

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2016 calendar year, or tax year beginning **JUN 1, 2016** and ending **MAY 31, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED JEWISH FOUNDATION		D Employer identification number 38-1360585
	Doing business as		E Telephone number (248) 642-4260
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 319,760,374.
	6735 TELEGRAPH ROAD		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code BLOOMFIELD HILLS, MI 48301		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: SCOTT KAUFMAN SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.JEWISHDETROIT.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1899
			M State of legal domicile: MI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE UNITED JEWISH FOUNDATION SERVES AS CUSTODIAN OF THE DETROIT JEWISH COMMUNITY'S ASSETS. THE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	38
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	37
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	800
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	56,989.
b Net unrelated business taxable income from Form 990-T, line 34	7b	55,989.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	37,594,631.	41,366,751.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,058,593.	3,961,709.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,182.	217,011.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	50,683,406.	45,545,471.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	42,604,299.	37,698,838.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 707,723.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,926,189.	9,811,897.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	51,530,488.	47,510,735.
19 Revenue less expenses. Subtract line 18 from line 12	-847,082.	-1,965,264.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	454,859,108.	499,593,878.
	22 Net assets or fund balances. Subtract line 21 from line 20	88,478,624.	94,685,668.
		366,380,484.	404,908,210.

Part II Signature Block

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

Sign Here	Signature of officer <i>Dorothy Benyas</i>	Date 10/9/17			
	DOROTHY BENYAS, CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name LYNNE M. HUISMANN	Preparer's signature LYNNE M. HUISMANN	Date 10/04/17	Check <input type="checkbox"/> if self-employed	PTIN P00053811
	Firm's name ▶ PLANTE & MORAN, PLLC	Firm's EIN ▶ 38-1357951		Phone no. (248) 375-7100	
Firm's address ▶ 2601 CAMBRIDGE CT., STE. 500		AUBURN HILLS, MI 48326			

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 37,698,838. including grants of \$ 37,698,838.) (Revenue \$) DISTRIBUTION OF ASSETS TO THE JEWISH FEDERATION'S ANNUAL CAMPAIGN AND TO OTHER QUALIFIED 501(C)(3) ORGANIZATIONS SERVING THE JEWISH COMMUNITY LOCALLY AND NATIONALLY.

4b (Code:) (Expenses \$ 4,287,692. including grants of \$) (Revenue \$) OTHER PROGRAM SERVICES

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

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

4e Total program service expenses 41,986,530.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes entries for Form 1096, Form W-2G, Form 990-T, and Form 8886-T.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY ADLER DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(2) PAMELA APPLEBAUM DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(3) MICHAEL E. BERGER VICE-PRESIDENT	0.50 0.50	X		X				0.	0.	0.
(4) DENNIS S. BERNARD VICE-PRESIDENT	0.50 0.00	X		X				0.	0.	0.
(5) SCOTT A. EISENBERG TREASURER	0.50 0.00	X		X				0.	0.	0.
(6) STEPHEN EISENBERG DIRECTOR	0.50 0.00	X						0.	0.	0.
(7) DOUGLAS ETKIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(8) MINDI FYNKE DIRECTOR	0.50 0.00	X						0.	0.	0.
(9) RALPH GERSON VICE PRESIDENT	0.50 0.00	X		X				0.	0.	0.
(10) PAULA GOLDMAN-SPINNER DIRECTOR - PARTIAL YEAR	0.50 0.50	X						0.	0.	0.
(11) MARGOT HALPERIN DIRECTOR	0.50 0.50	X						0.	0.	0.
(12) MARK R. HAUSER DIRECTOR	0.50 1.00	X						0.	0.	0.
(13) ALAN J. KAUFMAN PRESIDENT ELECT	0.50 0.00	X		X				0.	0.	0.
(14) SCOTT KAUFMAN CEO AND SECRETARY	20.00 20.50	X		X				0.	337,856.	8,327.
(15) BERNARD KENT DIRECTOR	0.50 0.50	X						0.	0.	0.
(16) BRIAN KEPES DIRECTOR - PARTIAL YEAR	0.50 0.50	X						0.	0.	0.
(17) LAWRENCE LAX VICE-PRESIDENT	0.50 0.50	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ILANA LISS DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(19) MICHAEL W. MADDIN DIRECTOR	0.50 1.00	X						0.	0.	0.
(20) EDWARD MEER DIRECTOR	0.50 0.50	X						0.	0.	0.
(21) JEREMY J. MODELL DIRECTOR	0.50 0.00	X						0.	0.	0.
(22) HOWARD MOROF DIRECTOR	0.50 0.00	X						0.	0.	0.
(23) ALLAN NACHMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(24) GRAHAM A. ORLEY DIRECTOR	0.50 0.50	X						0.	0.	0.
(25) NORMAN A. PAPPAS DIRECTOR	0.50 0.00	X						0.	0.	0.
(26) MICHAEL B. PERLMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
1b Sub-total								0.	337,856.	8,327.
c Total from continuation sheets to Part VII, Section A								0.	943,101.	67,010.
d Total (add lines 1b and 1c)								0.	1,280,957.	75,337.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RAND CONSTRUCTION ENGINEERING, INC 1270 RICKETT ROAD, BRIGHTON, MI 48116	BUILDING CONSTRUCTION	6,505,968.
ADAMO GROUP INC 320 E. 7 MILE RD., DETROIT, MI 48203	BUILDING DEMOLITION	506,885.
APPLEBAUM CAMPUS, 29100 NORTHWESTERN HWY SUITE 200, SOUTHFIELD, MI 48034	PROPERTY MANAGEMENT	362,535.
BELFOR USA GROUP, INC 28400 SCHOOLCRAFT RD, LIVONIA, MI 48150	BUILDING CONSTRUCTION	198,391.
SUE'S LANDSCAPING, INC 1000 BENSTEIN ROAD, WALLED LAKE, MI 48390	SOCCER FIELD CONSTRUCTION	181,004.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **10**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) WARREN ROSE DIRECTOR	0.50 0.00	X						0.	0.	0.
(28) BENJAMIN F. ROSENTHAL PRESIDENT	10.00 1.50	X		X				0.	0.	0.
(29) TODD SACHSE DIRECTOR	0.50 0.00	X						0.	0.	0.
(30) KAREN SOSNICK SCHOENBERG DIRECTOR	0.50 1.00	X						0.	0.	0.
(31) ALAN S. SCHWARTZ DIRECTOR	0.50 0.00	X						0.	0.	0.
(32) ROBERT SLATKIN DIRECTOR	0.50 0.50	X						0.	0.	0.
(33) HARVEY SOLWAY DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(34) JEFFREY P. STRAUSS DIRECTOR	0.50 0.00	X						0.	0.	0.
(35) CAROLYN TISDALE DIRECTOR	0.50 0.00	X						0.	0.	0.
(36) LAURENCE S. TISDALE DIRECTOR - PARTIAL YEAR	0.50 0.50	X						0.	0.	0.
(37) STEVEN WEISBERG VICE-PRESIDENT	0.50 0.00	X		X				0.	0.	0.
(38) RANDY WERTHEIMER DIRECTOR	0.50 0.00	X						0.	0.	0.
(39) LAWRENCE A. WOLFE DIRECTOR	1.00 10.50	X						0.	0.	0.
(40) NEAL ZALENKO DIRECTOR	0.50 0.00	X						0.	0.	0.
(41) ALAN S. ZEKELMAN VICE-PRESIDENT	0.50 0.00	X		X				0.	0.	0.
(42) DOROTHY BENYAS CHIEF FINANCIAL OFFICER	20.00 22.00			X				0.	208,819.	16,018.
(43) HOWARD NEISTEIN CHIEF ADMINISTRATIVE OFFICER	20.00 20.00			X				0.	206,804.	15,843.
(44) STEVE INGBER CHIEF OPERATING OFFICER - PARTIAL YE	20.00 20.00			X				0.	74,827.	13,519.
(45) THEODORE COHEN CHIEF MARKETING OFFICER	20.00 20.00			X				0.	177,620.	16,162.
(46) MIRYAM ROSENZWEIG CHIEF DEVELOPMENT OFFICER	20.00 20.00			X				0.	157,514.	5,153.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	5,812,886.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	35,553,865.				
	g Noncash contributions included in lines 1a-1f: \$		26,329,032.				
	h Total. Add lines 1a-1f		41,366,751.				
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,206,473.			6,206,473.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	941,569.				
		(ii) Personal					
		b Less: rental expenses	974,625.				
		c Rental income or (loss)	-33,056.				
d Net rental income or (loss)			-33,056.			-33,056.	
7 a Gross amount from sales of assets other than inventory		(i) Securities	270,910,084.				
		(ii) Other	85,430.				
		b Less: cost or other basis and sales expenses	268,599,167.	4,641,111.			
		c Gain or (loss)	2,310,917.	-4,555,681.			
d Net gain or (loss)			-2,244,764.			-2,244,764.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a					
		b Less: direct expenses	b				
	c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a PARTNERSHIP INCOME	900099	177,784.		56,989.	120,795.		
b OTHER OPERATING INCOME	900099	42,704.			42,704.		
c PARTICIPANT REVENUE	900099	18,789.			18,789.		
d All other revenue	900099	10,790.			10,790.		
e Total. Add lines 11a-11d		250,067.					
12 Total revenue. See instructions.		45,545,471.	0.	56,989.	4,121,731.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	37,698,838.	37,698,838.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	1,532,464.		1,532,464.	
b Legal	74,257.		74,257.	
c Accounting	31,570.		31,570.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	637,550.		637,550.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	29,769.		29,769.	
12 Advertising and promotion				
13 Office expenses	143,129.		143,129.	
14 Information technology	18,665.		18,665.	
15 Royalties				
16 Occupancy	1,846,106.	1,248,325.	597,781.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,331.		21,331.	
20 Interest	51,602.	51,602.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,757,568.	3,740,126.	17,442.	
23 Insurance	44,704.		44,704.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a JFMD FUND. & ADMIN. EXP	2,325,361.		1,617,638.	707,723.
b CONTRACTED LABOR	180,606.	180,606.		
c PROGRAM SERVICES	41,658.	41,658.		
d RENTAL EXP. ON PT VIII	-974,625.	-974,625.		
e All other expenses	50,182.		50,182.	
25 Total functional expenses. Add lines 1 through 24e	47,510,735.	41,986,530.	4,816,482.	707,723.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	26,495,296.	2	21,991,694.
	3 Pledges and grants receivable, net	10,506,729.	3	8,648,127.
	4 Accounts receivable, net	3,600,450.	4	4,796,841.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	8,426,435.	7	8,372,327.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,258,695.	9	2,322,392.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 138,617,012.		
	b Less: accumulated depreciation	10b 70,172,830.	10c	68,444,182.
	11 Investments - publicly traded securities	216,610,832.	11	250,848,365.
	12 Investments - other securities. See Part IV, line 11	109,812,381.	12	122,123,796.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	11,491,615.	15	12,046,154.
16 Total assets. Add lines 1 through 15 (must equal line 34)	454,859,108.	16	499,593,878.	
Liabilities	17 Accounts payable and accrued expenses	2,314,008.	17	1,261,037.
	18 Grants payable	7,204,596.	18	6,125,459.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	1,203,422.	20	1,057,599.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	575,000.	23	150,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	77,181,598.	25	86,091,573.
	26 Total liabilities. Add lines 17 through 25	88,478,624.	26	94,685,668.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	136,377,375.	27	167,943,471.
	28 Temporarily restricted net assets	49,160,582.	28	50,020,723.
	29 Permanently restricted net assets	180,842,527.	29	186,944,016.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	366,380,484.	33	404,908,210.	
34 Total liabilities and net assets/fund balances	454,859,108.	34	499,593,878.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,545,471.
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,510,735.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,965,264.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	366,380,484.
5	Net unrealized gains (losses) on investments	5	28,212,829.
6	Donated services and use of facilities	6	4,000,000.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	8,280,161.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	404,908,210.

Part XII Financial Statements and Reporting

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

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

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

- The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches... 2 A school... 3 A hospital... 4 A medical research organization... 5 An organization operated for the benefit of a college... 6 A federal, state, or local government... 7 X An organization that normally receives a substantial part of its support from a governmental unit... 8 A community trust... 9 An agricultural research organization... 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions... 11 An organization organized and operated exclusively to test for public safety... 12 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... a Type I... b Type II... c Type III functionally integrated... d Type III non-functionally integrated... e Check this box if the organization received a written determination from the IRS... f Enter the number of supported organizations... g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.")	24029320.	66886420.	31447058.	37594631.	41366751.	201324180
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	24029320.	66886420.	31447058.	37594631.	41366751.	201324180
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)						67379996.
6 Public support. Subtract line 5 from line 4.						133944184

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	24029320.	66886420.	31447058.	37594631.	41366751.	201324180
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	921,073.	1521371.	4620106.	12541150.	7148042.	26751742.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	128,830.	32,295.	61,309.	19,290.	56,989.	298,713.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	57,296.	105,690.	248,458.	108,276.	193,175.	712,895.
11 Total support. Add lines 7 through 10						229087530

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	58.47	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	53.10	%

16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

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

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

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

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions		
7	Total annual distributions. Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions		
9	Distributable amount for 2016 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 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:			
a			
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)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 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			
5 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			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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

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

OTHER INCOME

Multiple horizontal lines for providing supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2016

Name of the organization

UNITED JEWISH FOUNDATION

Employer identification number

38-1360585

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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 ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization UNITED JEWISH FOUNDATION	Employer identification number 38-1360585
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>3,523,052.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>1,335,840.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>2,900,001.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>2,500,072.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED JEWISH FOUNDATION	Employer identification number 38-1360585
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>3,847,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ <u>3,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ <u>3,375,643.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ <u>2,881,048.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ <u>1,109,084.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED JEWISH FOUNDATION	Employer identification number 38-1360585
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	MARKETABLE SECURITIES	\$ 1,335,840.	12/31/16
7	MARKETABLE SECURITIES	\$ 3,847,200.	11/30/16
9	MARKETABLE SECURITIES	\$ 3,375,643.	12/29/16
10	MARKETABLE SECURITIES	\$ 2,514,381.	06/08/16
		\$ _____	_____
		\$ _____	_____

Name of organization UNITED JEWISH FOUNDATION	Employer identification number 38-1360585
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE 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

2016
Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	564	1180
2 Aggregate value of contributions to (during year)	28,521,623.	6,050,508.
3 Aggregate value of grants from (during year)	20,756,209.	16,108,152.
4 Aggregate value at end of year	82,605,476.	250,459,517.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	195,171,955.	196,340,828.	186,005,117.	170,556,024.	149,404,380.
b Contributions	6,012,011.	1,534,607.	12,270,434.	8,745,973.	4,734,990.
c Net investment earnings, gains, and losses	26,213,981.	6,228,479.	7,463,024.	15,463,242.	24,842,532.
d Grants or scholarships	9,535,870.	8,931,959.	9,397,747.	8,760,122.	8,425,878.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	217,862,078.	195,171,955.	196,340,828.	186,005,117.	170,556,024.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 87.00 %
- c Temporarily restricted endowment 13.00 %

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,608,400.	7,210,208.		8,818,608.
b Buildings		125,286,639.	67,548,785.	57,737,854.
c Leasehold improvements				
d Equipment		3,193,475.	2,624,045.	569,430.
e Other		1,318,290.		1,318,290.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 68,444,182.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LIQUID LIMITED		
(B) PARTNERSHIP INVESTMENT	6,418,628.	END-OF-YEAR MARKET VALUE
(C) INCOME ANNUITY ARBITRAGE	1,663,983.	COST
(D) ALTERNATIVE INVESTMENTS	110,599,516.	END-OF-YEAR MARKET VALUE
(E) ISRAEL BONDS	1,801,500.	END-OF-YEAR MARKET VALUE
(F) CERTIFICATES OF DEPOSIT	1,640,169.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	122,123,796.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CONSTITUENT AGENCIES DEPOSITS	67,268,612.
(3) OTHER ORGANIZATIONS PAYABLE	13,247,875.
(4) CHARITABLE GIFT ANNUITIES PAYABLE	4,798,939.
(5) CONTRIBUTIONS FOR FUTURE USE	776,147.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	86,091,573.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	113,350,473.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	28,212,829.	
b	Donated services and use of facilities	2b	4,000,000.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	36,787,562.	
e	Add lines 2a through 2d	2e		69,000,391.
3	Subtract line 2e from line 1	3		44,350,082.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	1,195,389.	
c	Add lines 4a and 4b	4c		1,195,389.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		45,545,471.

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

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

1	Total expenses and losses per audited financial statements		1	51,575,509.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	8,560,149.	
e	Add lines 2a through 2d	2e		8,560,149.
3	Subtract line 2e from line 1	3		43,015,360.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	4,495,375.	
c	Add lines 4a and 4b	4c		4,495,375.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		47,510,735.

Part XIII Supplemental Information.

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

PART V, LINE 4:

ALL ENDOWMENT FUNDS ARE USED TO SUPPORT THE MISSION OF THE ORGANIZATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SUPPORT FOUNDATION REVENUE	33,122,596.
INTERORGANIZATION APPROPRIATIONS	3,664,966.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	36,787,562.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSE	-974,625.
MANAGEMENT FEES	2,170,014.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,195,389.

Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SUPPORT FOUNDATION EXPENSES	7,585,524.
RENTAL EXPENSE	974,625.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	8,560,149.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

JFMD FUNDRAISING/ADMIN. EXP	2,325,361.
MANAGEMENT FEES	2,170,014.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	4,495,375.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

Employer identification number

UNITED JEWISH FOUNDATION

38-1360585

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		93,406,094.
EUROPE	0	0	INVESTMENTS		28,349,194.
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		1,801,500.
3 a Sub-total	0	0			123,556,788.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			123,556,788.

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

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2016

Part V Supplemental Information

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

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

UNITED JEWISH FOUNDATION

Employer identification number
38-1360585

Part I General information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABRAHAM FUND, INC. 9 E 45TH STREET, 7TH FLOOR NEW YORK, NY 10017	13-3556715	501(C)(3)	25,000.	0.			TO SUPPORT INTERNATIONAL HUMAN RIGHTS
ADAT SHALOM SYNAGOGUE 29901 MIDDLEBELT FARMINGTON HILLS, MI 48334	38-1437934	501(C)(3)	39,993.	0.			TO SUPPORT CONSERVATIVE JUDAISM
ALUMNI ASSOCIATION OF THE UNIVERSITY OF MICHIGAN - 200 FLETCHER ST - ANN ARBOR, MI 48109	23-7206591	501(C)(3)	8,500.	0.			TO SUPPORT EDUCATION
ALZHEIMER'S ASSOCIATION 20300 CIVIC CENTER DRIVE #100 SOUTHFIELD, MI 48076	38-2919674	501(C)(3)	41,000.	0.			TO SUPPORT MEDICAL RESEARCH
AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY - 6735 TELEGRAPH ROAD - BLOOMFIELD HILLS, MI 48301	13-6192275	501(C)(3)	105,308.	0.			TO SUPPORT JEWISH EDUCATION
AMERICAN FRIENDS OF BEIT MORASHA 25 W 45 STREET NEW YORK, NY 10036	13-3681170	501(C)(3)	10,000.	0.			TO SUPPORT JEWISH CULTURE

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

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

218.

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

Schedule I (Form 990) (2016)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN FRIENDS OF KEREN MALKI 736 GRANGE ROAD TEANECK, NJ 07666	26-2251751	501(C)(3)	10,000.	0.			TO SUPPORT CHILDREN AND YOUTH SERVICES
AMERICAN FRIENDS OF LEKET ISRAEL, INC. - PO BOX 2090 - TEANECK, NJ 07666	20-8202424	501(C)(3)	10,000.	0.			TO SUPPORT THE INTERNATIONAL JEWISH COMMUNITY
AMERICAN FRIENDS OF MAGEN DAVID ADOM - 352 SEVENTH AVE, SUITE 400 - NEW YORK, NY 10001	13-1790719	501(C)(3)	83,400.	0.			TO SUPPORT ISRAELI MEDICAL SERVICES
AMERICAN FRIENDS OF SANHEDRIA JERUSALEM INC - 1121 W. LAURELTON PARKWAY - TEANECK, NJ 07666	20-3094503	501(C)(3)	10,000.	0.			TO SUPPORT CHILDREN IN JERUSALEM
AMERICAN FRIENDS OF THE HEBREW UNIVERSITY INC - ONE BATTERY PARK PLAZA - NEW YORK, NY 10004	13-1568923	501(C)(3)	44,900.	0.			TO SUPPORT JEWISH EDUCATION
AMERICAN FRIENDS OF YAHAD IN UNUM INC - 25 WEST 45TH STREET, SUITE 1405 - NEW YORK, NY 10036	26-3468570	501(C)(3)	89,550.	0.			TO PROVIDE HOLOCAUST RESEARCH AND EDUCATION
AMERICAN JEWISH COMMITTEE 6735 TELEGRAPH ROAD SUITE 320 BLOOMFIELD HILLS, MI 48301	13-5563393	501(C)(3)	71,900.	0.			TO SUPPORT JEWISH LIFE
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE, INC. - 711 3RD AVE - NEW YORK, NY 10017	13-1656634	501(C)(3)	25,450.	0.			TO SUPPORT THE INTERNATIONAL JEWISH COMMUNITY
AMERICAN JEWISH WORLD SERVICE 45 W 36TH STREET, 11TH FLOOR NEW YORK, NY 10018	22-2584370	501(C)(3)	11,000.	0.			TO SUPPORT HUMAN RIGHTS AND END POVERTY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED MAGEN DAVID FOR ISRAEL - 23215 COMMERCE PARK ROAD, SUITE 306 - BEACHWOOD, OH 44122	23-7231942	501(C)(3)	40,750.	0.			TO PROVIDE MEDICAL SERVICES
AMERICAN SOCIETY FOR TECHNION 30230 ORCHARD LAKE RD FARMINGTON HILLS, MI 48334	13-0434195	501(C)(3)	128,564.	0.			TO SUPPORT HIGHER EDUCATION
ANTI-DEFAMATION LEAGUE 25800 NORTHWESTERN HWY SOUTHFIELD, MI 48075	13-1818723	501(C)(3)	18,850.	0.			TO FIGHT DISCRIMINATION
AVENTURA TURNBERRY JEWISH CENTER 20400 N.E. 30TH AVE AVENTURA, FL 33180	59-1673246	501(C)(3)	25,500.	0.			TO SUPPORT THE COMMUNITY
BAIS CHABAD OF WEST BLOOMFIELD 5595 W. MAPLE RD. WEST BLOOMFIELD, MI 48322	38-2388299	501(C)(3)	17,772.	0.			TO SUPPORT JUDAISM
BEAUMONT HEALTH 16500 W 12 MILE RD SOUTHFIELD, MI 48076	46-5718220	501(C)(3)	336,750.	0.			TO SUPPORT MEDICAL RESEARCH
BEAUMONT HOSPITAL 3711 WEST 13 MILE RD ROYAL OAK, MI 48073	38-1459362	501(C)(3)	60,500.	0.			TO SUPPORT MEDICAL RESEARCH
BETH JACOB OF JERUSALEM PO BOX 399369 BROOKLYN, NY 11230	11-3023091	501(C)(3)	14,000.	0.			TO SUPPORT STUDENTS
BIRMINGHAM COMMUNITY COALITION 1221 BOWERS #261 BIRMINGHAM, MI 48012	38-3269789	501(C)(3)	10,000.	0.			TO SUPPORT EDUCATION

UNITED JEWISH FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIRTHRIGHT ISRAEL FOUNDATION 33 EAST 33RD STREET NEW YORK, NY 10016	13-4092050	501(C)(3)	35,050.	0.			TO SUPPORT FOUNDATION
BLUE WHITE AND GOLD INC 2789 NE 5TH STREET POMPANO BEACH, FL 33062	47-3601886	501(C)(3)	20,000.	0.			TO SUPPORT THE ISRAELI CURLING FEDERATION
B'NAI BRITH YOUTH ORGANIZATION 6600 WEST MAPLE RD WEST BLOOMFIELD, MI 48322	31-1794932	501(C)(3)	27,486.	0.			TO SUPPORT THE ANNUAL CAMPAIGN
B'NAI ISRAEL SYNAGOGUE 5085 WALNUT LAKE ROAD WEST BLOOMFIELD, MI 48323	27-3336546	501(C)(3)	7,300.	0.			TO SUPPORT JUDAISM
BNAI VAIL CONGREGATION INC 19 VAIL ROAD VAIL, CO 81657	84-0812741	501(C)(3)	13,600.	0.			TO SUPPORT JUDAISM
BNOS SARAH SEMINARY 1260 MEDINA ROAD LAKWOOD, NJ 08701	501(C)(3)	501(C)(3)	8,000.	0.			TO SUPPORT STUDENTS
BOTSFORD GENERAL HOSPITAL 28050 GRAND RIVER AVE FARMINGTON HILLS, MI 48336	38-1426919	501(C)(3)	25,000.	0.			TO SUPPORT MEDICAL RESEARCH
BOYS & GIRLS CLUB OF KING COUNTY & MERCER ISLAND - 2825 W MERCER WAY - MERCER ISLAND, WA 98040	13-5562976	501(C)(3)	10,000.	0.			TO SUPPORT YOUTH PROGRAMS
BRAVO COLORADO AT VAIL-BEAVER CREEK - P.O. BOX 2270 - VAIL, CO 81658	84-1074065	501(C)(3)	24,900.	0.			TO SUPPORT THE ARTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CABARET 313 PO BOX 2380 BIRMINGHAM, MI 48012	35-2463620	501(C)(3)	6,250.	0.			TO SUPPORT THE ARTS
CARING FOR CHILDREN 375 EUCLID AVE, APT 317 SAN FRANCISCO, CA 94118	94-3010160	501(C)(3)	6,000.	0.			TO SUPPORT CHILDREN
CHAMBER MUSIC SOCIETY OF DETROIT 31731 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334	38-2794258	501(C)(3)	25,225.	0.			TO SUPPORT THE ARTS
CHEMDAS BAIS YAAKOV 3839 FLATLANDS AVE, SUITE 208 BROOKLYN, NY 11234	46-4902673	501(C)(3)	9,000.	0.			TO SUPPORT EDUCATION
CHILD SAFE MICHIGAN 30680 MONTEPELLIER, SUITE 250 MADISON HEIGHTS, MI 48071	46-0611159	501(C)(3)	14,000.	0.			TO SUPPORT CHILDREN
CHILDREN'S HOSPITAL OF MICHIGAN FOUNDATION - 3911 BEAUBIEN - DETROIT, MI 48201	32-0087353	501(C)(3)	12,500.	0.			TO SUPPORT HEALTH CARE
CHILDREN'S TUMOR FOUNDATION 95 PINE STREET NEW YORK, NY 10005	13-2298956	501(C)(3)	64,550.	0.			TO SUPPORT MEDICAL RESEARCH
CITY OF HOPE 1055 WILSHIRE BLVD, 12 FLOOR LOS ANGELES, CA 90017	94-2847776	501(C)(3)	25,000.	0.			TO SUPPORT MEDICAL RESEARCH
CLAL - NATIONAL JEWISH CENTER FOR LEARNING AND LEADERSHIP INC - 440 PARK AVENUE S, 4TH FLOOR - NEW YORK, NY 10016	23-7390358	501(C)(3)	75,000.	0.			TO SUPPORT JEWISH LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLD CAPS ASSISTANCE PROJECT 5804 SHOAL CREEK BLVD AUSTIN, TX 78757	45-3419887	501(C)(3)	10,000.	0.			TO SUPPORT CANCER PATIENTS
COLLEGE TRACK 201 E KIRBY DETROIT, MI 48202	38-1550064	501(C)(3)	100,000.	0.			TO SUPPORT EDUCATION
COMMUNITY FOUNDATION FOR S.E. MICHIGAN - 333 W FORT ST - DETROIT, MI 48226	38-2530980	501(C)(3)	26,000.	0.			TO SUPPORT THE COMMUNITY
COMPASSION & CHOICES PO BOX 101810 DENVER, CO 80250	84-1328829	501(C)(3)	5,250.	0.			TO SUPPORT EUTHANASIA ADVOCACY AND EDUCATION
CONGREGATION BETH AHM 5075 W. MAPLE RD. WEST BLOOMFIELD, MI 48322	38-6004801	501(C)(3)	47,600.	0.			TO SUPPORT CONSERVATIVE JUDAISM
CONGREGATION BETH ISRAEL 5240 CALKINS ROAD FLINT, MI 48532	23-7221726	501(C)(3)	110,500.	0.			TO SUPPORT JUDAISM
CONGREGATION B'NAI DAVID 2425 E FOURTEEN MILE ROAD BIRMINGHAM, MI 48009	38-1443364	501(C)(3)	10,000.	0.			TO SUPPORT JUDAISM
CONGREGATION B'NAI JEHOShUA BETH ELOHIM - 1201 LAKE COOK ROAD - DEERFIELD, MI 60015	36-2261605	501(C)(3)	5,300.	0.			TO SUPPORT JUDAISM
CONGREGATION FOREST GLEN 27 GRASSMERE ST LAKewood, NJ 08701	20-2967855	501(C)(3)	10,000.	0.			TO SUPPORT JUDAISM

UNITED JEWISH FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGREGATION SHAAREY ZEDEK 27375 BELL RD SOUTHFIELD, MI 48034	38-1420140	501(C)(3)	203,258.	0.			TO SUPPORT CONSERVATIVE JUDAISM
CONGREGATION T'CHIYAH 15000 WEST TEN MILE ROAD OAK PARK, MI 48237	38-2153881	501(C)(3)	9,600.	0.			TO SUPPORT JUDAISM
CRANBROOK EDUCATIONAL COMMUNITY P.O. BOX 801 BLOOMFIELD HILLS, MI 48303	38-2015048	501(C)(3)	35,890.	0.			TO SUPPORT EDUCATION
CROHN'S & COLITIS FNDN OF AMERICA 25882 ORCHARD LAKE ROAD, SUITE 102 FARMINGTON HILLS, MI 48336	13-6193105	501(C)(3)	23,000.	0.			TO SUPPORT MEDICAL RESEARCH AND EDUCATION
CYCLE EFFECT 35 STONEGATE CIR EDWARDS, CO 81632	46-0961369	501(C)(3)	7,500.	0.			TO ENHANCE THE LIVES OF YOUNG WOMEN
DETROIT ACHIEVEMENT ACADEMY FOUNDATION - 7000 W OUTER DR - DETROIT, MI 48235	81-2771468	501(C)(3)	10,000.	0.			TO SUPPORT EDUCATION
DETROIT INSTITUTE OF ARTS 5200 WOODWARD AVE DETROIT, MI 48202	38-1359510	501(C)(3)	565,868.	0.			TO SUPPORT THE ARTS
DETROIT POLICE ATHLETIC LEAGUE INC 111 W WILLIS DETROIT, MI 48201	38-3314318	501(C)(3)	12,500.	0.			TO SUPPORT YOUTH IN LOW INCOME NEIGHBORHOODS
DETROIT PUBLIC TELEVISION 1 CLOVER COURT WIXOM, MI 48393	38-1440200	501(C)(3)	20,750.	0.			TO SUPPORT THE ARTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DETROIT SYMPHONY ORCHESTRA ADMINISTRATIVE OFFICE DETROIT, MI 48201	38-1385132	501(C)(3)	89,800.	0.			TO SUPPORT THE ARTS
DETROIT ZOOLOGICAL SOCIETY 8450 W. 10 MILE ROAD ROYAL OAK, MI 48067	38-6027356	501(C)(3)	14,750.	0.			TO SUPPORT THE ZOO
DOCTORS WITHOUT BORDERS USA PO BOX 5022 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	6,750.	0.			TO SUPPORT MEDICAL SERVICES
DR. GARY BURNSTEIN COMMUNITY HEALTH CLINIC - 45580 WOODWARD AVE - PONTIAC, MI 48341	32-0015321	501(C)(3)	100,000.	0.			TO SUPPORT MEDICAL SERVICES
EMPOWERMENT PLAN 1401 VERMONT ST DETROIT, MI 48216	45-3265365	501(C)(3)	254,000.	0.			EMERGENCY ASSISTANCE
EZER MZION, INC. 1281 49TH STREET BROOKLYN, NY 11219	13-3660421	501(C)(3)	10,000.	0.			EMERGENCY ASSISTANCE
EZRA ISRAEL, INC. 806 EASTERN PKWY BROOKLYN, NY 11213	11-3637996	501(C)(3)	6,000.	0.			EMERGENCY ASSISTANCE
FARBER HEBREW DAY SCHOOL - YESHIVAT AKIVA - 21100 W TWELVE MILE RD - SOUTHFIELD, MI 48076	38-1750780	501(C)(3)	70,584.	0.			TO SUPPORT EDUCATION
FIDELITY INVESTMENTS CHARITABLE GIFT FUND - 200 SEAFORT BOULEVARD - BOSTON, MA 02210	11-0303001	501(C)(3)	25,000.	0.			DONOR ADVISED FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLINT CULTURAL CENTER CORPORATION INC - 1310 E KEARSLEY ST - FLINT, MI 48503	38-6089075	501(C)(3)	43,000.	0.			TO SUPPORT THE ARTS
FLINT INSTITUTE OF ARTS 1310 E KEARSLEY ST FLINT, MI 48503	38-1539984	501(C)(3)	25,000.	0.			TO SUPPORT THE ARTS
FLINT JEWISH FEDERATION 619 WALLENBERG ST FLINT, MI 48502	38-1359257	501(C)(3)	19,600.	0.			TO SUPPORT THE JEWISH COMMUNITY
FORGOTTEN HARVEST 21800 GREENFIELD OAK PARK, MI 48237	38-2926476	501(C)(3)	10,055.	0.			TO FEED THE HUNGRY
FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC. - 9650 ROCKVILLE PIKE - BETHESDA, MD 20814	52-1986675	501(C)(3)	26,250.	0.			TO SUPPORT MEDICAL RESEARCH
FRANKEL JEWISH ACADEMY OF METRO DETROIT - 6600 WEST MAPLE RD - WEST BLOOMFIELD, MI 48322	38-3428219	501(C)(3)	109,121.	0.			TO SUPPORT EDUCATION
FRED & GLADYS ALPERT JEWISH FAMILY & CHILDREN SERVICE - PO BOX 220627 - WEST PALM BEACH, FL 33422	59-1520581	501(C)(3)	26,300.	0.			TO SUPPORT THE JEWISH COMMUNITY
FRESH AIR SOCIETY 6735 TELEGRAPH RD. BLOOMFIELD HILLS, MI 48301	38-1360545	501(C)(3)	1,417,489.	0.			TO SUPPORT THE NEEDS OF CHILDREN
FRIENDS OF CAMP MAK-A-DREAM 121 W. LONG LAKE, STE 120 BLOOMFIELD HILLS, MI 48304	38-3293974	501(C)(3)	17,750.	0.			TO SUPPORT YOUTH PROGRAMS

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FRIENDS OF ETHIOPIAN JEWS, INC. PO BOX 960059 BOSTON, MA 02196	06-1512486	501(C)(3)	10,000.	0.			TO SUPPORT JEWISH COMMUNITY IN ETHIOPIA
FRIENDS OF THE ISRAEL DEFENSE FORCES - 8451 BOULDER CT. - WALLED LAKE, MI 48390	13-3156445	501(C)(3)	710,580.	0.			TO SUPPORT ISRAEL DEFENSE FORCES
FRIENDS OF YEMIN ORDE 12230 WILKINS AVENUE ROCKVILLE, MD 20852	22-3090463	501(C)(3)	100,000.	0.			TO SUPPORT YOUTH SERVICES
FRIENDSHIP CIRCLE 6892 W MAPLE RD WEST BLOOMFIELD, MI 48322	38-3613944	501(C)(3)	140,752.	0.			TO SUPPORT FAMILIES WITH SPECIAL NEEDS
GLEANERS COMMUNITY FOOD BANK 2131 BEAUFIT DETROIT, MI 48207	38-2156255	501(C)(3)	5,250.	0.			TO FEED THE HUNGRY
GOOD PEOPLE FUND INC. 384 WYOMING AVE MILLEBURN, NJ 07041	26-1887249	501(C)(3)	95,000.	0.			TO SUPPORT INTERNATIONAL RELIEF
GREAT LAKES CHAMBER MUSIC FESTIVAL 24901 NORTHWESTERN HIGHWAY, SUITE 3 SOUTHFIELD, MI 48075	20-1106153	501(C)(3)	21,792.	0.			TO SUPPORT THE ARTS
GUARDIAN SCHOLARS, INC. PO BOX 1384 EDWARDS, CO 81632	46-3044464	501(C)(3)	40,000.	0.			TO PROVIDE SCHOLARSHIPS
HADAR BAIS YAAKOV YERUSHALAYIM 351 LAWRENCE AVE LAKEWOOD, NJ 08701	22-3316403	501(C)(3)	12,800.	0.			TO SUPPORT RELIGIOUS INSTITUTIONS

Schedule I (Form 990)

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

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HADASSAH 5030 ORCHARD LAKE ROAD WEST BLOOMFIELD, MI 48323	13-1656651	501(C)(3)	12,110.	0.			TO SUPPORT WOMEN'S CAUSES
HADASSAH-GTR DETROIT CHAPTER 5030 ORCHARD LAKE ROAD WEST BLOOMFIELD, MI 48323	38-1396062	501(C)(3)	5,750.	0.			TO SUPPORT JEWISH COMMUNITY
HAROLD GRINSPOON FOUNDATION 67 HUNT STREET SUITE 100 AGAWAM, MA 01001	04-6685725	501(C)(3)	400,000.	0.			TO SUPPORT JEWISH COMMUNITY
HAZON, INC. 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 48301	13-1623922	501(C)(3)	10,000.	0.			TO SUPPORT SUSTAINABLE COMMUNITIES
HEBREW FREE LOAN 6735 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301	38-1359260	501(C)(3)	199,603.	0.			TO PROVIDE INTEREST FREE LOANS
HEBREW FREE LOAN ASSOCIATION OF SAN FRANCISCO - 131 STEUART ST, SUITE 520 - SAN FRANCISCO, CA 94105	94-1156545	501(C)(3)	57,500.	0.			TO SUPPORT JEWISH COMMUNITY
HENRY FORD HEALTH SYSTEM FOUNDATION - ONE FORD PLACE - DETROIT, MI 48202	38-1357020	501(C)(3)	34,800.	0.			TO SUPPORT HEALTH CARE
HIGHER HOPES 8898 COMMERCE 5C COMMERCE, MI 48382	37-1746399	501(C)(3)	30,000.	0.			TO SUPPORT COMMUNITY PROGRAMS
HILLEL DAY SCHOOL 32200 MIDDLEBELT ROAD FARMINGTON HILLS, MI 48334	38-1586703	501(C)(3)	134,815.	0.			TO SUPPORT EDUCATION

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

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HILLEL OF METRO DETROIT 667 GROSBURG CENTER DETROIT, MI 48202	52-1758804	501(C)(3)	156,865.	0.			TO SUPPORT EDUCATION
HOLOCAUST MEMORIAL CENTER 28123 ORCHARD LAKE RD FARMINGTON HILLS, MI 48334	38-2402635	501(C)(3)	104,890.	0.			TO PRESERVE THE PAST AND PROTECT THE FUTURE
HOSPICE OF MICHIGAN, INC 400 MACK AVE DETROIT, MI 48201	38-2255529	501(C)(3)	13,500.	0.			TO SUPPORT ELDERLY
I WILL TAKE THE NEXT STEP 1205 HOGBACK RD ANN ARBOR, MI 48105	81-2901977	501(C)(3)	40,000.	0.			TO SUPPORT HOMELESS AND LOW INCOME RESIDENTS
IMAGINATION PRODUCTIONS INC 11110 WEST OAKLAND PARK BLVD, SUITE SUNRISE, FL 33351	26-1264680	501(C)(3)	100,000.	0.			TO SUPPORT THE ARTS
ISAAC AGREE DOWNTOWN SYNAGOGUE 2568 GRISWOLD STREET DETROIT, MI 48226	38-2937738	501(C)(3)	12,680.	0.			TO SUPPORT JUDAISM
ISRAEL 21C 15233 VENTURA BLVD, SUITE 1108 SHERMAN OAKS, CA 91403	77-0571579	501(C)(3)	30,000.	0.			TO SUPPORT EDUCATION ON ISRAEL
ISRAEL GUIDE DOG CENTER FOR THE BLIND - 968 EASTON ROAD SUITE H - WARRINGTON, PA 18976	23-2519029	501(C)(3)	25,000.	0.			TO SUPPORT GUIDE DOG PROGRAMS
ISRAEL TENNIS CENTERS FOUNDATION 3275 W. HILLSBORO BLVD, SUITE 102 DEERFIELD BEACH, FL 33442	13-2961273	501(C)(3)	6,000.	0.			TO SUPPORT THE CHILDREN

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

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JARC 30301 NORTHWESTERN HWY SUITE 100 FARMINGTON HILLS, MI 48334	38-3690103	501(C)(3)	291,646.	0.			TO SUPPORT DISABLED INDIVIDUALS
JCRC OF SAN FRANCISCO MARIN & PENINSULA - 121 STEUART ST - SAN FRANCISCO, CA 94105	94-1156335	501(C)(3)	180,000.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH AGENCY FOR ISRAEL 633 THIRD AVE, 21ST FLOOR NEW YORK, NY 10017	23-0053483	501(C)(3)	17,140.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH CAUSES OF CHOICE, INC. 75 2ND AVE, SUITE 200 NEEDHAM, MA 02494	26-2818594	501(C)(3)	483,000.	0.			TO SUPPORT JEWISH PHILANTHROPY
JEWISH COMMUNITY CENTER 6600 WEST MAPLE ROAD WEST BLOOMFIELD, MI 48322	38-1358397	501(C)(3)	2,445,392.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO - 121 STEUART ST - SAN FRANCISCO, CA 94105	94-1156533	501(C)(3)	250,000.	0.			TO SUPPORT JEWISH COMMUNITY
JEWISH COMMUNITY RELATIONS COUNCIL 6735 TELEGRAPH RD. BLOOMFIELD HILLS, MI 48301	38-3011194	501(C)(3)	11,708.	0.			TO SUPPORT PUBLIC AFFAIRS IN THE COMMUNITY
JEWISH FAMILY & CHILDREN'S SERVICES - 2150 POST STREET - SAN FRANCISCO, CA 94115	94-1156528	501(C)(3)	250,000.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH FAMILY SERVICE 6555 WEST MAPLE RD WEST BLOOMFIELD, MI 48322	38-0691329	501(C)(3)	1,215,201.	0.			TO SUPPORT JEWISH COMMUNITY

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

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JEWISH FEDERATION OF COLLIER COUNTY - 2500 VANDERBILT BEACH RD #2201 - NAPLES, FL 34109	59-2150610	501(C)(3)	6,000.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH FEDERATION OF GRAND RAPIDS 4127 EMBASSY DR, SE GRAND RAPIDS, MI 49546	38-6099686	501(C)(3)	12,000.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH FEDERATION OF GREATER ATLANTA - 1440 SPRING ST - ATLANTA, GA 30309	58-1021791	501(C)(3)	5,400.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH FEDERATION OF GREATER LONG BEACH & W. ORANGE COUNTY - 3801 EAST WILLOW STREET - LONG BEACH, CA 90815	95-1647830	501(C)(3)	10,000.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH FEDERATION OF KALAMAZOO & SOUTHWEST MI - 7124 HICKORY POINT DR. - PORTAGE, MI 49024	38-6095960	501(C)(3)	13,100.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH FEDERATION OF METROPOLITAN CHICAGO - 30 S WELLS STREET - CHICAGO, IL 60607	36-2167761	501(C)(3)	10,000.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH FEDERATION OF METROPOLITAN DETROIT - 6735 TELEGRAPH - BLOOMFIELD HILLS, MI 48303	38-1359214	501(C)(3)	16,234,839.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH FEDERATION OF PALM BEACH COUNTY - 4601 COMMUNITY DRIVE - WEST PALM BEACH, FL 33417	59-0948696	501(C)(3)	10,700.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH FEDERATION OF SOUTH PALM BEACH COUNTY - 9901 DONNA KLEIN BLVD - BOCA RATON, FL 33428	59-1945109	501(C)(3)	16,400.	0.			TO SUPPORT THE JEWISH COMMUNITY

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JEWISH HISTORICAL SOCIETY OF MICHIGAN - 6600 W. MAPLE ROAD - WEST BLOOMFIELD, MI 48322	38-6056397	501(C)(3)	5,622.	0.			TO SUPPORT JEWISH EDUCATION
JEWISH HOSPICE & CHAPLAINCY NETWORK - 6555 W MAPLE RD - WEST BLOOMFIELD, MI 48322	38-3429268	501(C)(3)	123,386.	0.			TO SUPPORT THE ELDERLY
JEWISH INSTITUTE FOR NATIONAL SECURITY AFFAIRS - 1101 14TH STREET NW, SUITE 1110 - WASHINGTON, DC 20005	52-1233683	501(C)(3)	10,000.	0.			TO SUPPORT PUBLIC POLICY ANALYSIS
JEWISH NATIONAL FUND 60 RIVERA DRIVE, SUITE 960 NORTHBROOK, IL 60062	13-1659627	501(C)(3)	9,008.	0.			TO SUPPORT LAND IN ISRAEL
JEWISH RESOURCE CENTER CHABAD OF ASPEN - 435 WEST MAIN STREET - ASPEN, CO 81611	22-3787221	501(C)(3)	6,800.	0.			TO SUPPORT JEWISH EDUCATION
JEWISH SENIOR LIFE OF METRO DETROIT - 15000 WEST TEN MILE ROAD - OAK PARK, MI 48237	38-2693397	501(C)(3)	2,084,998.	0.			TO SUPPORT THE ELDERLY
JEWISH THEOLOGICAL SEMINARY 6735 TELEGRAPH RD., STE 310 BLOOMFIELD HILLS, MI 48301	13-0887640	501(C)(3)	39,158.	0.			TO SUPPORT EDUCATION
JEWISH UNITED FUND OF METRO CHICAGO - 30 SOUTH WELLS, #315 - CHICAGO, IL 60606	36-2167034	501(C)(3)	18,000.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH VOCATIONAL & CAREER COUNSELING SERVICE - 225 BUSH STREET #400 - SAN FRANCISCO, CA 94104	94-2213100	501(C)(3)	100,000.	0.			TO SUPPORT VOCATIONAL COUNSELING

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JEWISH VOCATIONAL SERVICE 29699 SOUTHFIELD RD SOUTHFIELD, MI 48076	38-1358013	501(C)(3)	513,864.	0.			TO AID JOB RESEARCH
JUVENILE DIABETES RESEARCH FOUNDATION - 24359 NORTHWESTERN HWY SUITE 225 - SOUTHFIELD, MI 48075	23-1907729	501(C)(3)	62,950.	0.			TO SUPPORT MEDICAL RESEARCH
KADIMA 15999 W 12 MILE RD SOUTHFIELD, MI 48076	38-2630596	501(C)(3)	68,515.	0.			TO SUPPORT INDIVIDUALS WITH SPECIAL NEEDS
KARMANOS CANCER INSTITUTE 4100 JOHN R DETROIT, MI 48201	38-1613280	501(C)(3)	14,750.	0.			TO SUPPORT MEDICAL RESEARCH
KIDS KICKING CANCER 27600 NORTHWESTERN HIGHWAY, SUITE 2 SOUTHFIELD, MI 48304	38-3500655	501(C)(3)	142,000.	0.			TO SUPPORT SICK CHILDREN
KOLLEL INSTITUTE OF GTR DETROIT 15230 WEST LINCOLN RD OAK PARK, MI 48237	38-2114751	501(C)(3)	5,962.	0.			TO SUPPORT JEWISH EDUCATION
LIGHT UP 300 N 5TH AVE ANN ARBOR, MI 48104	47-3431539	501(C)(3)	7,000.	0.			TO IMPROVE THE LIVES OF POPULATION WITH SPECIAL NEEDS
LIMMUD MICHIGAN, INC. 19785 W 12 MILE RD SOUTHFIELD, MI 48076	47-4109734	501(C)(3)	7,000.	0.			TO SUPPORT JEWISH COMMUNITY
LUBAVITCH FOUNDATION 14100 W. 9 MILE RD. OAK PARK, MI 48237	38-2346125	501(C)(3)	20,053.	0.			TO SUPPORT ORTHODOX JUDAISM

UNITED JEWISH FOUNDATION

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MACHON BNOS YEHUDA 1213 ELM AVE BROOKLYN, NY 11230	11-3160759	501(C)(3)	8,000.	0.			TO SUPPORT JEWISH EDUCATION
MACHON L'TORAH 18877 W 10 MILE ROAD, SUITE 250 SOUTHFIELD, MI 48075	38-2484270	501(C)(3)	5,500.	0.			TO SUPPORT JEWISH EDUCATION
MAKE A WISH FOUNDATION OF MICHIGAN 28697 APPLE BLOSSOM LANE FARMINGTON HILLS, MI 48331	38-2505812	501(C)(3)	19,750.	0.			TO PROVIDE SUPPORT TO THE TERMINALLY ILL
MANITOU CAMPS FOUNDATION PO BOX 5099 WESTPORT, CT 06881	26-2513136	501(C)(3)	6,500.	0.			TO ENHANCE THE LIVES OF CHILDREN
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET, SUITE 540 BOSTON, MA 02114	04-1564655	501(C)(3)	25,000.	0.			TO SUPPORT MEDICAL RESEARCH
ME'OH R BALS YAAROV 422 YESHIVA LANE BALTIMORE, MD 21208	22-3523224	501(C)(3)	6,000.	0.			TO SUPPORT JUDAISM
MESIVTA OF GREATER LOS ANGELES 25115 MUREAU RD HIDDEN HILLS, CA 91302	95-4621495	501(C)(3)	9,000.	0.			TO SUPPORT JUDAISM
MICHIGAN HUMANE SOCIETY 3600 AUBURN ROAD ROCHESTER HILLS, MI 48309	38-1358206	501(C)(3)	41,000.	0.			TO SUPPORT ANIMAL WELFARE
MICHIGAN INSTITUTE OF UROLOGY - MEN'S HEALTH FOUNDATION - 20952 E 12 MILE RD - ST CLAIR SHORES, MI 48081	26-4340897	501(C)(3)	20,500.	0.			TO SUPPORT MEDICAL RESEARCH

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MICHIGAN JEWISH SPORTS HALL OF FAME, INC - 6632 TELEGRAPH ROAD, SUITE 304 - BLOOMFIELD HILLS, MI 48301	38-2600231	501(C)(3)	7,500.	0.			TO SUPPORT HEALTH CARE AND EDUCATION
MICHIGAN OPERA THEATRE 1526 BROADWAY DETROIT, MI 48226	38-2052726	501(C)(3)	113,380.	0.			TO SUPPORT THE ARTS
MICHIGAN STATE UNIVERSITY A217 EAST FEE HALL EAST LANSING, MI 48224	38-6005984	501(C)(3)	45,234.	0.			TO SUPPORT EDUCATION
MICHIGAN STATE UNIVERSITY - HILLEL FOUNDATION - 360 CHARLES STREET - EAST LANSING, MI 48824	38-3034766	501(C)(3)	313,111.	0.			TO SUPPORT JEWISH EDUCATION
MOISHE FOUNDATION 441 SAKONY ROAD, BARN #2 ENCINITAS, CA 92024	26-2599786	501(C)(3)	25,000.	0.			TO SUPPORT JEWISH COMMUNITY
MUSIC ASSOCIATION OF ASPEN 2 MUSIC RD ASPEN, CO 81611	84-0445087	501(C)(3)	7,500.	0.			TO SUPPORT THE ARTS
NATIONAL COUNCIL OF JEWISH WOMEN 543 N. FAIRFAX AVE LOS ANGELES, CA 90036	95-1641433	501(C)(3)	25,800.	0.			TO SUPPORT WOMEN'S CAUSES
NATIONAL PARKINSON FOUNDATION 200 SE 1ST STREET, SUITE 800 MIAMI, FL 33131	59-0968031	501(C)(3)	5,250.	0.			TO SUPPORT MEDICAL RESEARCH
NATIONAL RAMAH COMMISSION INC 3080 BROADWAY NEW YORK, NY 10027	13-6161110	501(C)(3)	6,666.	0.			TO SUPPORT JEWISH CAMPERS

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NATURE CONSERVANCY 4245 NORTH FAIRFAX DR, SUITE 100 ARLINGTON, VA 22203	90-0248331	501(C)(3)	25,250.	0.			TO SUPPORT THE ENVIRONMENT
NCSY 16947 W 10 MILE RD SOUTHFIELD, MI 48075	13-5623717	501(C)(3)	5,600.	0.			TO SUPPORT JEWISH COMMUNITY
ORCHARDS CHILDREN'S SERVICE 30215 SOUTHFIELD RD SOUTHFIELD, MI 48076	38-2712084	501(C)(3)	13,000.	0.			TO SUPPORT CHILDREN
ORT AMERICA 6735 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301	13-5562424	501(C)(3)	39,750.	0.			TO SUPPORT JOB EDUCATION
PATH CATALYST FUND 1455 NW LEARY WAY SEATTLE, WA 98107	91-1157127	501(C)(3)	15,000.	0.			TO SUPPORT HEALTH CARE
PEACE NEIGHBORHOOD CENTER 1111 NORTH MAPLE ROAD ANN ARBOR, MI 48103	27-7437867	501(C)(3)	17,160.	0.			TO PROVIDE FAMILY AND YOUTH SOCIAL SERVICES
PEF ISRAEL ENDOWMENT FUND PO BOX 9991 SAN JOSE, CA 95157	13-6104086	501(C)(3)	129,577.	0.			TO SUPPORT WOMEN'S CAUSES
PENINIM OF AMERICA 315 SQUANKUM ROAD LAKEWOOD, NJ 08701	20-1260977	501(C)(3)	9,000.	0.			TO SUPPORT JUDAISM
PHOENIX ART MUSEUM 1625 N CENTRAL AVE PHOENIX, AZ 85004	86-0072608	501(C)(3)	11,250.	0.			TO SUPPORT THE ARTS

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PLAN INTERNATIONAL 155 PLAN WAY WARWICK, RI 02886	13-5661832	501(C)(3)	10,000.	0.			TO SUPPORT HEALTH CARE
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - PO BOX 97166 - WASHINGTON, DC 20090	13-1644147	501(C)(3)	5,500.	0.			TO SUPPORT HEALTH CARE
PLANNED PARENTHOOD OF MICHIGAN PO BOX 3673 ANN ARBOR, MI 48106	38-1707521	501(C)(3)	14,250.	0.			TO SUPPORT HEALTH CARE
PLANNED PARENTHOOD OF MID & SOUTH MICHIGAN - 3100 PROFESSIONAL DRIVE, PO BOX 3673 - ANN ARBOR, MI 48106	38-1707521	501(C)(3)	6,500.	0.			TO SUPPORT HEALTH CARE
PROJECT HEALTHY COMMUNITY 401 N MAIN STREET ROYAL OAK, MI 48067	46-2392799	501(C)(3)	60,000.	0.			TO PROMOTE HEALTHY EDUCATION AND SUPPORT
RAVEN HILL DISCOVERY CENTER 4737 FULLER RD EAST JORDAN, MI 49727	38-3032707	501(C)(3)	20,000.	0.			TO SUPPORT EDUCATION
RECONSTRUCTIONIST CONGREGATION OF DETROIT - 1409 NICOLET PLACE - DETROIT, MI 48207	38-3519260	501(C)(3)	9,612.	0.			TO SUPPORT JUDAISM
REPAIR THE WORLD, INC. 1460 BROADWAY NEW YORK, NY 10036	36-4524686	501(C)(3)	10,500.	0.			TO SUPPORT JEWISH COMMUNITY
RONALD MCDONALD HOUSE OF ANN ARBOR 1600 WASHINGTON HTS ANN ARBOR, MI 48104	38-2473817	501(C)(3)	7,200.	0.			TO IMPROVE THE HEALTH AND WELL BEING OF CHILDREN

UNITED JEWISH FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT THOMAS MORE ENDOWMENT AND DEVELOPMENT FUND - 45 COTTAGE RD - OAKDALE, CT 06370	06-1549772	501(C)(3)	15,000.	0.			TO SUPPORT EDUCATION
SALVATION ARMY 16130 NORTHLAND DRIVE SOUTHFIELD, MI 48075	13-2923701	501(C)(3)	6,250.	0.			TO PROVIDE RELIEF FOR POVERTY
SAN FRANCISCO HILLEL 33 BANBURY DR SAN FRANCISCO, CA 94132	94-3152892	501(C)(3)	45,000.	0.			TO SUPPORT JEWISH EDUCATION
SAN FRANCISCO JEWISH COMM PUBLICATIONS - 225 BUSH STREET #480 - SAN FRANCISCO, CA 94104	94-1089387	501(C)(3)	10,000.	0.			TO SUPPORT JEWISH EDUCATION
SAN FRANCISCO JEWISH FILM FESTIVAL 145 NINTH ST, STE 200 SAN FRANCISCO, CA 94103	94-2854068	501(C)(3)	10,000.	0.			TO SUPPORT THE ARTS
SAN FRANCISCO STATE UNIVERSITY 1600 HOLLOWAY AVE, ADM 471 SAN FRANCISCO, CA 94132	93-1137247	501(C)(3)	50,000.	0.			TO SUPPORT EDUCATION
SANDY HOOK PROMISE FOUNDATION PO BOX 3489 NEWTOWN, CT 06470	46-1657101	501(C)(3)	10,000.	0.			TO PROTECT CHILDREN FROM GUN VIOLENCE
SARASOTA MANATEE JEWISH FEDERATION 580 S. MCINTOSH RD SARASOTA, FL 34232	59-1227747	501(C)(3)	9,500.	0.			TO SUPPORT THE JEWISH COMMUNITY
SAY DETROIT 150 STIMSON ST NO 101 DETROIT, MI 48201	20-4786626	501(C)(3)	110,000.	0.			TO IMPROVE THE LIVES OF DETROIT'S NEEDIEST CITIZENS

Schedule I (Form 990)

UNITED JEWISH FOUNDATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SKY FOUNDATION INC 33 BLOOMFIELD HILLS PKWY, SUITE 275 BLOOMFIELD HILLS, MI 48304	26-2720583	501(C)(3)	5,500.	0.			TO SUPPORT MEDICAL RESEARCH
STAND FOR CHILDREN LEADERSHIP CENTER - 2121 SOUTH WEST BROADWAY, SUITE 111 - PORTLAND, OR 97201	52-1957214	501(C)(3)	10,000.	0.			TO SUPPORT EDUCATION
STANFORD UNIVERSITY PO BOX 20466 STANFORD, CA 94309	94-1156365	501(C)(3)	100,750.	0.			TO SUPPORT EDUCATION
STARFISH FAMILY SERVICES, INC 30000 HIVELEY RD INKSTER, MI 48141	38-2230416	501(C)(3)	465,250.	0.			TO SUPPORT CHILDREN
TEMPLE BETH EL 7400 TELEGRAPH RD. BLOOMFIELD HILLS, MI 48301	38-1359595	501(C)(3)	45,630.	0.			TO SUPPORT REFORM JUDAISM
TEMPLE BETH ISRAEL 567 BAY ISLES RD LONGBOAT KEY, FL 34228	59-1970401	501(C)(3)	5,950.	0.			TO SUPPORT REFORM JUDAISM
TEMPLE B'NAI ISRAEL 505 MICHIGAN STREET PETOSKEY, MI 49770	38-6071719	501(C)(3)	14,950.	0.			TO SUPPORT REFORM JUDAISM
TEMPLE EMANU-EL 14450 W. TEN MILE RD. OAK PARK, MI 48237	38-1493800	501(C)(3)	16,000.	0.			TO SUPPORT REFORM JUDAISM
TEMPLE ISRAEL 5725 WALNUT LAKE RD. WEST BLOOMFIELD, MI 48323	38-1490194	501(C)(3)	488,800.	0.			TO SUPPORT REFORM JUDAISM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)		(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		TEMPLE SHIR SHALOM 3999 WALNUT LAKE ROAD WEST BLOOMFIELD, MI 48323	38-2803191	501(C)(3)	29,760.	0.			TO SUPPORT JUDAISM
		THE JEWISH ENSEMBLE THEATRE 6600 WEST MAPLE ROAD WEST BLOOMFIELD, MI 48322	38-2861818	501(C)(3)	138,487.	0.			TO SUPPORT THE ARTS
		THE JOFFEY BALLE 10 E RANDOLPH STREET CHICAGO, IL 60601	36-4009741	501(C)(3)	10,000.	0.			TO SUPPORT THE ARTS
		THESECONDOPINION 1200 GOUGH ST, SUITE #500 SAN FRANCISCO, CA 94109	94-1696341	501(C)(3)	10,000.	0.			TO SUPPORT HEALTH CARE
		TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 33 WEST 60TH STREET, 7TH FLOOR - NEW YORK, NY 10023	13-5598093	501(C)(3)	10,000.	0.			TO SUPPORT EDUCATION
		UNIVERSITY MUSICAL SOCIETY 881 N UNIVERSITY AVE ANN ARBOR, MI 48109	38-1545881	501(C)(3)	9,250.	0.			TO SUPPORT THE ARTS
		UNIVERSITY OF DETROIT JESUIT HIGH SCHOOL AND ACADEMY - 8400 S. CAMBRIDGE - DETROIT, MI 48221	38-1360587	501(C)(3)	105,000.	0.			TO SUPPORT EDUCATION
		UNIVERSITY OF FLORIDA FOUNDATION, INC. - PO BOX 14425 - GAINESVILLE, FL 32604	59-0974739	501(C)(3)	25,000.	0.			TO SUPPORT EDUCATION
		UNIVERSITY OF MICHIGAN 3003 S STATE ST ANN ARBOR, MI 48109	38-6006309	501(C)(3)	531,328.	0.			TO SUPPORT EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MICHIGAN - HILLEL 1429 HILL ST ANN ARBOR, MI 48104	38-6119964	501(C)(3)	390,524.	0.			TO SUPPORT JEWISH EDUCATION
UNIVERSITY OF PENNSYLVANIA - HILLEL - 215 S 39TH ST - PHILADELPHIA, PA 19104	38-3829311	501(C)(3)	15,000.	0.			TO SUPPORT JEWISH EDUCATION
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY PARK LOS ANGELES, CA 90089	95-1642394	501(C)(3)	51,500.	0.			TO SUPPORT EDUCATION
V FOUNDATION 106 TOWERVIEW CT CARY, NC 27513	13-3705951	501(C)(3)	10,000.	0.			TO SUPPORT MEDICAL RESEARCH
VAIL VALLEY FOUNDATION PO BOX 309 VAIL, CO 81658	74-2215035	501(C)(3)	9,900.	0.			TO SUPPORT THE COMMUNITY
VARIETY-THE CHILDREN'S CHARITY CRANBROOK CENTRE, 600 S ADAMS BIRMINGHAM, MI 48009	38-2140506	501(C)(3)	27,000.	0.			TO SUPPORT THE COMMUNITY
WAYNE STATE UNIVERSITY DEVELOPMENT OFFICE DETROIT, MI 48202	38-6028429	501(C)(3)	100,769.	0.			TO SUPPORT EDUCATION
WORKSHOPS FOR WARRIORS 2970 MAIN STREET SAN DIEGO, CA 92113	26-1721255	501(C)(3)	40,000.	0.			TO SUPPORT EDUCATION
YAD EZRA 2850 W. ELEVEN MILE RD BERKLEY, MI 48072	38-2904733	501(C)(3)	186,726.	0.			TO FEED THE HUNGRY

UNITED JEWISH FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YESHIVA BETH YERUDAH 15751 W. LINCOLN SOUTHFIELD, MI 48076	38-1437939	501(C)(3)	294,672.	0.			TO SUPPORT JEWISH EDUCATION
YESHIVAS DARCHI TORAH 21550 W 12 MILE ROAD SOUTHFIELD, MI 48076	38-2842622	501(C)(3)	25,131.	0.			TO SUPPORT CONSERVATIVE JUDAISM
YOUNG MENS CHRISTIAN ASSOCIATION OF NOTHERN MIDDLESEX COUNTY, INC. - 99 UNION STREET - MIDDLETOWN, CT 06457	06-0646981	501(C)(3)	10,000.	0.			TO SUPPORT HEALTHY COMMUNITY
YOUNG ISRAEL OF OAK PARK 15140 W TEN MILE RD OAK PARK, MI 48237	38-1811781	501(C)(3)	5,674.	0.			TO SUPPORT ORTHODOX JUDAISM
YOUNG ISRAEL OF SOUTHFIELD 27705 LAHSER SOUTHFIELD, MI 48034	38-2267079	501(C)(3)	16,509.	0.			TO SUPPORT ORTHODOX JUDAISM

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.

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" 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.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

UNITED JEWISH FOUNDATION

Employer identification number

38-1360585

Part I Questions Regarding Compensation

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

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

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

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

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

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

a The organization?

b Any related organization?

If "Yes" 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?

b Any related organization?

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

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

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

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

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

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

Schedule J (Form 990) 2016

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(i) SCOTT KAUFMAN CEO AND SECRETARY	0.	0.	0.	0.	0.	0.	0.
(ii) DOROTHY BENYAS CHIEF FINANCIAL OFFICER	336,890.	0.	966.	-3,962.	12,289.	346,183.	0.
(i) HOWARD NEUSTEIN CHIEF ADMINISTRATIVE OFFICER	204,013.	3,000.	1,806.	-2,434.	18,452.	224,837.	0.
(ii) THEODORE COHEN CHIEF MARKETING OFFICER	202,047.	2,000.	2,757.	-2,399.	18,242.	222,647.	0.
(i) MIRYAM ROSENZWEIG CHIEF DEVELOPMENT OFFICER	173,807.	3,000.	813.	-2,079.	18,241.	193,782.	0.
(ii) SCOTT STERN FORMER CHIEF OPERATING OFFICER	154,706.	2,500.	308.	-1,848.	7,001.	162,667.	0.
	117,517.	0.	0.	0.	315.	117,832.	0.

Part III Supplemental information

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

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2016
Open to Public Inspection

Name of the organization

Employer identification number

UNITED JEWISH FOUNDATION

38-1360585

Part I Bond Issues

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

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1								
2								
3		2,146,887.						
4								
5								
6								
7								
8								
9								
10		2,146,887.						
11								
12								
13								

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
14		X						
15		X						
16	X							
17	X							

Part III Private Business Use

1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?											
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X									

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

UNITED JEWISH FOUNDATION

Employer identification number

38-1360585

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ETKIN EQUITIES	DOUGLAS ETKIN, BOAR	362,535.	ETKIN EQUIT		X

Part V Supplemental Information

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

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

(A) NAME OF PERSON: ETKIN EQUITIES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

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

(C) AMOUNT OF TRANSACTION \$ 362,535.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

UNITED JEWISH FOUNDATION

Employer identification number
38-1360585

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	403	21,886,159.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (LEASEHOLD IMP)	X	4	4,442,873.	FAIR MARKET VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2016)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2016
**Open to Public
Inspection**

Name of the organization

UNITED JEWISH FOUNDATION

Employer identification number

38-1360585

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

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

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

PROMOTE THE CONTINUITY OF THE JEWISH PEOPLE.

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

THE FOLLOWING BOARD MEMBERS HAVE FAMILY RELATIONSHIPS:

MINDI FYNKE AND MATT LESTER

ILANA LISS AND BEVERLY LISS

THE FOLLOWING BOARD MEMBERS HAVE BUSINESS RELATIONSHIPS:

ROBERT SLATKIN AND MICHAEL MADDIN

ROBERT SLATKIN AND MARK HAUSER

ROBERT SLATKIN AND ALAN KAUFMAN

MARK HAUSER AND MICHAEL MADDIN

HARVEY SOLWAY AND STEVEN WEISBERG

LEE HURWITZ AND TODD SACHSE

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

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

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

THE AUDIT COMMITTEE HAS THE AUTHORITY TO APPROVE THE FORM 990 ON BEHALF OF

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

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

632211 08-25-16

Name of the organization

UNITED JEWISH FOUNDATION

Employer identification number

38-1360585

THE BOARD OF DIRECTORS. THE FORM 990 IS REVIEWED INTERNALLY BY THE FINANCE DIRECTOR AND CHIEF FINANCIAL OFFICER. THE PUBLIC DISCLOSURE COPY IS THEN REVIEWED AND APPROVED BY THE AUDIT COMMITTEE. FOLLOWING AUDIT COMMITTEE APPROVAL, THE FORM 990 IS MADE AVAILABLE TO THE BOARD OF THE UNITED JEWISH FOUNDATION OF METROPOLITAN DETROIT, PRIOR TO IT BEING FILED.

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

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

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

A COMPENSATION COMMITTEE DETERMINES COMPENSATION BASED ON ESTABLISHED GOALS AND OBJECTIVES. THE COMMITTEE WILL ALSO CONSIDER COMPARABLE SALARY DATA FROM OTHER JEWISH FEDERATIONS OR NON-PROFIT ORGANIZATIONS. THIS PROCESS IS DONE ANNUALLY FOR THE CEO, CFO, CHIEF FINANCIAL RESOURCE DEVELOPMENT OFFICER AND THE CHIEF ADMINISTRATIVE OFFICER AND LAST OCCURRED IN MAY 2017. THE ANALYSIS AND CONCLUSIONS ARE DOCUMENTED IN THE COMMITTEE MEETING MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ALLOCATION OF JFMD FUNDRAISING & ADMINISTRATIVE EXPENSES TO

Name of the organization UNITED JEWISH FOUNDATION	Employer identification number 38-1360585
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UJF	2,325,361.
INTERORGANIZATION APPROPRIATIONS	3,664,966.
NET INTERFUND TRANSFERS NOT INCLUDED ON RETURN	2,289,834.
TOTAL TO FORM 990, PART XI, LINE 9	8,280,161.

FORM 990, PART XII, LINE 2C:

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

SCHEDULE R (Form 990)

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

Employer identification number
38-1360585

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

Department of the Treasury
 Internal Revenue Service
 Name of the organization
UNITED JEWISH FOUNDATION

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

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

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

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

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
DAVID & NADINE FARBMAN FAMILY SUPPORT FOUNDATION - 38-2805017, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
KATZMAN FAMILY SUPPORT FOUNDATION - 30-0021246, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
ALAN JAY & SUE E KAUFMAN FAMILY SUPPORT FOUNDATION - 61-1562406, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
HERBERT W. KAUFMAN FAMILY SUPPORT FOUNDATION - 38-3212494, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
DOUG & KAISA LEVINE FAMILY SUPPORT FOUNDATION - 38-3548910, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
NORMA JEAN AND EDWARD M. MEER SUPPORT FOUNDATION - 38-3423714, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
NORMAN A. & SUSAN L. PAPPAS FAMILY SUPPORT FOUNDATION - 38-2582300, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
PROFESSIONAL LEADERS PROJECT SUPPORT FOUNDATION - 20-1431220, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
PRENTIS FAMILY SUPPORT FOUNDATION - 38-2805115, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
THE JACK A. & AVIVA ROBINSON FAMILY SUPPORT FOUNDATION - 38-2993215, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
ROSE FAMILY SUPPORT FOUNDATION - 30-0021241 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
IRVING A. RUBIN FAMILY SUPPORT FOUNDATION - 38-3316506, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		X

Part III Continuation of Identification of Related Tax-Exempt Organizations

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

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ZLOTOFF FAMILY SUPPORT FOUNDATION - 38-3316509, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
ZUCKERMAN FAMILY SUPPORT FOUNDATION - 30-0021251, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
JAMIE & DENISE JACOB FAMILY FOUNDATION - 30-0232178, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
COVILLE-TRIST FAMILY FOUNDATION - 38-2548695, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
DAVID AND MARION HANDLEMAN SUPPORT FOUNDATION - 30-0232151, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
HUGHES L. & SHEILA M. POTIKER SUPPORT FOUNDATION - 38-2805116, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
RUBIN SHAYE FOUNDATION - 38-6091304 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
LEON & JOSEPHINE WINKELMAN FOUNDATION - 38-6057189, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
GERALD ORAM FAMILY - 61-1562412 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
SEYMOUR & LOIS LEVINE - 38-2824404 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
FEDERATION SUPPORT FOUNDATION 40 - 61-1562407, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		X
FEDERATION SUPPORT FOUNDATION 42 - 30-0482325, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
FEDERATION SUPPORT FOUNDATION 43 - 30-0482324, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	11, TYPE I	JEWISH FEDERATION OF METROPOLITAN DETROIT		X

UNITED JEWISH FOUNDATION

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ALBERT DUBIN CHARITABLE ANNUITY TRUST VA 08/17/94 - 38-3193200, 4665 BOCAIRE BLVD., BOCA RATON, FL 33487	CHARITABLE REMAINDER TRUST	FL	N/A	TRUST		598,518.	57.20%		X

UNITED JEWISH FOUNDATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

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

	Yes	No
1a		X
1b	X	
1c	X	
1d	X	
1e	X	
1f		X
1g		X
1h		X
1i		X
1j	X	
1k		X
1l		X
1m		X
1n	X	
1o	X	
1p	X	
1q	X	
1r		X
1s		X

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.

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

For calendar year 2016 or other tax year beginning **JUN 1, 2016** and ending **MAY 31, 2017**

2016

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) UNITED JEWISH FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. 6735 TELEGRAPH ROAD City or town, state or province, country, and ZIP or foreign postal code BLOOMFIELD HILLS, MI 48301	D Employer identification number (Employees' trust, see instructions.) 38-1360585 E Unrelated business activity codes (See instructions.) 531120 531110
C Book value of all assets at end of year 499593878.		F Group exemption number (See instructions.) ▶	
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

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

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

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

		(A) Income	(B) Expenses	(C) Net
Part I Unrelated Trade or Business Income				
1a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5 56,989.		56,989.
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) ...		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 56,989.		56,989.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule)		18		
19 Taxes and licenses		19		
20 Charitable contributions (See instructions for limitation rules)		20		
21 Depreciation (attach Form 4562)	21			
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23 Depletion		23		
24 Contributions to deferred compensation plans		24		
25 Employee benefit programs		25		
26 Excess exempt expenses (Schedule I)		26		
27 Excess readership costs (Schedule J)		27		
28 Other deductions (attach schedule)		28		
29 Total deductions. Add lines 14 through 28		29		0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30		56,989.
31 Net operating loss deduction (limited to the amount on line 30)		31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32		56,989.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34		55,989.

Part III Tax Computation	
35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:	
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____	
c Income tax on the amount on line 34	35c 8,997.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36
37 Proxy tax. See instructions	37
38 Alternative minimum tax	38
39 Tax on Non-Compliant Facility Income. See instructions	39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40 8,997.

Part IV Tax and Payments	
41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a
b Other credits (see instructions)	41b
c General business credit. Attach Form 3800	41c
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d
e Total credits. Add lines 41a through 41d	41e
42 Subtract line 41e from line 40	42 8,997.
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43
44 Total tax. Add lines 42 and 43	44 8,997.
45a Payments: A 2015 overpayment credited to 2016	45a 7,336.
b 2016 estimated tax payments	45b
c Tax deposited with Form 8868	45c
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d
e Backup withholding (see instructions)	45e
f Credit for small employer health insurance premiums (Attach Form 8941)	45f
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	45g
46 Total payments. Add lines 45a through 45g	46 7,336.
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48 1,661.
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	50

Part V Statements Regarding Certain Activities and Other Information (see instructions)	
51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here SEE STATEMENT 2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____	

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer _____	Date _____			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LYNNE M. HUISMANN	LYNNE M. HUISMANN	10/04/17		P00053811
	Firm's name PLANTE & MORAN, PLLC	Firm's EIN 38-1357951			
	Firm's address 2601 CAMBRIDGE CT., STE. 500 AUBURN HILLS, MI 48326	Phone no. (248) 375-7100			

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

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

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

1. Description of property

(1) _____

(2) _____

(3) _____

(4) _____

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

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

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) 0.

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

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

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

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

Nonexempt Controlled Organizations

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

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

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

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

Totals		Enter here and on page 1, Part I, line 9, column (A).	Enter here and on page 1, Part I, line 9, column (B).
		0.	0.

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

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

Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).	Enter here and on page 1, Part II, line 28.
		0.	0.	0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

Totals (carry to Part II, line (5))		0.	0.	0.
--	--	----	----	----

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

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

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

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

PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
SIGULAR GUFF DISTRESSED OPPORTUNITIES FUND II, LP	240.	0.	240.
NORTH HILLS VILLAGE APARTMENTS LLC	16,702.	0.	16,702.
PAUL CAPITAL PARTNERS IX LP	40,047.	0.	40,047.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	56,989.	0.	56,989.

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

NAME OF COUNTRY

CAYMAN ISLANDS
IRELAND

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	981.			981.
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)			SEE STATEMENT 3	6 (7,369.)
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7 -6,388.

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked		13,096.		-13,096.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Enter gain from Form 4797, line 7 or 9				11
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 -13,096.

Part III Summary of Parts I and II

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

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

Part IV Alternative Tax for Corporations with Qualified Timber Gain. Complete Part IV only if the corporation has qualified timber gain under section 1201(b). Skip this part if you are filing Form 1120-RIC. See instructions.

19 Enter qualified timber gain (as defined in section 1201(b)(2))	19		
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 (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) appropriate 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		
27 Multiply line 26 by 35% (0.35)			27
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) appropriate for the 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 J, line 2, or the applicable line of your tax return			30

Schedule D (Form 1120) 2016

Sales and Other Dispositions of Capital Assets

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

Name(s) shown on return

UNITED JEWISH FOUNDATION

Social security number or
taxpayer identification no.

38-1360585

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	PAUL CAPITAL PARTNERS IX LP			981.				981.
2 Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶				981.				981.

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

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

Social security number or taxpayer identification no.
38-1360585

UNITED JEWISH FOUNDATION

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.
Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	PAUL CAPITAL PARTNERS IX LP				13,096.			<13,096.>
2 Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶								
					13,096.			<13,096.>

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.

SCHEDULE D		CAPITAL LOSS CARRYOVER		STATEMENT 3
LOSS YEAR	ORIGINAL LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	
2011				
2012				
2013				
2014				
2015	7,369		7,369	
CAPITAL LOSS CARRYOVER TO CURRENT TAXABLE YEAR			7,369	