITAN

Schedule A (Form 990 or 990-EZ) 2016 DETROIT		38-1359214 Page 6	
Part V Type III Non-Functionally Integrated 509(a)(3) Suppo	rting Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qua	lifying trust on N	ov. 20, 1970 (explain in	Part VI.) See instructions. A
other Type III non-functionally integrated supporting organizations mu	st complete Sec	tions 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)
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	nt,		
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
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		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-funct	ionally integrated	Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

JEWISH FEDERATION OF METROPOLITAN Schedule A (Form 990 or 990-EZ) 2016 DETROIT 38-1359214 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 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 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: а b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2016 from Section D. line 7: a Applied to underdistributions of prior years **b** Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Excess distributions carryover to 2017. Add lines 3j and 4c Breakdown of line 7: b Excess from 2013

Schedule A (Form 990 or 990-EZ) 2016

c Excess from 2014d Excess from 2015e Excess from 2016

JEWISH FEDERATION OF METROPOLITAN

Schedule A (Form 990 or 990-EZ) 2016 DETROIT	38-1359214 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10;	Part II. line 17a or 17b: Part III. line 12:
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV,	Section B. lines 1 and 2. Part IV. Section C.
line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part IV,	art 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 V.	art for any additional information.
(See instructions.)	
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER	TNCOME.
SCREDULE A, PART II, LINE IV, EXPLANATION FOR CIRER	INCOME:
MANAGEMENT FEES	
WIGGELL NURSUS TROOMS	
MISCELLANEOUS INCOME	
CONTRACTOR OF THE PROPERTY OF	
	TO SHEW AND THE SH
	AND THE RESIDENCE OF THE PARTY
	1970-1980
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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.

2016

Name of the organization

JEWISH FEDERATION OF METROPOLITAN DETROIT

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

Employer identification number

38-1359214

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Organization type (check one):				
Filers of	•	Section:		
Form 99	0 or 990-EZ	X 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		
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.		
General	Rule			
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.		
Special	Rules			
X	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. Don't 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			
but it m u	ust answer "No" on F	It isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).		

Name of organization
JEWISH FEDERATION OF METROPOLITAN
DETROIT

Employer identification number

38-1359214

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1		\$2,000,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2		\$ <u>1,000,000</u> .	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3		\$_16,234,839.	Person X Payroli	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4_		\$ <u>1,600,000</u> .	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5		\$ 2,750,891.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6		\$1,800,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization
JEWISH FEDERATION OF METROPOLITAN
DETROIT

Employer identification number

38-1359214

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>1,065,000</u> .	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
8		\$1,200,000.	Person X Payroll Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)	

Name of organization

JEWISH FEDERATION OF METROPOLITAN

DETROIT

Employer identification number

38-1359214

(a)	ncash Property (See instructions). Use duplicate copies of P		
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a)	VALUE TO PARTY OF THE TOTAL TOT	(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	***************************************
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		00	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 4 Name of organization **Employer identification number** JEWISH FEDERATION OF METROPOLITAN DETROIT 38-1359214 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 Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part i (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

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

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

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

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

Section 501(c)(4), (5), or (6) organizations: Complete Part III.					
Nan		FEDERATION OF ME	TROPOLITAN	Empl	oyer identification number
_	DETROIT				38-1359214
PE	art I-A Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		> \$	
P	art I-B Complete if the org	anization is exempt und	ler section 501(c)	(3).	
1	Enter the amount of any excise tax				*****
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955	▶ \$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
48	Was a correction made?			•••••	Yes No
	If "Yes," describe in Part IV.				
	art I-C Complete if the org				
	Enter the amount directly expended				
2	Enter the amount of the filing organ		•		
	exempt function activities				
3	Total exempt function expenditures			•	
	line 17b				
4					
5	Enter the names, addresses and emmade payments. For each organization	-		_	
	contributions received that were pro	· · · · · · · · · · · · · · · · · · ·			•
	political action committee (PAC). If a	• •			3 3
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2016

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Schedule C (Form 990 or 990-EZ) 2016 I	DETROIT		- FOLIOVOV CHIA	38-1	1359214 Page 2
Part II-A Complete if the organization 501(h)).	anization is	exempt under section		a Form 5/68 (e)	ection under
	ion halanga ta	on officiated group (and list is	. Doubly and affiliated		a address FIN
expenses, and share	_	an affiliated group (and list in	r Part IV each anillated (group member's nam	ie, address, Eliv,
' '		ox A and "limited control" pro	ovisions apply		
Limit	s on Lobbying	Expenditures amounts paid or incurred.		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public on	inion (grass roots lobbying)			
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add lin	es 1a and 1b)				
d Other exempt purpose expenditure					
e Total exempt purpose expenditures	(add lines 1c	and 1d)			
f Lobbying nontaxable amount. Enter	r the amount fi	om the following table in bot	h columns.		
If the amount on line 1e, column (a) or	(b) is: T	he lobbying nontaxable am	ount is:		
Not over \$500,000	2	0% of the amount on line 1e			
Over \$500,000 but not over \$1,000	,000 \$	100,000 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000 \$	175,000 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000 \$	225,000 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$	1,000,000.			
g Grassroots nontaxable amount (ent	er 25% of line	lf)			
h Subtract line 1g from line 1a. If zero	or less, enter	0			
i Subtract line 1f from line 1c. If zero	•			orm 4720 Yes	<u> </u>
j If there is an amount other than zero	o on either line	1h or line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this y					Yes No
(Some organizations th	at made a sec	ar Averaging Period Under tion 501(h) election do not separate instructions for li	have to complete all o	f the five columns b	elow.
***************************************	Lobbying	Expenditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					1
* _					
d Grassroots nontaxable amount	And the territory				
e Grassroots ceiling amount					
(150% of line 2d, column (e))				5.157.09.25.71	
f Grassroots lobbying expenditures			I		I

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 DETROIT

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

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(k	o)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
С	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		Х		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?	X		21	.,817.
g			X		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities?		Х		
j	Total. Add lines 1c through 1i			21	L,817.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	-21/2	
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504/ \/5			
Pal	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(t	o), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year?	3	A	
LE CI	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (c) ROTH Port III. A lines 1 and 2 are appropriately				. 0 :-
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"NO," OR	(b) Part	III-A, IINE	e 3, IS
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal			
	expenses for which the section 527(f) tax was paid).		MISS		
	Current year				
b	Carryover from last year				
C			1 1		
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and per-	olitical			
	expenditure next year?	•••••			
-	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pai	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-/	A, lines 1 ar	nd 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
<u>TO</u>	SUPPORT JEWISH CAUSES IN THE COMMUNITY				
					rootes and another
				89.584	4,000

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 Open to Public Inspection

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

Employer identification number 38-1359214

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		Complete ii wie
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		-
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		funds
_	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		•
	impermissible private benefit?		
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space	,	
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
ь			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register	·	2d
3	Number of conservation easements modified, transferred, rel		
	year ▶		-
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ration easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	l)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Othe	r 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 (AS	SC 958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	6C 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, 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		• \$
2	If the organization received or held works of art, historical treatment		ain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2016

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	dule D (Form 990) 2016 DETROIT						38-13	<u>59214</u>	Pa	ge 2
Pa	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Ot	her S	imilaı	Assets	(continu	ıed)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the t	ollowing that are	a signif	icant u	se of its c	ollection i	tems	
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange programs						
b	Scholarly research	e	Other							
C	Preservation for future generations									
4	Provide a description of the organization's co						se in Part	XIII.		
5	During the year, did the organization solicit o				nilar ass	ets		_		
10 100 100 100	to be sold to raise funds rather than to be ma							Yes		No
Pa	rt IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes	on Fo	m 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi		-					_		
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:							
								Amount		
C	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	•							Yes		No
Pai	If "Yes," explain the arrangement in Part XIII. TV Endowment Funds. Complete i									
6.9	Endownient i dilds. Complete	ĭ				Th		4 D F		
4	Basinaina of way balance	(a) Current year 68,433,706.	(b) Prior year	(c) Two years ba			rears back 76,311.	(e) Four		
1a	Beginning of year balance	4,355,137.	73,672,989.	72,456,54 1,986,65					596,0	
D	Contributions	8,203,453.	-605,869.	3,963,85			43,221. 50,386.		9 44 ,2 9 4 5,0	
C	Net investment earnings, gains, and losses Grants or scholarships	4,665,782.	4,698,355.	4,734,07			13,369.		608,9	
u	Other expenditures for facilities	4,003,702.	4,030,333.	1,731,07		3,1	13,309.	*,	000,3	90.
•										
f	Administrative expenses									
	End of year balance	76,326,514.	68,433,706.	73,672,98	9	72 4	56,549.	68	876,3	11
2	Provide the estimated percentage of the curr	· · · · · · · · · · · · · · · · · · ·				, - , -	,		0,0,0	
a	Board designated or quasi-endowment	ent year end balance	% (inte 19, column (a)	y Heid as.						
b	Permanent endowment ► 89.25	%								
	Temporarily restricted endowment ▶ 1									
_	The percentages on lines 2a, 2b, and 2c short									
За	Are there endowment funds not in the posse		tion that are held ar	d administered fo	or the o	rganiza	ation			
	by:	Ū						ſ	Yes	No
	(i) unrelated organizations							3a(i)		X
								3a(ii)	х	
b	If "Yes" on line 3a(ii), are the related organiza							3b	Х	
4	Describe in Part XIII the intended uses of the	organization's endov								
Pa	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Pai	t X, line	10.				
	Description of property	(a) Cost or of basis (investm	1 ' '	or other (other)	c) Accu depre	mulate ciation	ed	(d) Book	value	
1a	Land					Suri 1				
b	Buildings			1						
c	Leasehold improvements									
d	Equipment		1,43	0,719.	1,18	7,82	24.	242	,89	5.
ее	Other	I								
	. Add lines 1a through 1e. (Column (d) must e		K. column (B). line 1	Oc.)				242	,89	5.

10/			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 15.)		and the second s
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	表示的表示,是是一种的一种。这种可能是一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一
(1)	Federal income taxes		
(2)	INTERORGANIZATION PAYABLES	2,189,189.	
(3)			
(4)			
/E\			

Total. (Column (b) must equal Form 990, Part X. col. (B) line 25.) 2, 189, 189.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

(6) (7) (8)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS DISTRIBUTED IN AGENCY TRANSACTION

Schedule D (Form 990) 2016

2,750,891.

632054 08-29-16

JEWISH FEDERATION OF METROPOLITAN 38-1359214 Page 5 Schedule D (Form 990) 2016 DETROIT Part XIII Supplemental Information (continued) DETROIT

SCHEDULE F (Form 990)

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. Open to Public Inspection Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization

JEWISH FEDERATION OF METROPOLITAN

Employer identification number

OMB No. 1545-0047

DETROIT

38-1359214

		ctivities Out	side the United States. Compl	ete if the organization answered "Y	es" on
Form 990, Part I			de la cultura de		
			ds to substantiate the amount of its gra		V
tile grantees engionity i	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance: A	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	arants and other assistance outsi	de the
United States.			procedures for mornitoring and doo or in	granto and other assistance outsi	oo ale
	he following Parl	t I. line 3 table ca	an be duplicated if additional space is n	needed.)	
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	in the region	Inaepenaent	gram services, investments, grants to		for and investments
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region
				HUNGER RELIEF, AT RISK	
			GRANTS TO RECIPIENT	YOUTH PROGRAMS AND EARLY	
MIDDLE EAST AND			ORGANIZATIONS AND PROGRAM	CHILDHOOD INITIATIVES,	
NORTH AFRICA	1	3	SERVICES	MISSIONS	289,263.
MIDDLE EAST AND					
NORTH AFRICA	0	0	INVESTMENTS		240,500.
					
	ļ	j			
		_			
					1
		i			
3 a Sub-total	1	3	and the one of the second of t	1920 Division Transport Plante division State (1)	529,763.
b Total from continuation		ļ <u>'</u>			323,703.
	o	0			
sheets to Part I	- "	J			0.
c Totals (add lines 3a	1	3			E20 763
and 3b)					529,763.

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

Schedule F (Form 990) 2016

Page 2

38-1359214

DETROIT

Schedule F (Form 990) 2016

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. (i) Method of valuation (book, FMV, appraisal, other) N/A (h) Description of noncash assistance N/A (g) Amount of noncash assistance 0 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement (f) Manner of 40,000, WIRE (e) Amount of cash grant the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of grant TO SUPPORT THE COMMUNITY KIDDLE EAST AND (c) Region NORTH AFRICA Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) (a) Name of organization

Schedule F (Form 990) 2016

DETROIT

Schedule F (Form 990) 2016

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.

Page 3

38-1359214

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

Schedule F (Form 990) 2016

632073 09-21-16

	dule F (Form 990) 2016 DETROIT	38-1359214	Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
	(see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 DETROTT	38-1359214 Page 5
Part V Supplemental Information	
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (acco	ounting method: amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting me	
(estimated number of recipients), as applicable. Also complete this part to provide any additional in	
(estimated number of recipients), as applicable. Also complete this part to provide any additional in	formation. See instructions.
DADE T TYPE O	
PART I, LINE 2:	
IN ORDER TO MONITOR OUR MAJOR OVERSEAS AGENCIES, WE RECE:	IVE AT LEAST
SEMI-ANNUAL PROGRAM AND BUDGET REPORTS, AS WELL AS ANNUAL	r. RIDGRT
2211 Interest Income in Popular Interest in William In Interest	n Doboni
PRODUCTION OF PRIVATED ON OUR TORREST OF	
PROPOSALS. IN ADDITION, WE RELY HEAVILY ON OUR ISRAEL OF	FICE IN JERUSALEM
FOR ON-SITE MONITORING AND USE OF THE FUNDS.	
	CALL TO THE PARTY OF THE PARTY
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The second secon	
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etteration of the state of the	

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The state of the s	100
V Bolivest, — 1 Mariana de Santa de Cara de Ca	100000000000000000000000000000000000000
The second secon	1900-100 July 2019-100

SCHEDULE I (Form 990)

Employer identification number 38-1359214 Open to Public OMB No. 1545-0047 Inspection JEWISH FEDERATION OF METROPOLITAN Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ▶ Attach to Form 990. 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

DETROIT

Name of the organization Department of the Treasury Internal Revenue Service

Parti

criteria used to award the grants or assistance?	stance?	,		,	•		X Yes	ž
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monit	oring the use of grant	funds in the United	States.				
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Corrections that received more than \$5,000. Part II can be duplicated if additional space is needed	Domestic Organiz \$5,000. Part II can	rations and Domestic be duplicated if addition	Governments. Conal space is need	complete if the organ	ınization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ded.	IV, line 21, for any	
1 (a) Name and address of organization or government	(p) 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 noncash assistance	(h) Purpose of grant or assistance	
ADAT SHALOM SYNAGOGUE 29901 MIDDLEBELT FARMINGTON HILLS, MI 48334	38-1437934		36,310.	.0			TO SUPPORT CONSERVATIVE JUDAISM	₁₂
AISH HATORAH 25725 COOLIDGE HIGHWAY OAK PARK, MI 48237	38-2785489		8,250.	0			TO SUPPORT CONSERVATIVE JUDAISM	M
AMERICAN JEWISH COMMITTEE THE JACOB BLAUSTEIN BLDG NEW YORK, NY 10002	13-5563393		2,400,112.	0			TO ENHANCE THE JEWISH WAY OF LIFE	WAY
AMERICAN JOINT DISTRIBUTION COMMITTEE - 711 3RD AVE, 10TH FLR - NEW YORK, NY 10017	13-1656634		10,000.	•0			TO SUPPORT THE JEWISH COMMUNITY	
ANTI-DEFAMATION LEAGUE 25800 NORTHWESTERN HWY SOUTHFIELD, MI 48075	13-1818723		10,875.	•0			TO FIGHT DISCRIMINATION	z
ATID 29901 MIDDLEBELT RD FARMINGTON HILLS, MI 48334	38-1437934		6,105.	0			TO SUPPORT EDUCATION	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other paragraphics listed in the line 1 table	nd government org	anizations listed in the	line 1 table				4	44.
4	see the Instruction	ons for Form 990.					Schedule I (Form 990) (2016)	(910)

JEWISH FEDERATION OF METROPOLITAN DETROIT

Schedule I (Form 990) DETROIT						3	38-1359214 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	Assistance to Gov	ernments and Organ	izations in the Un	1 1	(Schedule I (Form 990), Part II.)	t 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
BIRMINGHAM TEMPLE 28611 W 12 MILE RD FARMINGTON HILLS, MI 48334	38-1747980		8,745,	.0			TO SUPPORT JUDAISM
BIRTHRIGHT ISRAEL FOUNDATION 33 EAST 33RD STREET NEW YORK, NY 10016	13-4092050		217,215.	0.			TO SUPPORT JUDAISM
B'NAI BRITH YOUTH ORGANIZATION 6600 WEST MAPLE RD WEST BLOOMFIELD, MI 48322	31-1794932	8	115,614.	0			TO SUPPORT THE ANNUAL CAMPAIGN
CHABAD OF NOVI 42142 LOGANBERRY RIDGE NORTH NOVI, MI 48375	38-2288004		7,105.	•0			TO SUPPORT CONSERVATIVE JUDAISM
CONGREGATION SHAAREY ZEDEK 27375 BELL RD SOUTHFIELD, MI 48034	38-1420140		23,100.	.0			TO SUPPORT CONSERVATIVE JUDAISM
CONGREGATION SHIR TIKVAH 3900 NORTHFIELD PKWY TROY, MI 48084	38-2439322		19,140.	.0			TO SUPPORT REFORM JUDAISM
FARBER HEBREW DAY SCHOOL - YESHIVAT AKIVA - 21100 W, 12 MILE RD - SOUTHFIELD, MI 48076	38-1750780		835,080	0.			TO SUPPORT JEWISH EDUCATION

TO SUPPORT THE NEEDS OF CHILDREN

TO SUPPORT EDUCATION

0

405,742.

38-3428219

DETROIT - DEVELOPMENT DEPARTMENT -FRANKEL JEWISH ACADEMY OF METRO

WEST BLOOMFIELD, MI 48322

o.

663,830.

38-1360545

BLOOMFIELD HILLS, MI 48303

632241 04-01-16

6735 TELEGRAPH ROAD FRESH AIR SOCIETY

Schedul	le I (Form 990)	DETROIT							38-1359214	Page 1
Part II	Continuation of	Grants and Other Assistan	ice to Governments	s and Organization	ons in the United St	States (Sched	lule I (Form 990), Part II.)	art II.)		

Part II Continuation of Grants and Other Assistance to Governments	Assistance to Gov		and Organizations in the United States		(Schedule I (Form 990), Part II.)	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDSHIP CIRCLE 6892 W MAPLE RD WEST BLOOMFIELD, MI 48322	38-3613944		165,460.	.0			TO SUPPORT FAMILIES WITH SPECIAL NEEDS
HEBREW FREE LOAN 6735 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301	38-1359260		154,193.	0			TO PROVIDE INTEREST FREE LOANS
HILLEL DAY SCHOOL 32200 MIDDLEBELT RD PARMINGTON HILLS, MI 48334-1715	38-1586703		1,138,756.	0			TO SUPPORT EDUCATION
HILLEL FOUNDATION OF METRO DETROIT 667 GROSBERG RELIGIOUS CTR DETROIT, MI 48202-3919	52-1758804		192,686.	0.			TO SUPPORT EDUCATION
JARC 30301 NORTHWESTERN HWY STE 100 PARMINGTON HILLS, MI 48334	38-3690103		229,635.	0			TO SUPPORT DISABLED INDIVIDUALS
JEWISH AGENCY FOR ISRAEL 633 THIRD AVE 21ST FLR NEW YORK, NY 10017	23-0053483		5,635,918.	0			TO SUPPORT ISRAEL
JEWISH COMMUNITY CENTER 6600 W MAPLE RD WEST BLOOMFIELD, MI 48322	38-1358397		2,570,197.	0			TO SUPPORT THE COMMUNITY
JEWISH COMMUNITY RELATIONS COUNCIL 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	38-3011194		331,983.	0			TO SUPPORT THE JEWISH COMMUNITY
JEWISH FAMILY SERVICE 6555 W. MAPLE ROAD BLOOMFIELD HILLS, MI 48322	38-0691329		3,801,198.	0			TO SUPPORT JEWISH PANILIES
							Schedule I (Form 990)

Schedule I (Form 990) Part II Continuation	DETROIT 38-1359214	of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	
tinuat	DETROIT		
	Schedule I (Form 990)	-	

(a) Name and address of (b) ENN (c) FO section organization or government (b) ENN (c) FO section organization or government (b) END (c) FO section organization	Schedule (Form 990) DETROLT: Part II Continuation of Grants and Other Assistance to Governments	Assistance to Gov		and Organizations in the United States		(Schedule I (Form 990), Part II.)		JO-1337414 Fage I
## PEDERATIONS OF NORTH A - 111 GTH AVENUE - NEW 13.1624240 1,288,432, 0, MI 48237 MAYELVE OF RETRO 13.1624240 13.2693397 13.2693397 12.490,040 12.490,040 13.2693397 12.100 Wast TEM MILE ROAD 13.135013 13.2633397 13.269	(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
REST TEN HILE ROAD THE STATE OF HETRO THE STATE OF HETRO REST TEN HILE ROAD REST TEN HILE R	H FEDERATIONS OF NOF CA - 111 8TH AVENUE NY 10011	13-1624240			0			TO SUPPORT THE JEWISH COMMUNITY
NR, MI 48237 NR, MI 48237 NR, MI 48237 NR HELVE MILE NR THELVE MILE IELD, MI 48076 NRST LINCOLN ROAD NRST LINCOLN ROAD NRST LINCOLN ROAD NRST SATE ONLYSESTY - HILLEL NR STATE UNIVERSITY - HILLEL NR MI 48823 NR STREET NR NR 10022 SJ - 0172429 SJ -	JEWISH SENIOR LIFE OF METRO DETROIT - 15000 WEST TEN MILE ROAD - OAK PARK, MI 48237	38-2693397		612,343.	0			TO SUPPORT THE KLDERLY
INSTITUTE OF GTR DETROIT HAST LINCLIN ROAD RK, MI 48237 AN STATE UNIVERSITY - HILLEL AL FUNDING COUNCIL STATE TO CO	JVS 15000 WEST TEN MILE ROAD OAR PARK, MI 48237	38-1358013		2,490,040.	0.			TO SUPPORT THE RLDERLY
INSTITUTE OF GTR DETROIT RW 448237 TCH FOUNDATION W. 9 MILE ROAD AN STATE UNIVERSITY - HILLEL TION - 360 CHARLES ST - RAST G, MI 48823 AL FUNDING COUNCIL SSTH STREET RK, NY 10022 51.169. 0. 5,169. 0. 5,169. 0. 5,169. 0. 5,169. 0. 5,169. 0. 5,169. 0. 18-2346125 5,169. 0. 18-2346125 5,169. 0. 18-2346125 5,169. 0. 18-2346125 18-2346125 5,169. 0. 18-2346125 18-23461		38-2630596		223,684.	0.			TO SUPPORT INDIVIDUALS WITH SPECIAL NEEDS
TCH FOUNDATION W. 9 MILE ROAD RR, MI 48237 AN STATE UNIVERSITY - HILLEL G, MI 48823 AL FUNDING COUNCIL AL FUNDING TOWN TO 22 S9-7176, 0. MACUNITY TH STREET, STE 2000	KOLLEL INSTITUTE OF GTR DETROIT 15230 WEST LINCOLN ROAD OAK PARK, MI 48237	38-2114751		5,169.	0			TO SUPPORT JEWISH EDUCATION
AN STATE UNIVERSITY - HILLEL G, MI 48823 G, MI 48823 AL FUNDING COUNCIL 59TH STREET MAUNITY TH STREET, STE 2000	LUBAVITCH FOUNDATION 14100 W. 9 MILE ROAD OAR PARK, MI 48237	38-2346125		5,169.	0.			TO SUPPORT ORTHODOX JUDAISM
AL FUNDING COUNCIL 59TH STREET RK, NY 10022 51-0172429 232,176. 0. MMUNITY TH STREET, STE 2000	ST.	38-3034766		338,902.	.0			TO SUPPORT EDUCATION
MMUNITY 7TH STREET, STR 2000	NATIONAL FUNDING COUNCIL 130 E 59TH STREET NEW YORK, NY 10022	51-0172429		232,176.	0			TO SUPPORT THE JEWISH COMMUNITY
OK 74119 20-5344753 80,000.	EET, 19	20-5344753		.000,08	.0			TO SUPPORT THE JEWISH COMMUNITY

JEWISH FEDERATION OF METROPOLITAN DETROIT

Schedule I (Form 990) DRTROIT Part II Continuation of Grants and Other Assistance to Governments	F BUBKALLON OF MB1	OF METROFOLLIAN	NOFOLL LAN and Organizations in the United States		(Schedule I (Form 990), Part II.)		38-1359214 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 > == 0	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE BETH EL 7400 TELEGRAPH RD. BLOOMPIELD HILLS, MI 48301	38-1359595		30,525.	.0			TO SUPPORT REFORM JUDAISM
TEMPLE ISRAEL 5725 WALNUT LAKE RD. WEST BLOOMFIELD, MI 48323	38-1490194		167,340.	0.			TO SUPPORT REFORM JUDAISM
TEMPLE KOL AMI 5085 WALNUT LAKE RD WEST BLOOMFIELD, MI 48323	38-6140065		8,415.	.0	ē		TO SUPPORT REFORM JUDAISM
TEMPLE SHIR SHALOM 3999 WALNUT LAKE RD WEST BLOOMFIELD, MI 48323	38-2803191		65,835.	0			TO SUPPORT REFORM JUDAISM
THE SHUL 6890 W. MAPLE RD WEST BLOOMFIELD, MI 48322	20-1370223		6,435.	0			TO SUPPORT THE JEWISH COMMUNITY
UNITED JEWISH FOUNDATION OF METROPOLITAN DETROIT - 6735 TELEGRAPH ROAD - BLOOMFIELD HILLS, MI 48301	38-1360585		3,523,052.	0			TO SUPPORT THE COMMUNITY
UNIVERSITY OF MICHIGAN - HILLEL 1429 HILL ST ANN ARBOR, MI 48104-3105	38-6119964		186,611.	.0			TO SUPPORT EDUCATION
YACHAD 11 BROADWAY 13TH FLR NEW YORK, NY 10004	13-5623717		11,715.	.0		:	TO SUPPORT JEWISH EDUCATION
YESHIVA BETH YEHUDAH 15751 W LINCOLN SOUTHFIELD, MI 48037-2044	38-1437939		1,480,545.	°			TO SUPPORT JEWISH BDUCATION
							Schedule i (Form 990)

JEWISH FEDERATION OF METROPOLITAN DETROIT

Schedule I (Form 990) DETROIT Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Gov	DETROIT arants and Other Assistance to Governments and Organization	zations in the Uni	ited States (Sche	dule I (Form 990), Par		38-1359214 Page 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
YESHIVA GEDOLAH 24600 GREENFIELD ROAD OAK PARK, MI 48237-1544	38-2569760		162,629.	.0			TO SUPPORT EDUCATION
YESHIVAS DARCHEI TORAH 21550 W TWELVE MILE RD SOUTHFIELD, MI 48076-5501	38-2842622		476,564.	0.			TO SUPPORT JEWISH EDUCATION
							_
							Schedule I (Form 990)

Page 2

Schedule I (Form 990) (2016) DETROLT

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 noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
SCH I, PART II, LINE 1:	#O CO	GOMGETION	מפא מי	NO	
AGENCY NEEDS AND COMMUNITY PRIORITIES.	IES. FED	FEDERATION PLANNING	ANNING STAFF	FF AND	
LAY VOLUNTEERS RECEIVE AND REVIEW C	QUARTERLY	FINANCIAL REPORTS		AND	
ANNUAL AUDITS FROM CONSTITUENT AGENCIES		STAFF MEET	WITH RECIPIENT	I ENT	
ORGANIZATIONS SEVERAL TIMES A YEAR	TO REVIEW	W PROGRAMS	, SERVICES	,	
BUDGETS AND ACCREDITATIONS.					

632102 11-01-16

Schedule I (Form 990) (2016)

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

Attach to Form 990.

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

Name of the organization

Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

JEWISH FEDERATION OF METROPOLITAN DETROIT

OMB No. 1545-0047

Employer identification number

38-1359214

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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? X 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. X Compensation committee Written employment contract X Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations 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: X a Receive a severance payment or change-of-control payment? **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? X 4b c Participate in, or receive payment from, an equity-based compensation arrangement? X 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? X b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? X 6a **b** Any related organization? X 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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Schedule J (Form 990) 2016

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. DETROIT Schedule J (Form 990) 2016

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 aren't listed on Form 990, Part VII.

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

		(B) Breakdown of \	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	benefits	(B)(I)-(D)	in column (B) reported as deferred
			compensation	compensation				
(1) SCOTT KAUFMAN	€	336,890.	0.	966.	-3,962.	12,289.	346,183.	0
EXECUTIVE SECRETARY AND CEO	(E)	• 0	0	0	• 0	0	• 0	0
(2) DOROTHY BENYAS	(3)	204,013.	3,000.	1,806.	-2,434.	18,452.	224,837.	0
CHIEF FINANCIAL OFFICER	(ii)		0	0.	0	0	0	0
(3) THEODORE COHEN	€	173,807.	3,000.	813.	-2,07	18,241.	193,782.	0
CHIEF MARKETING OFFICER	: (3)	0	0.	0.		1 1		0.
(4) HOWARD NEISTEIN	(3)	202,047.	2,000.	2,757.	-2,	18,242.	222,647.	0.
CHIEF ADMINISTRATIVE OFFICER	(II)	0	0.	0		0 •	0	0
(5) MIRYAM ROSENZWEIG	3	154,706.	2,500.	30	-1,848.	7,001.	162,667.	0.
CHIEF DEVELOPMENT OFFICER	(iii)		0.	0.	• 0	0.	• 0	• 0
(6) ROBERT ARONSON	(1)	239,757.	0.	33,839.	-3,410.	12,322.	282,508.	0
SENIOR DEVELOPMENT DIRECTOR	(ii)	0	0.		• 0	0.		• 0
(7) STACEY DEWEESE	(1)	175,881.	3,000.	1,535.	-2,104.	1,958.	180,270.	0.
DIRECTOR, JEWISH COMMUNITY ENDOWMENT		0.	0.		0	0	• 0	0
(8) DANIEL GREENBERG	(I)	158,003.	3,000.	1,921.	-1,893.	1,747.	162,778.	.0
DIRECTOR, MAJOR GIFTS	<u> </u>	0.	0.	0.		1		• 0
(9) JONATHAN LOWE	(1)	171,464.	4,000.	2,293.	-2,063.	18,226.	193,920.	0
ASSOCIATE ENDOWMENT DIRECT	Œ			0.		0.		0.
(10) MARGO PERNICK	<u>(i)</u>	169,741.	5,000.	1,477.	-2,055.	18,041.	192,204.	0
DIRECTOR, THE JEWISH FUND	⊞	0.	0.	0.		0		0.
(11) SCOTT STERN	€	117,517.	0.	0.	315.	0	117,832.	0.
FORMER CHIEF OPERATING OFFICER	<u> </u>	0.	0.	0.	0	0	0.	0.
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Schedule J (Form 990) 2016

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Schedule J (Form 990) 2016 DETROIT	38-1359214	Page 3
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.	e this part for any additional information.	
PART I, LINE 4B:		
ROBERT ARONSON - \$33,839. ROBERT PARTICIPATES IN A SUPPLEMENTAL EXECUTIVE		
RETIREMENT PLAN. UNDER THIS ARRANGEMENT, THE ORGANIZATION PAYS ANNUAL		
INTEREST ON THE AVERAGE BALANCE OF THE PRECEDING 12 MONTHS. ROBERT IS		
REQUIRED TO TAKE A DISTRIBUTION EACH YEAR IN AGREEMENT WITH THE CONTRACT.		
	Schedule J (Form 990) 2016	990) 2016

632113 09-09-16

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

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

DETROTT

Employer identification number 38-1359214

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ISRAEL, AND AROUND THE WORLD.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
INCLUDES EXPENSES RELATED TO DIRECT PROGRAM SERVICES THAT SUPPORT OUR
LOCAL AFFILIATED AGENCIES. IN ADDITION, INCLUDES MISSION EXPENSES TO
FOSTER BETTER RELATIONS WITH ISRAEL.
EXPENSES \$ 9,724,728. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,341,233.
FORM 990, PART VI, SECTION A, LINE 2:
THE FOLLOWING BOARD MEMBERS HAVE FAMILY RELATIONSHIPS:
CAROLYN BELLINSON AND JAMES BELLINSON
ROSELYN BLANCK AND ADAM BLANCK
RICHARD BRODER AND RUTH BRODER
SUZAN CURHAN AND LAWRENCE JACKIER
CONRAD GILES AND LYNDA GILES
FREDRICK BLECHMAN AND KEN GOSS
DIANE KLEIN AND BARBARA ZALTZ
DIANE KLEIN AND RONALD KLEIN
JASON KLEIN AND RONALD KLEIN
JEFFREY BRODSKY AND STACY BRODSKY
WARREN COVILLE AND MARGOT COVILLE
GAIL DANTO AND SANDY MUSKOVITZ-DANTO
STACY DOCTOROFF AND SHERRI KETAI
HANNAN LIS AND FLORINE MARK
1114 For Denominary Deduction Act Nation and the Instructions for Form 000 or 000 F7

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

Schedule O (Form 990 or 990-EZ) (2016)

LISA LIS AND HANNAN LIS LISA LIS AND FLORINE MARK ARTHUR LISS AND BEVERLY LISS MICHAEL MADDIN AND MARTY MADDIN	38-1359214
LISA LIS AND FLORINE MARK ARTHUR LISS AND BEVERLY LISS	
ARTHUR LISS AND BEVERLY LISS	
MICHAEL MADDIN AND MARTY MADDIN	
IRVING NUSBAUM AND BARB NUSBAUM	
GRAHAM ORLEY AND MARCIE ORLEY	
HARRIET ORLEY AND JOSEPH ORLEY	
HARRIET ORLEY AND GRAHAM ORLEY	
HARRIET ORLEY AND MARCIE ORLEY	
JOSEPH ORLEY AND GRAHAM ORLEY	
JOSEPH ORLEY AND MARCIE ORLEY	
JESSIE STERN AND SHELDON STERN	
JEFFREY SCHLUSSEL AND MARK SCHLUSSEL	
MARGOT HALPERIN AND JEROME HALPERIN	10. WARRING A
DELORES FARBER AND LEONARD FARBER	400
NANCY GRAND AND STEPHEN GRAND	
BRIAN SIEGEL AND GEOFF KRETCHMER	
LEE HURWITZ AND RICHARD BRODER	
JOSHUA LEVINE AND HAROLD LOSS	
BENJAMIN ROSENTHAL AND MARTA ROSENTHAL	
BRIAN SATOVSKY AND NEIL SATOVSKY	
BRIAN HERMELIN AND DOREEN HERMELIN	
MICHAEL LIPPITT AND ROBERT LIPPITT	
PAUL SILVERMAN AND JENNIFER SILVERMAN	
ANESSA KRAMER AND DAVID KRAMER	
RENEE ERLICH AND CRAIG ERLICH	
SALLY KRUGEL AND RICHARD KRUGEL	9
ELLEN SHERMAN AND JANE SHERMAN	

632212 08-25-16

Schedule O (Form 990 or 990-EZ) (2016) Page 2 Name of the organization JEWISH FEDERATION OF METROPOLITAN **Employer identification number** 38-1359214 DETROIT THE FOLLOWING BOARD MEMBERS HAVE BUSINESS RELATIONSHIPS: MARK HAUSER AND MICHAEL MADDIN LEE HURWITZ AND RICHARD BRODER MARTY MADDIN AND MICHAEL MADDIN HANNAN LIS AND LISA LIS HANNAN LIS AND FLORINE MARK BRIAN SIEGEL AND GEOFF KRETCHMER NANCY HEINRICH AND BRIAN SIEGEL FORM 990, PART VI, SECTION B, LINE 11B: THE AUDIT COMMITTEE HAS THE AUTHORITY TO APPROVE THE FORM 990 ON BEHALF OF THE BOARD OF DIRECTORS. THE FORM 990 IS REVIEWED INTERNALLY BY THE FINANCE DIRECTOR AND CHIEF FINANCIAL OFFICER. THE PUBLIC DISCLOSURE COPY IS THEN REVIEWED AND APPROVED BY THE AUDIT COMMITTEE. FOLLOWING AUDIT COMMITTEE APPROVAL, THE PUBLIC DISCLOSURE COPY OF THE FORM 990 IS MADE AVAILABLE TO THE BOARD OF THE JEWISH FEDERATION OF METROPOLITAN DETROIT PRIOR TO IT BEING FILED. FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS, BOARD MEMBERS AND STAFF OF THE JEWISH FEDERATION OF METROPOLITAN DETROIT DISCLOSE IN WRITING ANY POTENTIAL CONFLICTS OF INTEREST. THIS DOCUMENTATION IS MAINTAINED ON FILE. AT THE TIME OF VOTING ON GRANT APPROVALS, BOARD MEMBERS ARE ASKED TO CITE CONFLICTS OF INTEREST,

IF ANY EXIST, AND ABSTAIN FROM INDIVIDUAL VOTES. THIS PROCESS IS RECORDED

IN THE BOARD MEETING MINUTES.

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Part

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.

Open to Public Inspection 2016

OMB No. 1545-0047

■ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.
JEWISH FEDERATION OF METROPOLITAN

Employer identification number 38-1359214

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

Direct controlling entity 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. End-of-year assets <u>e</u> Total income T Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(a) Name, address, and EIN of related ornarization	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	Section 512(b)(13) controlled	2(b)(13)
		loreign country)		501(c)(3))	(1)	Yes	S.
UNITED JEWISH FOUNDATION - 38-1360585					,		
6735 TELEGRAPH ROAD	HOLDS PROPERTY AND						
BLOOMFIELD HILLS, MI 48301	INVESTMENTS	MICHIGAN	501(C)(3)	4	N/A		×
THE JEWISH FUND - 38-3323875					JEWISH FEDERATION		İ
6735 TELEGRAPH ROAD	PROVIDES GRANTS TO OTHER				OF METROPOLITAN		
BLOOMFIELD HILLS, MI 48301	DRGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE II	DETROIT	×	
APPLEBAUM FAMILY SUPPORT FOUNDATION -					JEWISH FEDERATION		
38-2870708, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER				OF METROPOLITAN		
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×	
MADELEINE H. AND MANDELL L. BERMAN FAMILY					JEWISH FEDERATION		
SUPPORT FOUNDATION - 38-2582289, 6735	PROVIDES GRANTS TO OTHER		,	-	OF METROPOLITAN		
TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×	
For Paperwork Reduction Act Notice, see the Instructions for Form 990	s for Form 990.		:		Schedule R (Form 990) 2016	Form 990) 2016

JEWISH FEDERATION OF METROPOLITAN DETROIT

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(၁)	(p)	(0)	(J)	(b)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)
of related organization		foreign country)	section	status (if section	entity	organization?
				501(c)(3))		Yes No
BELLE & ISIDOR EISENBERG FAMILY SUPPORT					JEWISH FEDERATION	
FOUNDATION - 30-0232172, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
ROAD, BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	X
MAX M. AND MARJORIE S. FISHER SUPPORT					JEWISH FEDERATION	
FOUNDATION - 38-2490338, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
ROAD, BLOOMFIELD HILLS, MI 48301	DRGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
PHILLIP W. FISHER SUPPORT FOUNDATION -					JEWISH FEDERATION	
38-2550053, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
HILLS, MI 48301	DRGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
STANLEY & JUDITH FRANKEL SUPPORT FOUNDATION					JEWISH FEDERATION	
- 38-2582297, 6735 TELEGRAPH ROAD,	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
SAMUEL FRANKEL AND JEAN FRANKEL SUPPORT					JEWISH FEDERATION	
FOUNDATION - 38-2582299, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
ROAD, BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
GERSHENSON FAMILY SUPPORT FOUNDATION -					JEWISH FEDERATION	
38-3423715, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
IRWIN AND BETHEA GREEN SUPPORT FOUNDATION -					JEWISH FEDERATION	
38-2490337, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
RITA C. & JOHN HADDOW FAMILY SUPPORT				-	JEWISH FEDERATION	
FOUNDATION - 38-2824409, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	· • • • • • • • • • • • • • • • • • • •
ROAD, BLOOMFIELD HILLS, MI 48301	DRGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
JOHN & ROSE HERMAN SUPPORT FOUNDATION -					JEWISH FEDERATION	
38-3216504, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
HERMELIN FAMILY SUPPORT FOUNDATION -					JEWISH FEDERATION	
38-2574834, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
NANCY L. AND JOSEPH M. JACOBSON FAMILY					JEWISH FEDERATION	
SUPPORT FOUNDATION - 30-0232149, 6735	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
I 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
MARJORIE JOSE					JEWISH FEDERATION	
ATION - 30-0232176, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
ROAD, BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×

JEWISH FEDERATION OF METROPOLITAN DETROIT

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(၁)	(p)	(e)	£	(6)
Name, address, and EiN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)
of related organization		foreign country)	section	status (if section	entity	organization?
				501(c)(3))		Yes No
DAVID & NADINE FARBMAN FAMILY SUPPORT					JEWISH FEDERATION	
FOUNDATION - 38-2805017, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
ROAD, BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
KATZMAN FAMILY SUPPORT FOUNDATION -					JEWISH FEDERATION	
30-0021246, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
ALAN JAY & SUE E KAUFMAN FAMILY SUPPORT					JEWISH FEDERATION	
FOUNDATION - 61-1562406, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
ROAD, BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
HERBERT W. KAUFMAN FAMILY SUPPORT FOUNDATION					JEWISH FEDERATION	
- 38-3212494, 6735 TELEGRAPH ROAD,	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
DOUG & KAISA LEVINE FAMILY SUPPORT					JEWISH FEDERATION	
FOUNDATION - 38-3548910, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
ROAD, BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
NORMA JEAN AND EDWARD M. MEER SUPPORT					JEWISH FEDERATION	
FOUNDATION - 38-3423714, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
ROAD, BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
NORMAN A. & SUSAN L. PAPPAS FAMILY SUPPORT					JEWISH FEDERATION	
FOUNDATION - 38-2582300, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
ROAD, BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
PROFESSIONAL LEADERS PROJECT SUPPORT					JEWISH FEDERATION	
FOUNDATION - 20-1431220, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
ROAD, BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
PRENTIS FAMILY SUPPORT FOUNDATION -					JEWISH FEDERATION	
38-2805115, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
HILLS, MI 48301	DRGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
THE JACK A. & AVIVA ROBINSON FAMILY SUPPORT					JEWISH FEDERATION	
FOUNDATION - 38-2993215, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
ROAD, BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
ROSE FAMILY SUPPORT FOUNDATION - 30-0021241					JEWISH FEDERATION	
6735 TELEGRAPH ROAD	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
UBIN FAMILY SUPPORT FO					JEWISH FEDERATION	
16506,	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	II, TYPE I	DETROIT	×

JEWISH FEDERATION OF METROPOLITAN DETROIT

Schedule R (Form 990)

Part III Continuation of Identification of Related Tax-Exempt Organizations

(a)	(Q)	(c)	(p)	(e)	£	(6)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)
of related organization		foreign country)	section	status (if section	entity	organization?
				501(c)(3))		Yes No
SHELDON SANDWEISS FAMILY SUPPORT FOUNDATION					JEWISH FEDERATION	
- 38-3548909, 6735 TELEGRAPH ROAD,	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	-
BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
SCHOSTAK FAMILY SUPPORT FOUNDATION -					JEWISH FEDERATION	
38-3212496, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
MERTON J. & BEVERLY SEGAL SUPPORT FOUNDATION					JEWISH FEDERATION	
- 38-2993223, 6735 TELEGRAPH ROAD,	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
SHAEVSKY FAMILY SUPPORT FOUNDATION -					JEWISH FEDERATION	
38-3423716, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
HILLS, MI 48301	DRGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
JOEL H. & LORRAINE SHAPIRO FAMILY FOUNDATION					JEWISH PEDERATION	
- 38-2870707, 6735 TELEGRAPH ROAD,	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
JANE F. AND D. LAWRENCE SHERMAN FAMILY					JEWISH FEDERATION	
SUPPORT FOUNDATION - 30-0232175, 6735	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	DRGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
THE SHIFFMAN FAMILY SUPPORT FOUNDATION -					JEWISH FEDERATION	
38-2824407, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
HILLS, MI 48301	DRGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
TAUBER FAMILY SUPPORT FOUNDATION -					JEWISH FEDERATION	
38-2581585, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
ARLENE & STEVEN I, VICTOR SUPPORT FOUNDATION					JEWISH FEDERATION	
- 38-3548911, 6735 TELEGRAPH ROAD,	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	<u></u>
BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
STANLEY & MARGARET WINKELMAN SUPPORT					JEWISH FEDERATION	
FOUNDATION - 38-6064584, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
ROAD, BLOOMFIELD HILLS, MI 48301	DRGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
WOODRUN FOUNDATION - 38-3316513					JEWISH FEDERATION	
6735 TELEGRAPH ROAD	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
YOLLES SUPPORT					JEWISH FEDERATION	
ATION - 38-2993219, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
ROAD, BLOOMFIELD HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×

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JEWISH FEDERATION OF METROPOLITAN DETROIT

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(၁)	(p)	(e)	(J)	(6)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)
of related organization		foreign country)	section	status (if section	entity	organization?
				501(c)(3))		Yes No
ZLOTOFF FAMILY SUPPORT FOUNDATION -					JEWISH FEDERATION	
38-3316509, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
HILLS, MI 48301	DRGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
ZUCKERMAN FAMILY SUPPORT FOUNDATION -					JEWISH PEDERATION	
30-0021251, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
HILLS, MI 48301	ORGANIZAŢIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
JAMIE & DENISE JACOB FAMILY FOUNDATION -					JEWISH FEDERATION	
30-0232178, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
HILLS, MI 48301	DRGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
COVILLE-TRIEST FAMILY FOUNDATION -					JEWISH FEDERATION	
38-2548695, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
DAVID AND MARION HANDLEMAN SUPPORT					JEWISH FEDERATION	
FOUNDATION - 30-0232151, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
ROAD, BLOOMFIELD HILLS, MI 48301	DRGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
HUGHES L. & SHEILA M. POTIKER SUPPORT					JEWISH FEDERATION	
FOUNDATION - 38-2805116, 6735 TELEGRAPH	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
ROAD, BLOOMFIELD HILLS, MI 48301	DRGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
RUBIN SHAYE FOUNDATION - 38-6091304					JEWISH FEDERATION	
6735 TELEGRAPH ROAD	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
BLOOMFIELD HILLS, MI 48301	PRGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
LEON & JOSEPHINE WINKELMAN FOUNDATION -					JEWISH FEDERATION	
38-6057189, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
HILLS, MI 48301	DRGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
GERALD ORAM FAMILY - 61-1562412					JEWISH PEDERATION	
6735 TELEGRAPH ROAD	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
BLOOMFIELD HILLS, MI 48301	DRGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
SEYMOUR & LOIS LEVINE - 38-2824404					JEWISH FEDERATION	
6735 TELEGRAPH ROAD	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
BLOOMFIELD HILLS, MI 48301	DRGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
٠. ا					JEWISH FEDERATION	
61-1562407, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER				OF METROPOLITAN	
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPB I	DETROIT	×
SUPPORT FOUNDATION 42 -					JEWISH FEDERATION	
12325, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER			•	OF METROPOLITAN	
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×

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JEWISH FEDERATION OF METROPOLITAN DETROIT

38-1359214

Schedule R (Form 990)

Part III Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(၁)	(p)	(0)	(4)	(6)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13
of related organization		foreign country)		status (if section		organization?
				501(c)(3))		Yes No
FEDERATION SUPPORT FOUNDATION 43 -				Б	JEWISH FEDERATION	
2324, 6735 TELEGRAPH ROAD, BLOOMFIELD	PROVIDES GRANTS TO OTHER			.0	OF METROPOLITAN	
HILLS, MI 48301	ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	DETROIT	×
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DETROIT

Schedule R (Form 990) 2016

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. Part

Page 2

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3	General or Percentage managing ownership											1000
9	eneral or anaging artner?	Yes No										
€	Code V-UBI	K-1 (Form 1065) Y							 			4
ε	Disproportionate allocations?	Yes No										10 - 11 70 1
(6)	Share of end-of-year	20000					•		•			
	Share of total income						•					
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)							•			(4 - 1 - 4 - 1 - 4 - 4 - 4 - 4 - 4 - 4 -
(0	Direct controlling entity				W				:			
စ	Legal domicile (state or	country)										
(2)	Primary activity											
(a)	Name, address, and EIN of related organization											

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. Part IV

(a)	(Q)	(၁)	(P)	(0)	ε		Ξ		_ !
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct contro entity	Type of entity (C corp, S corp	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	(13) 72 dd (3)
		country)		(ienii)				Yes No	N _o
	1								
								_	

Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016 DETROIT

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.					Yes	2
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?	Is with one or more re	elated organizations listed i	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ty			19		×
b Giff, grant, or capital contribution to related organization(s)				10	×	
c Giff, grant, or capital contribution from related organization(s)				10	×	
d Loans or loan guarantees to or for related organization(s)				19		×
e Loans or loan quarantees by related organization(s)				ç		×
					83	
f Dividends from related organization(s)				#		×
				-		×
ation(e)				4		×
				=	T	4
i Exchange of assets with related organization(s)				=		×
j Lease of facilities, equipment, or other assets to related organization(s)		***************************************		÷	1	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	
 Performance of services or membership or fundraising solicitations for related organization(s) 	anization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			£	×	
 Sharing of paid employees with related organization(s) 				9	×	
p Reimbursement paid to related organization(s) for expenses				4	×	
q Reimbursement paid by related organization(s) for expenses				10	×	
 Other transfer of cash or property to related organization(s) 			***************************************	÷	1	×
s Other transfer of cash or property from related organization(s)				15		×
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	who must complete the	is line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) HERMELIN FAMILY SUPPORT FOUNDATION	บ	75,100.	CASH TRANSACTION			
(2) PRENTIS FAMILY SUPPORT FOUNDATION	ບ	90,000.CASH	CASH TRANSACTION			
MADELEINE H. AND MANDELL L. BERMAN FAMILY (3) SUPPORT FOUNDATION	υ	60,000.CASH	CASH TRANSACTION			
(4) THE JEWISH FUND	ບ	405,500. CASH	CASH TRANSACTION			
(5) UNITED JEWISH FOUNDATION	U	16,234,839.CASH	CASH TRANSACTION			
(6) THE JEWISH FUND	П	300,000.CASH	CASH TRANSACTION			
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JEWISH FEDERATION OF METROPOLITAN DETROIT

38-1359214

Schedule R (Form 990)

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

	,		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
MAXWELL AND MARJORIE JOSPEY SUPPORT (7)FOUNDATION	U	104,000.	CASH TRANSACTION
TEWISH FOUNDATION	В	3,523,052.	3,523,052. CASH TRANSACTION
RITA C. & JOHN HADDOW FAMILY SUPPORT (9)FOUNDATION	υ	.000,	65,000.CASH TRANSACTION
ALAN JAY & SUE KAUFMAN FAMILY SUPPORT (10)FOUNDATION	υ	495,000.	495,000. CASH TRANSACTION
(11)KATZMAN FAMILY SUPPORT FOUNDATION	υ	750,000.	750,000. CASH TRANSACTION
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Schedule R (Form 990) 2016 DETROIT

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

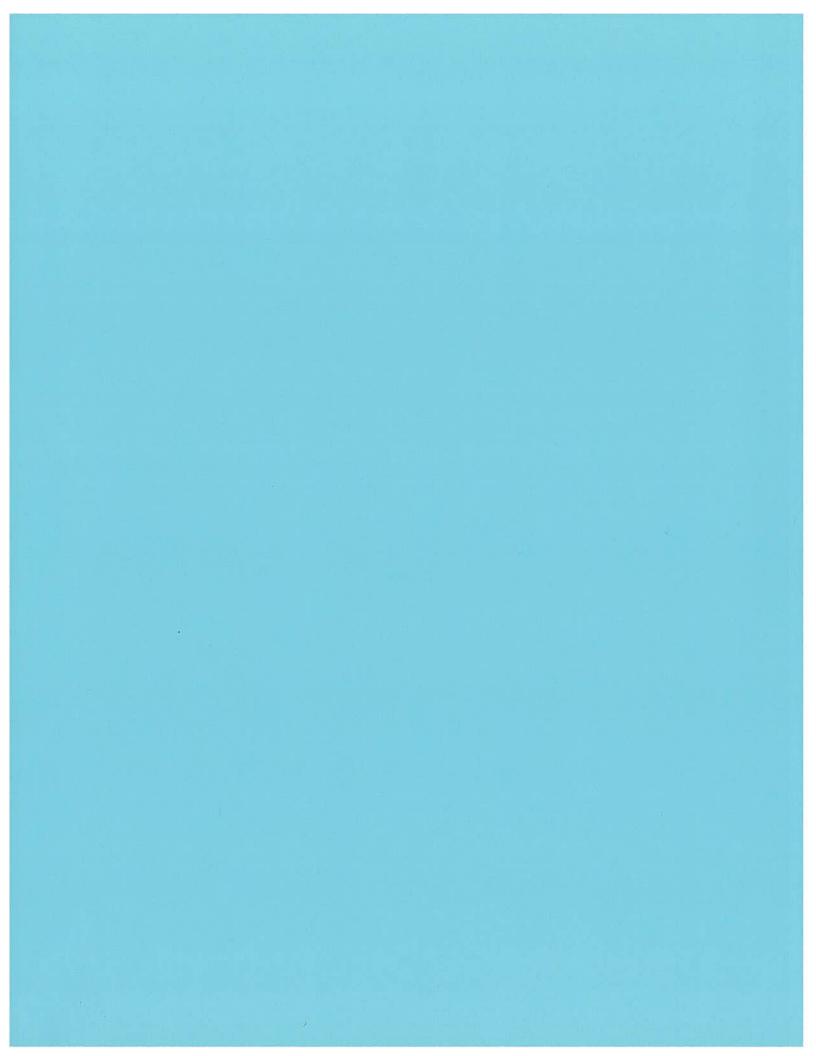
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related consultation. See instructions recarding exclusion for certain investment partnerships

inat was not a retared organization. See instructions regarding excusion for certain investment partners inps.	structions regarding exclus	SION TOT CERTAIN HIVE	strinent partnerships.							
(a)	(q)	<u></u>	(Đ	©		(6)	Ξ	E	3	₹
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related,	partners sec. 501(c)(3)	Share of total	Share of end-of-vear	Dispropor- tionate	Dispropor- Code V-UBI General or Percentage allocations amount in box 20 menaging ownership	General o managing	Percentage
		country)	excluded from tax und sections 512-514)	Yes No		assets	Yes No	of Schedule K-1 (Form 1065)	Yes No	
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JEWISH FEDERATION OF METROPOLITAN

Schedule R	(Form 990) 2016	DETROIT	38-1359214	Page 5
Part VII	(Form 990) 2016 Supplemental Infor	rmation.		
		nation for responses to questions on Schedule R. See instructions.		
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SAMPO MATERIA SAMPO SA	A	Check box if						TON 15 & SO I(C)(S)	D Emplo	yer identification number
Section Sect						-	·			
40(e) 22(e) 79# 6735 TELEGRAPH ROAD 25(e) 35(e) 50(e) 50(e) 79# 6735 TELEGRAPH ROAD 35(e) 50(e) 50(B Ex	empt under section	Print	DETROIT					38	3-1359214
4084 3094	X	501(c)(3)		Number, street, and room	n or suite no. If a P.O. box	x, see in	structions.			
Sizo(a)		408(e) 220(e)	туре	6735 TELEGR	APH ROAD] (000	ou dottorio.)
C Brown, value of all resident E Group exemption number (See instructions.) Mark C C C C C C C C C		408A530(a)		City or town, state or pro	vince, country, and ZIP o	r foreigi	n postal code			
1						<u>4830</u>	1		9000	099
Describe the organization's primary unrelated business activity. ► PARTINERSHIP INVESTMENTS To bring the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	at e	nd of year				<u> </u>	_	- <u></u>		
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes										Other trust
Tree books are in case of ■ BECKY STASCH Telephone number (248) 203–1521 Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net										
The books are in care of ■ BECKY STASCH Telephone number ■ (248 203-1521				·		1t-subsi	diary controlled group?		Yes	S X No
Refrit Unrelated Trade or Business Income							Talaah		240	102 1521
1 a Gross receipts or sales										
b Less returns and allowances				do or Baomood mo		T	(A) modilio	(D) Expense	245 V.	(O) Net
2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c 4 Capital gain net income (attach Schedule D) 4 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4 De let gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 5 Rent income (loss) from partnerships and S corporations (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 Increated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions steedule) 12 Interest (attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 15 Repairs and maintenance 16 Repairs and maintenance 17 Bad debts 18 Repairs and maintenance 19 Taxes and licenses 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation or limitations or limita		•			e Ralance	10				
3 3 4 4 2 2 4 2 2 4 2 2	-			Δ line 7)		$\overline{}$				
4a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts c Capital loss deduction for trusts b Income (loss) from partnerships and S corporations (attach statement) c Rent income (Schedule C) linterest, annulties, royalties, and rents from controlled organizations (Sch. F) linterest, annulties, royalties, and rents from controlled organizations (Sch. F) linterest, annulties, royalties, and rents from controlled organizations (Sch. F) linterest, annulties, royalties, and rents from controlled organizations (Sch. F) linterest, annulties, royalties, and rents from controlled organizations (Sch. F) linterest, annulties, royalties, and rents from controlled organizations (Sch. F) linterest, annulties, royalties, and rents from controlled organizations (Sch. F) linterest, annulties, royalties, and rents from controlled organizations (Sch. F) linterest (antich schedule 1) 10 Linterest (antich schedule 1) 11 20 Compensation of officers, directors, and trustees (Schedule K) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 15 Repairs and maintenance 16 Repairs and maintenance 16 Repairs and licenses 17 Bad debts 18 19 10 11 11 12 12 12 12 12 12 12							7			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)						⊢ •				
Capital loss deduction for trusts							·			
5 Income (loss) from partnerships and S corporations (attach statement) 5 1,009 1,009 6 Rent income (Schedule C) 6 7 7						-			i alee	
6 Rent income (Schedule C) 6						5	1,009.		bor Variation	1,009.
7						6				
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9	7	Unrelated debt-financ				7				
10	8	Interest, annuities, ro	yalties, a	and rents from controlled o	rganizations (Sch. F)	8				
11 Advertising income (Schedule J) 11 12 13 1,009	9	Investment income o	f a sectio	on 501(c)(7), (9), or (17) o	rganization (Schedule G)	9				
12						10				
13 Total. Combine lines 3 through 12 13 1,009.	11 .	Advertising income (Schedule	a J)		11				
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						$\overline{}$				
(Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) 19 Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Depletion 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 29 O. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 1,009.		Total. Combine lines	3 throu	gh 12						1,009.
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 O. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 1,009 •	Par							income)		
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 O. 0. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 1,009.								···	1 44 1	
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 O. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 1,009.										
17Bad debts1718Interest (attach schedule)1819Taxes and licenses1920Charitable contributions (See instructions for limitation rules)2021Depreciation (attach Form 4562)2122Less depreciation claimed on Schedule A and elsewhere on return22a22b23Depletion2324Contributions to deferred compensation plans2425Employee benefit programs2526Excess exempt expenses (Schedule I)2627Excess readership costs (Schedule J)2728Other deductions (attach schedule)2829Total deductions. Add lines 14 through 28290.30Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13301,009.										
Interest (attach schedule) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13										
Taxes and licenses 19 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 22b 22										
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 1 , 009 .									$\overline{}$	
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 0. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 1,009.		Charitable contributi							$\overline{}$	
22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 23 24 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 1,009.										
24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 20 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 26 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	22								22b	
24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 20 Contributions to deferred compensation plans 26 Contributions to deferred compensation plans 26 Contributions to deferred compensation plans 27 Contributions to deferred compensation plans 28 Contributions to deferred compensation plans 29 Contributions to deferred compensation plans 29 Contributions to deferred compensation plans 26 Contributions to deferred compensation plans 27 Contributions to deferred compensation plans 28 Contributions to deferred compensation plans 29 Contribution plans 20 Contribution plans 20 Contribution plans 20 Contribution plans 20 Contribution plans 20 Contribution plans 20 Contribution plans 20 Contribution plans 20 Contribution plans 20 Contribution plans 20 Contribution plans 20 Contribution plans 20 Contribution plans 20 Contribution plans 20	23								23	
Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Line and the deduction of the	24	Contributions to def	erred cor	mpensation plans					24	
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 1,009 •	25	Employee benefit pr	ograms				•••••		25	
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 1,009.	26								26	
Total deductions. Add lines 14 through 28 29 0. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 1,009.	27								27	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 1,009.		Other deductions (a	ttach sch	nedule)						
		Total deductions. A	dd lines	14 through 28						
31 Net operating loss deduction (limited to the amount on line 30)										1,009.
4 000		Net operating loss d	eduction	(limited to the amount on	line 30)					1 000
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 1,009.										
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33 1,000.									33	T,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					-	•			۵
623701 01-18-17 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2016)	623701								1 34 1	

Form 990-T (2016)

Part I	III Tax Computation			•	
35	Organizations Taxable as Corporations. See inst	tructions for tax computation.			
	Controlled group members (sections 1561 and 15	63) check here See instructions	and:		
а	Enter your share of the \$50,000, \$25,000, and \$9,	•		10/20	
		(3) \$, l		
b	Enter organization's share of: (1) Additional 5% ta				
	(2) Additional 3% tax (not more than \$100,000)				
C	Income tax on the amount on line 34			▶ 35	1.
36	Trusts Taxable at Trust Rates. See instructions for	or tax computation. Income tax on the amou	unt on line 34 from:	is in	
		orm 1041)		30	3
37	Proxy tax. See instructions				
38					
39	Tax on Non-Compliant Facility Income. See instr				
40	Total. Add lines 37, 38 and 39 to line 35c or 36, w				
	V Tax and Payments				
41a	Foreign tax credit (corporations attach Form 1118	trusts attach Form 1116)	41a		9
b		,			
c	General business credit. Attach Form 3800				
d	Credit for prior year minimum tax (attach Form 88				
e	Total credits. Add lines 41a through 41d			41	e
42	Subtract line 41e from line 40				
43	Other taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	1 8866 Other (at	tach schedule) 4	
44					
45 a	Payments: A 2015 overpayment credited to 2016				
	2016 estimated tax payments				
	Tax deposited with Form 8868				
	Foreign organizations: Tax paid or withheld at sour				
	Backup withholding (see instructions)				
	Credit for small employer health insurance premiu				
		Form 2439	401		
9	Form 4136 0	Other Total	→ 45g		
46	Total payments. Add lines 45a through 45g	Strict Total	459	4	8
47	Estimated tax penalty (see instructions). Check if F				
48	Tax due. If line 46 is less than the total of lines 44				
49	Overpayment. If line 46 is larger than the total of				
50	Enter the amount of line 49 you want: Credited to		Refu		
Part V					V
	At any time during the 2016 calendar year, did the				Yes No
•	over a financial account (bank, securities, or other		-		W
	FinCEN Form 114, Report of Foreign Bank and Fina				
	here >		,		Х
52	During the tax year, did the organization receive a	distribution from, or was it the grantor of, or	or transferor to, a fore	ion trust?	X
02	If YES, see instructions for other forms the organic			g.,	
53	Enter the amount of tax-exempt interest received of	· · · · · · · · · · · · · · · · · · ·			
	Under penalties of periury 1 declare that I have everying	d this return, including accompanying schedules and	d statements, and to the b	est of my knowledge a	nd belief, it is true,
Sign	correct, and complete. Declaration of preparer (other tha	an taxpayer) is based on all information of which pre	parer has any knowledge. FINANCIAL	. Dianath	IDC discuss this return with
Here		OFFIC		ivia, ai	e IRS discuss this return with parer shown below (see
	Signature of officer	Date Title			tions)? X Yes No
	Print/Type preparer's name	Preparer's signature	Date C		PTIN
Paid	Abs broken a mine		1 "	elf- employed	
	LYNNE M. HUISMANN	LYNNE M. HUISMANN	10/04/17		P00053811
Prepa	DI ANTIDIO C MOT		· · · · ·	Firm's EIN	38-1357951
Use C	2601 CAMBE				
	1	LLS, MI 48326		Phone no. (24	8) 375-7100
					Form 990-T (2016)

38-1359214

JEWISH FEDERATION OF METROPOLITAN

Form 990-T (2016) **DETROIT**

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation N/A					
1 Inventory at beginning of year	1			Inventory at end of yea	r		6		
2 Purchases			_	Cost of goods sold. Su					
3 Cost of labor	3			from line 5. Enter here					
4a Additional section 263A costs				line 2			7		
(attach schedule)	48		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to		50125(0.1)	1000 1045 fi
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions) 1. Description of property	(From Real	Property and	d Per	sonal Property L	ease	d With Real Prop	erty)		
									
(1)									
(2)									
(3)									
(4)	2 Rent receiv	ed or accrued				T			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of	(b) From real of rent for	persona	sonal property (if the percentage I property exceeds 50% or if sed on profit or income)	ge	3(a) Deductions directly columns 2(a) a			1
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	. •		0.
Schedule E - Unrelated Det	ot-Financed	Income (see	instru	ictions)					
				2. Gross income from		Deductions directly cor to debt-finan		r allocable	
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b)	Other deduction ttach schedule)	ıs
(1)	1								
(2)									
(3)									
(4)			1						-
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)	(6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable deduct nn 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						enter here and on page 1, Part I, line 7, column (A).		here and on pag , line 7, column (
Totals						0			0.
Total dividends-received deductions in									0.

Form 990-T (2016)

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)						
otals (carry to Part II, line (5))	0.	0.				0
						000 T

Form 990-T (2016)

						4 Page
dicals Reported line-by-line basis.)	d on a Separ	ate Basis (For eac	h periodic	al listed in Pa	ırt II, fill in	
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.			Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
0.	0.					0.
Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).					Enter here and on page 1, Part II, line 27.
0.	0.					0.
n of Officers, Di	rectors, and	Trustees (see ins	structions)			
		2. Title				ensation attributable related business
				%		
				%		
				%		
	2. Gross advertising income 0. Enter here and on page 1, Part I, line 11, col. (A).	2. Gross advertising income 0 • 0 • 0 • Enter here and on page 1, Part 1, line 11, col. (A). 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0	2. Gross advertising and or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 1. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 1. Enter here and on page 1, Part 1, line 11, col. (A). 1. O O Trustees (see instance)	2. Gross advertising advertising costs 3. Direct advertising costs 0. 3. Direct advertising costs 0. 3. Direct advertising costs 0. 3. If a gain, compute cols. 5 through 7. 5. Circula income 5. Circula income 1. Cir	dicals Reported on a Separate Basis (For each periodical listed in Palline-by-line basis.) 2. Gross advertising 3. Direct advertising costs 3. Direct advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 5. Circulation income 6. Enter here and on page 1, Part 1, line 11, col. (A). 0. 0. 0. 1 of Officers, Directors, and Trustees (see instructions) 2. Title 3. Direct advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 5. Circulation income 6. Income 7. Income 8. Income 9. Inc	2. Gross advertising all or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 1. Circulation income 6. Readership costs cols. 5 through 7. 1. Circulation income costs costs 1. Circulation income cos

Form 990-T (2016)

0.

Total. Enter here and on page 1, Part II, line 14

FORM 990-T INCOME (LOSS) FROM PARTNERS	SHIPS	STATEMENT 1
PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
PAUL CAPITAL PARNTERS IX LP	16.	0.	16.
SIGULAR GUFF DISTRESSED OPPORTUNITIES FUND III, LP	993.	0.	993.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	1,009.	0.	1,009.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

Name

JEWISH FEDERATION OF METROPOLITAN DETROIT

Employer identification number

38-1359214

Part I Short-Term Capital Ga	ins and Losses - Ass	ets Held One Year o	r Less		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89-	in	(h) Gain or (loss). Subtract
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	Cost (or other basis)	or loss from Form(s) 89- Part I, line 2, column (49, g)	column (e) from column (d) and combine the result with column (g)
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	63.				63.
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-kin	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	ation)	SEE ST	ATEMENT 2	6	(471.)
7 Net short-term capital gain or (loss). Combin	e lines 1a through 6 in column	h		7	-408.
Part II Long-Term Capital Gai			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	(d) Proceeds (sales price)	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49.	(h) Gain or (loss). Subtract column (e) from column (d) and
round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g)	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		846.			-846.
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked	<u></u>				
	•••••			11	80.
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	d exchanges from Form 8824	***************************************		13	
	•••••			14	
15 Net long-term capital gain or (loss). Combine		ı h		15	-766.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lin				16	
17 Net capital gain. Enter excess of net long-term)	17	
18 Add lines 16 and 17. Enter here and on Form					
the corporation has qualified timber gain, also	complete Part IV			18	0.
Note: If losses exceed gains, see Capital loss	es in the instructions.				

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2016

JEWISH FEDERATION OF METROPOLITAN

Schedule D (Form 1120) 2016

38-1359214 Page 2

<u> </u>		JO-1JJJZ14 Page 2
Part IV Alternative Tax for Corporations with Qualified Ti	mber Gain. Complete P	art IV only if the corporation has
qualified timber gain under section 1201(b). Skip this part if you are filing	Form 1120-RIC. See instructi	ions.
19 Enter qualified timber gain (as defined in section 1201(b)(2))	19	全是其他的
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line		
of your tax return	20	
21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or		和某篇70 来说。[2] 新华斯特 水香
(c) the amount on Part III, line 17	21	
22 Multiply line 21 by 23.8% (0.238)		22
23 Subtract line 17 from line 20. If zero or less, enter -0-	23	
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) ap	propriate for	
the return with which Schedule D (Form 1120) is being filed		24
25 Add lines 21 and 23	25	
26 Subtract line 25 from line 20. If zero or less, enter -0-	26	
		拉拉斯 克拉斯克拉斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯
27 Multiply line 26 by 35% (0.35)		27
A0 Add Care 00 04 and 07		1 1
28 Add lines 22, 24, and 27		28
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) ap	•	
return with which Schedule D (Form 1120) is being filed		29
30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule		
applicable line of your tax return		

Schedule D (Form 1120) 2016

Department of the Treasur Internal Revenue Service

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.

OMB No. 1545-0074

Sequence No. 12A

Name(s) shown on return

JEWISH FEDERATION OF METROPOLITAN DETROIT

Social security number or taxpayer identification no.

38-1359214 Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your d may even tell you which hox to check Part | 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 wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (b) (d) (e) (h) loss. If you enter an amount **Proceeds** Cost or other Description of property Date acquired Date sold or Gain or (loss). in column (g), enter a code in column (f). See instructions. (sales price) (Example: 100 sh. XYZ Co.) basis. See the Subtract column (e) disposed of (Mo., day, yr.) Note below and from column (d) & (Mo., day, yr.) (f) (g) Amount of combine the result see Column (e) in Code(s) the instructions with column (g) adjustment FROM PAUL CAPITAL PARTNERS IX LP K-1 63. 63. 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 63.

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.

623011 12-07-16 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

above is checked), or line 3 (if Box C above is checked)

Form 8949 (2016)

63.

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

Social security number or taxpayer identification no.

DETROIT	38-1359214
Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from you statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was republished may even tell you which box to check	orted to the IRS by your
Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and to codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form to codes are required.	or which no adjustments or

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 wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Description of property Date acquired Date sold or Cost or other Gain or (loss). in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) (g) Amount of see *Column (e*) in combine the result Code(s) the instructions with column (g) adjustment FROM PAUL CAPITAL PARTNERS IX LP K-1 <846.> 846. 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 8b (if Box D above is checked), line 9 (if Box E

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.

623012 12-07-16

Form 8949 (2016)

<846.>

above is checked), or line 10 (if Box F above is checked)

846.

Sales of Business Property

Name(s) shown on return

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

OMB No. 1545-0184

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

	VISH FEDERATION OF	METROPOL:	ITAN					20 1250014
	PROIT						-	38-1359214
	nter the gross proceeds from sales or r substitute statement) that you are in		-	016 on Form(s) 109	99-B or 1099-S		1	
Pa	Sales or Exchanges Other Than Casualty	of Property U or Theft-Mo	Jsed in a Tra est Property	ide or Busines Heid More Tha	s and Involun an 1 Year (see	tary Conve instructions)	rsic	ons From
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(8) Depreciation allowed or allowable since acquisition	(f) Cost or oth basis, plus improvements a expense of sal	nd	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
FRO	M PAUL CAPITAL							
PAI	RTNERS IX LP K-1			80.				80.
		<u> </u>						
3	Gain, if any, from Form 4684, line 39	١					3	
4	Section 1231 gain from installment s						4	
5	Section 1231 gain or (loss) from like-						5	
6	Gain, if any, from line 32, from other	than casualty or	theft	•···			6	
7	Combine lines 2 through 6. Enter the	gain or (loss) he	ere and on the a	ppropriate line as f	ollows:		7	80.
	Partnerships (except electing large instructions for Form 1065, Scheduli below. Individuals, partners, S corporation from line 7 on line 11 below and skip 1231 losses, or they were recaptured the Schedule D filed with your return	e K, line 10, or Form n shareholders, lines 8 and 9. If d in an earlier yea	orm 1120S, Sch and all others. line 7 is a gain a ar, enter the gair	edule K, line 9. Ski If line 7 is zero or a and you didn't have a from line 7 as a lo	p lines 8, 9, 11, ar a loss, enter the a a any prior year se	mount		
	· ·	· ·				ži.		Caramide Augustantia Agen
8	Nonrecaptured net section 1231 los	. ,		***************************************			8	
9	Subtract line 8 from line 7. If zero or							,
	line 9 is more than zero, enter the an capital gain on the Schedule D filed						_	80.
							9	00.
Pai	t II Ordinary Gains and I	_OSSES (see in	structions)					
10	Ordinary gains and losses not includ	ed on lines 11 th	rough 16 (includ	de property held 1 v	year or less):			
					,	T		
								.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11	Loss, if any, from line 7						11	()
12	Gain, if any, from line 7 or amount from	om line 8, if appli	icable	,	***************************************		12	1
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, lir	nes 31 and 38a		*************************	***************************************		14	
15	Ordinary gain from installment sales	from Form 6252	, line 25 or 36				15	
16	Ordinary gain or (loss) from like-kind						16	
17	Combine lines 10 through 16						17	
18	For all except individual returns, enter	er the amount fro	m line 17 on the	appropriate line o	f vour return and	skip lines		
	a and b below. For individual returns				•			
а	If the loss on line 11 includes a loss the part of the loss from income-proofrom property used as an employee a See instructions	ducing property on Schedule A (F	on Schedule A (l Form 1040), line	Form 1040), line 28	i, and the part of t n "Form 4797, line	he loss 18a."	18a	
ь	Redetermine the gain or (loss) on line					-		
_	Form 1040, line 14	•				.	18b	
LHA	For Paperwork Reduction Act No							Form 4797 (2016)

For	JEWISH FEDERATION OF m 4797 (2016) DETROIT	r Mg	TROPOLITAN			38-1359	9214	Page :
Pa	rt III Gain From Disposition of Propert	y Und	ler Sections 124	5, 1250, 1252,	1254,	and 1255	(see ir	
19	(a) Description of section 1245, 1250, 1252, 1254, o	or 1255	property:		(b) Date acquir (mo., day, yr.		(c) Date sold (mo., day, yr.)
A								
В								
<u></u> C								
D								
	These columns relate to the properties on lines 19A through 19D.	•	Property A	Property B		Property (c	Property D
20	Gross sales price (Note: See line 1 before completing.)	20						
21	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
24	Total gain. Subtract line 23 from line 20	24						
25	If section 1245 property:				- 1			
	Depreciation allowed or allowable from line 22	25a					_	
	Enter the smaller of line 24 or 25a	25b						
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
а	Additional depreciation after 1975. See instructions	26a						
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d	Additional depreciation after 1969 and before 1976	26d					$\overline{}$	
	Enter the smaller of line 26c or 26d	26e					-	
	2.11.01 4.10 0.11.11.01 0.11.11.01 0.11.11.11.11.11.11.11.11.11.11.11.11.11							
f	Section 291 amount (corporations only)	26f						
	Add lines 26b, 26e, and 26f	26q						
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).							
	Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage	27b			-		_	
	Enter the smaller of line 24 or 27b	27c					\rightarrow	
	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
b	Enter the smaller of line 24 or 28a	28b						-
29 a	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a						
, b	Enter the smaller of line 24 or 29a. See instructions	29b						
Sui	mmary of Part III Gains. Complete property c	-	A through D through	line 29b before ac	oina to li	ne 30		
30	Total gains for all properties. Add property columns						30	
31	Add property columns A through D, lines 25b, 26g,						31	
32	Subtract line 31 from line 30. Enter the portion from		ty or theft on Form 46	84, line 33. Enter 1	he porti	on		
De	from other than casualty or theft on Form 4797, line IT IV Recapture Amounts Under Section	6	0 and 200E/b\/0\	When Preise		Dropp At	32	
-	Recapture Amounts Under Section (see instructions)	115 17	9 and 2007(b)(2)	when busines	ss use	Drops to	50% (or Less
	(see monacher)	=			T	(a) Section 179		(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allo	wable ii	n prior years	1000 N. 600 N	33			7
34	5			STATES REMARKANT	34			
35	Recapture amount. Subtract line 34 from line 33. Se				35			

SCHEDULE D	CAPITAL LOSS CARRYOVER			STATEMENT 2
	LOSS YEAR	ORIGINAL LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
	2011 2012 2013 2014 2015	471		471
CAPITAL LOSS	CARRYOVER TO C	URRENT TAXABLE YEAR		471