

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2024**

Open to Public Inspection

**A** For the 2024 calendar year, or tax year beginning **JUN 1, 2024** and ending **MAY 31, 2025**

<b>B</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	<b>C</b> Name of organization <b>JEWISH FEDERATION OF DETROIT</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>6735 TELEGRAPH ROAD</b> City or town, state or province, country, and ZIP or foreign postal code <b>BLOOMFIELD HILLS, MI 48301</b> <b>F</b> Name and address of principal officer: <b>STEVEN INGBER</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>38-1359214</b> <b>E</b> Telephone number <b>(248) 642-4260</b> <b>G</b> Gross receipts \$ <b>62,046,677.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> 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 <b>J</b> Website: <b>WWW.JEWISHDETROIT.ORG</b> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>L</b> Year of formation: <b>1926</b> <b>M</b> State of legal domicile: <b>MI</b>		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TAKE CARE OF THE NEEDS OF THE JEWISH PEOPLE AND BUILD A VIBRANT JEWISH FUTURE, IN DETROIT, IN</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>173</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>172</b>
<b>5</b>	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>126</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>800</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>85,668,128.</b>	<b>57,112,115.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,190,784.</b>	<b>1,035,495.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,792,186.</b>	<b>3,899,067.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>91,651,098.</b>	<b>62,046,677.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>69,673,346.</b>	<b>47,479,255.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>11,244,050.</b>	<b>11,972,850.</b>
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,457,766.</b>	<b>0.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,177,793.</b>	<b>5,036,500.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>84,095,189.</b>	<b>64,488,605.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>7,555,909.</b>	<b>-2,441,928.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>52,478,585.</b>	<b>46,508,558.</b>
		<b>27,745,883.</b>	<b>29,247,784.</b>
		<b>24,732,702.</b>	<b>17,260,774.</b>

**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.

<b>Sign Here</b>	Signature of officer  <b>DOROTHY BENYAS, CHIEF FINANCIAL OFFICER</b>	Date <b>11/11/2025</b>
<b>Paid Preparer Use Only</b>	Preparer's name <b>DAVID LOWENTHAL</b> Preparer's signature <b>DAVID LOWENTHAL</b> Date <b>11/04/25</b> Check if self-employed <input type="checkbox"/> PTIN <b>P00378651</b> Firm's name <b>PLANTE &amp; MORAN, PLLC</b> Firm's EIN <b>33-1498605</b> Firm's address <b>10 S. RIVERSIDE PLAZA, 9TH FLOOR</b> <b>CHICAGO, IL 60606</b> Phone no. (312) 207-1040	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

**THE JEWISH FEDERATION OF DETROIT IS THE CORNERSTONE OF OUR JEWISH COMMUNITY. WE ARE COMMITTED TO TAKING CARE OF THE NEEDS OF THE JEWISH PEOPLE AND BUILDING A STRONG AND VIBRANT JEWISH FUTURE, IN DETROIT, IN ISRAEL AND AROUND THE WORLD.**

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

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ **No**

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **31,997,938.** including grants of \$ **31,997,938.** ) (Revenue \$ **3,899,067.** )

**DISTRIBUTION OF FUNDS TO QUALIFIED 501(C)(3) ORGANIZATIONS THAT SERVE THE JEWISH COMMUNITY LOCALLY, REPRESENTED BY OUR 16 AFFILIATED AGENCIES.**

**4b** (Code: ) (Expenses \$ **12,731,563.** including grants of \$ **12,731,563.** ) (Revenue \$ **0.** )

**DISTRIBUTION OF FUNDS TO QUALIFIED 501(C)(3) ORGANIZATIONS THAT SERVE THE JEWISH COMMUNITY OVERSEAS, INCLUDING JEWISH FEDERATION OF NORTH AMERICA, JEWISH AGENCY FOR ISRAEL AND THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE, AND OTHER OVERSEAS ORGANIZATIONS.**

**4c** (Code: ) (Expenses \$ **2,749,754.** including grants of \$ **2,749,754.** ) (Revenue \$ **0.** )

**DISTRIBUTION OF FUNDS TO OTHER QUALIFIED 501(C)3 ORGANIZATIONS.**

**4d** Other program services (Describe on Schedule O.)(Expenses \$ **11,728,956.** including grants of \$ **0.** ) (Revenue \$ **1,035,495.** )**4e** Total program service expenses **59,208,211.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> 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>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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>	<b>4</b> X	
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> 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>	<b>6</b>	X
<b>7</b> 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>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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>	<b>11a</b> X	
<b>b</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>	<b>11b</b>	X
<b>c</b> 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>	<b>11c</b>	X
<b>d</b> 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>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b>	X
<b>f</b> 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>	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</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>	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b> X	
<b>b</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>	<b>14b</b> X	
<b>15</b> 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>	<b>15</b>	X
<b>16</b> 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>	<b>16</b>	X
<b>17</b> 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. See instructions</i>	<b>17</b>	X
<b>18</b> 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>	<b>18</b>	X
<b>19</b> 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>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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>	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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> .....	<b>22</b>	X
<b>23</b> 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> .....	<b>23</b>	X
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> 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> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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> .....	<b>35b</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b>	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	86
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 126		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

**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 on Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	173			
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 on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent		172		
<b>2</b> 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	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?				X
<b>6</b> Did the organization have members or stockholders?			X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			X	
<b>b</b> Each committee with authority to act on behalf of the governing body?			X	
<b>9</b> 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 on Schedule O				X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed MI

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**BECKY STASCH - (248) 203-1521**  
**6735 TELEGRAPH RD., BLOOMFIELD HILLS, MI 48301**

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☐ 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) STEVEN INGBER CHIEF EXECUTIVE OFFICER	20.00 20.00	X		X				501,821.	0.	16,554.
(2) DOROTHY BENYAS CHIEF FINANCIAL OFFICER	20.00 20.00			X				278,276.	0.	28,081.
(3) THEODORE COHEN CHIEF MARKETING OFFICER	20.00 20.00			X				243,197.	0.	29,952.
(4) MARGO PERNICK DIRECTOR OF THE JEWISH FUND	1.00 36.00				X			244,270.	0.	26,679.
(5) STACEY DEWEESE DIRECTOR, JEWISH COMMUNITY ENDOWMENT	20.00 20.00				X			216,463.	0.	16,872.
(6) SUSAN FELDMAN DIRECTOR, PHILANTHROPIC & CORPORATE	20.00 20.00				X			207,020.	0.	25,712.
(7) DANIEL GREENBERG DIRECTOR OF MAJOR GIFTS	20.00 20.00				X			189,329.	0.	24,232.
(8) CHARLENE ARM SENIOR DIRECTOR, TALENT & ORGANIZATI	20.00 20.00				X			189,748.	0.	17,320.
(9) CAROLYN BELLINSON VICE PRESIDENT	0.50 0.50	X		X				0.	0.	0.
(10) MAX BERLIN AT LARGE	0.50 0.00	X		X				0.	0.	0.
(11) MARK BERNSTEIN AT LARGE	0.50 0.00	X		X				0.	0.	0.
(12) RICHARD BRODER AT LARGE	0.50 0.00	X		X				0.	0.	0.
(13) DAVID FEBER AT LARGE	0.50 0.00	X		X				0.	0.	0.
(14) RALPH GERSON VICE PRESIDENT	0.50 0.00	X		X				0.	0.	0.
(15) DANI GILLMAN VICE PRESIDENT	0.50 0.00	X		X				0.	0.	0.
(16) DIANE GOLDSTEIN SECRETARY	0.50 0.00	X		X				0.	0.	0.
(17) BRIAN HERMELIN VICE PRESIDENT	0.50 0.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) SHERRI KETAI VICE PRESIDENT	0.50 0.50	X		X				0.	0.	0.
(19) LOWELL SALESIN TREASURER	0.50 0.00	X		X				0.	0.	0.
(20) ARN TELLEM AT LARGE	0.50 0.00	X		X				0.	0.	0.
(21) GARY TORGOW PRESIDENT	0.50 1.00	X		X				0.	0.	0.
(22) MARK ZAUSMER AT LARGE	0.50 0.50	X		X				0.	0.	0.
(23) LAWRENCE WOLFE DIRECTOR	0.50 0.50	X						0.	0.	0.
(24) PETER ALTER DIRECTOR	0.50 0.50	X						0.	0.	0.
(25) RABBI YEHUDA AMSEL DIRECTOR	0.50 0.00	X						0.	0.	0.
(26) JAMES AUGUST DIRECTOR	0.50 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,070,124.	0.	185,402.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,070,124.	0.	185,402.

**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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3		X
4	X	
5		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
OPHIR TOURS LTD HADASSA EIN KEREM, JERUSALEM, ISRAEL	ISRAEL MISSION EXPENSES	476,557.
GLOBAL IMPACT VENTURES, 12639 SAN VICENTE BLVD, LOS ANGELES, CA 90049	JLIFE TECHNOLOGY SERVICES	328,800.
QUALITY KOSHER CATERING, INC 27375 BELL ROAD, SOUTHFIELD, MI 48034	COMMUNITY EVENT CATERING	234,990.
BLUE WAVE DEVELOPMENT LLC 5408 CRISPIN WAY, WEST BLOOMFIELD, MI 48323	JLIFE TECHNOLOGY SERVICES	189,716.
STAR TRAX EVENT PRODUCTIONS 2560 WOLCOTT, FERNDALE, MI 48220	COMMUNITY EVENT MEDIA SERVICES	159,529.

**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

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SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) VADIM AVSHALUMOV DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(28) MARK BAKST DIRECTOR	0.50 0.00	X						0.	0.	0.
(29) GUY BARRON DIRECTOR - DECEASED	0.50 0.00	X						0.	0.	0.
(30) NORA BARRON DIRECTOR	0.50 0.00	X						0.	0.	0.
(31) BROOKE BENDIX DIRECTOR	0.50 0.00	X						0.	0.	0.
(32) MICHAEL BERGER DIRECTOR	0.50 1.00	X						0.	0.	0.
(33) MICHAEL BERKE DIRECTOR	0.50 0.00	X						0.	0.	0.
(34) ERIC BERLIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(35) ALLEN BERMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(36) ADAM BLANCK DIRECTOR	0.50 0.00	X						0.	0.	0.
(37) ROSELYN BLANCK DIRECTOR	0.50 0.50	X						0.	0.	0.
(38) PAUL BLATT DIRECTOR	0.50 0.00	X						0.	0.	0.
(39) ADAM BLEZNAK DIRECTOR	0.50 0.00	X						0.	0.	0.
(40) AUDREY BLOOMBERG DIRECTOR	0.50 0.00	X						0.	0.	0.
(41) PENNY BLUMENSTEIN DIRECTOR	0.50 0.50	X						0.	0.	0.
(42) PAUL BORMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(43) LISA BRODER DIRECTOR	0.50 0.00	X						0.	0.	0.
(44) RUTH BRODER DIRECTOR	0.50 0.00	X						0.	0.	0.
(45) ERIC BRONSTEIN DIRECTOR	0.50 0.50	X						0.	0.	0.
(46) HARVEY BRONSTEIN DIRECTOR	0.50 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) ALICIA CHANDLER DIRECTOR	0.50 0.00	X						0.	0.	0.
(48) JERRY CHAPMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(49) TERRI CHAPMAN DIRECTOR	0.50 0.50	X						0.	0.	0.
(50) JOAN CHERNOFF EPSTEIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(51) SUSAN CITRIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(52) RABBI AZARYAH COHEN DIRECTOR	0.50 0.00	X						0.	0.	0.
(53) REGINA COLTON DIRECTOR	0.50 0.00	X						0.	0.	0.
(54) DAVID CONTORER DIRECTOR	0.50 0.00	X						0.	0.	0.
(55) MICHAEL COOPER DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(56) SUZAN CURHAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(57) AMY CUTLER DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(58) MARK DAVIDOFF DIRECTOR	0.50 0.00	X						0.	0.	0.
(59) DANIELLE DEPREIEST DIRECTOR	0.50 0.00	X						0.	0.	0.
(60) STACY DOCTOROFF DIRECTOR	0.50 0.00	X						0.	0.	0.
(61) WENDY EISENSHTADT DIRECTOR	0.50 0.00	X						0.	0.	0.
(62) LARRY ELKUS DIRECTOR	0.50 0.00	X						0.	0.	0.
(63) IRWIN ELSON DIRECTOR	0.50 0.00	X						0.	0.	0.
(64) NANCY FARBER DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(65) OSCAR FELDMAN DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(66) SUZANNE FELLOWS DIRECTOR	0.50 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) MARCY FIKANY DIRECTOR	0.50 0.00	X						0.	0.	0.
(68) DARREN FINDLING DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(69) TODD FINK DIRECTOR	0.50 0.00	X						0.	0.	0.
(70) ADAM FINKEL DIRECTOR	0.50 0.00	X						0.	0.	0.
(71) JASON FISHER DIRECTOR	0.50 0.00	X						0.	0.	0.
(72) AMY FOLBE DIRECTOR	0.50 0.00	X						0.	0.	0.
(73) NATE FORBES DIRECTOR	0.50 0.00	X						0.	0.	0.
(74) ABBEY FRANK DIRECTOR	0.50 0.00	X						0.	0.	0.
(75) STANELY FRANKEL DIRECTOR	0.50 0.00	X						0.	0.	0.
(76) RABBI ROBERT GAMER DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(77) ARYEH GIBBER DIRECTOR	0.50 0.00	X						0.	0.	0.
(78) LYNDA GILES DIRECTOR	0.50 0.50	X						0.	0.	0.
(79) CONRAD GILES DIRECTOR	0.50 0.00	X						0.	0.	0.
(80) PAULA GLAZIER DIRECTOR	0.50 0.50	X						0.	0.	0.
(81) NANCY GLEN DIRECTOR	0.50 0.00	X						0.	0.	0.
(82) LOU GOLDBABER DIRECTOR	0.50 0.00	X						0.	0.	0.
(83) NATHAN GONIK DIRECTOR	0.50 0.00	X						0.	0.	0.
(84) JODI GOODMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(85) KEN GOSS DIRECTOR	0.50 0.00	X						0.	0.	0.
(86) LAURA GOTTLIEB DIRECTOR	0.50 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(87) NANCY GRAND DIRECTOR	0.50 0.00	X						0.	0.	0.
(88) CAROLYN GREENBERG DIRECTOR	0.50 0.00	X						0.	0.	0.
(89) NANCY GROSFELD DIRECTOR	0.50 0.50	X						0.	0.	0.
(90) KRISTIN GROSS DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(91) MARGOT HALPERIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(92) JEROME HALPERIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(93) DAVID HANDLEMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(94) WENDY HANDLER DIRECTOR	0.50 0.00	X						0.	0.	0.
(95) SHARON HART DIRECTOR	0.50 0.00	X						0.	0.	0.
(96) MARK HAUSER DIRECTOR	0.50 0.50	X						0.	0.	0.
(97) NANCY HEINRICH DIRECTOR	0.50 0.00	X						0.	0.	0.
(98) DOREEN HERMELIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(99) JULIE HERTZBERG DIRECTOR	0.50 0.00	X						0.	0.	0.
(100) BETSY HEUER DIRECTOR	0.50 0.00	X						0.	0.	0.
(101) MICHAEL HOROWITZ DIRECTOR	0.50 0.00	X						0.	0.	0.
(102) ROBYN HUGHEY DIRECTOR	0.50 0.00	X						0.	0.	0.
(103) LEE HURWITZ DIRECTOR	0.50 0.00	X						0.	0.	0.
(104) CAROLYN IWREY DIRECTOR	0.50 0.00	X						0.	0.	0.
(105) LAWRENCE JACKIER DIRECTOR	0.50 0.00	X						0.	0.	0.
(106) LILLY JACOBSON DIRECTOR	0.50 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(107) TZVI JACOBSON DIRECTOR	0.50 0.00	X						0.	0.	0.
(108) ADAM JAHNKE DIRECTOR	0.50 0.00	X						0.	0.	0.
(109) MARLA KAPTAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(110) GARY KARP DIRECTOR	0.50 0.00	X						0.	0.	0.
(111) JESSICA KATZ DIRECTOR	0.50 0.00	X						0.	0.	0.
(112) DARIN KATZ DIRECTOR	0.50 0.00	X						0.	0.	0.
(113) SUE ELLEN KAUFMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(114) JODIE KAUFMAN DAVIS DIRECTOR	0.50 0.50	X						0.	0.	0.
(115) ADAM KESSLER DIRECTOR	0.50 0.00	X						0.	0.	0.
(116) ROBERT KLEIMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(117) DANIEL KLEIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(118) DIANE KLEIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(119) JASON KLEIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(120) LINDA KLEIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(121) SETH KORELITZ DIRECTOR	0.50 0.00	X						0.	0.	0.
(122) MARK KOWALSKY DIRECTOR - PARTIAL YEAR	0.50 0.50	X						0.	0.	0.
(123) RABBI JOEY KRAKOFF DIRECTOR	0.50 0.00	X						0.	0.	0.
(124) DAVID KRAMER DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(125) MARJORIE KRASNICK DIRECTOR	0.50 0.00	X						0.	0.	0.
(126) GEOFFREY KRETCHMER DIRECTOR	0.50 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(127) RICHARD KRUGEL DIRECTOR	0.50 0.50	X						0.	0.	0.
(128) SALLY KRUGEL DIRECTOR - DECEASED	0.50 0.00	X						0.	0.	0.
(129) DANA LABES DIRECTOR	0.50 0.00	X						0.	0.	0.
(130) RABBI JENNIFER LADER DIRECTOR	0.50 0.00	X						0.	0.	0.
(131) RYAN LANDAU DIRECTOR	0.50 0.00	X						0.	0.	0.
(132) TERRAN LEEMIS DIRECTOR	0.50 0.00	X						0.	0.	0.
(133) MATTHEW LESTER DIRECTOR	0.50 0.50	X						0.	0.	0.
(134) JOSHUA LEVINE DIRECTOR - PARTIAL YEAR	0.50 0.50	X						0.	0.	0.
(135) SHAYNA LEVINE DIRECTOR	0.50 0.00	X						0.	0.	0.
(136) JOSH LEVISOHN DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(137) EDWARD C LEVY, JR. DIRECTOR	0.50 0.00	X						0.	0.	0.
(138) SHARON LIPTON DIRECTOR	0.50 0.00	X						0.	0.	0.
(139) BEVERLY LISS DIRECTOR	0.50 0.50	X						0.	0.	0.
(140) ILANA LISS DIRECTOR	0.50 0.50	X						0.	0.	0.
(141) ZACHARY LISS DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(142) RABBI ASHER LOPATIN DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(143) HAROLD LOSS DIRECTOR	0.50 0.50	X						0.	0.	0.
(144) KEITH LUBLIN DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(145) SPENCER LUCKER DIRECTOR	0.50 0.00	X						0.	0.	0.
(146) HOWARD LUCKOFF DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) MICHAEL MADDIN DIRECTOR	0.50 1.00	X						0.	0.	0.
(148) JASON MARKOWITZ DIRECTOR	0.50 0.00	X						0.	0.	0.
(149) JOHN MARX DIRECTOR	0.50 0.00	X						0.	0.	0.
(150) JENNIE MAXBAUER DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(151) STEVEN MIGLIORE DIRECTOR	0.50 0.00	X						0.	0.	0.
(152) ELANA MIODOWNIK DIRECTOR	0.50 0.00	X						0.	0.	0.
(153) RYAN MOLLEN DIRECTOR	0.50 0.00	X						0.	0.	0.
(154) RABBI SHRAGIE MYERS DIRECTOR	0.50 0.00	X						0.	0.	0.
(155) ALLAN NACHMAN DIRECTOR	0.50 0.50	X						0.	0.	0.
(156) ROBERT NAFTALY DIRECTOR - DECEASED	0.50 0.50	X						0.	0.	0.
(157) LARRY NEMER DIRECTOR	0.50 0.00	X						0.	0.	0.
(158) PHILLIP NEUMAN DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(159) ANDY NITZKIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(160) RICHARD NOEDEL DIRECTOR	0.50 0.00	X						0.	0.	0.
(161) PERRY OHREN DIRECTOR	0.50 0.00	X						0.	0.	0.
(162) MARCIE ORLEY DIRECTOR	0.50 0.50	X						0.	0.	0.
(163) ROBERT ORLEY DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(164) NORM PAPPAS DIRECTOR	0.50 0.50	X						0.	0.	0.
(165) SUSIE PAPPAS DIRECTOR	0.50 0.50	X						0.	0.	0.
(166) PATRICE PHILLIPS DIRECTOR	0.50 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(167) MATT RAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(168) GEORGE ROBERTS DIRECTOR	0.50 0.50	X						0.	0.	0.
(169) SARAH ROBERTS DIRECTOR	0.50 0.00	X						0.	0.	0.
(170) DAVEY ROSEN DIRECTOR	0.50 0.00	X						0.	0.	0.
(171) DULCIE ROSENFELD DIRECTOR	0.50 0.00	X						0.	0.	0.
(172) BENJAMIN ROSENTHAL DIRECTOR	0.50 0.50	X						0.	0.	0.
(173) DEBORAH ROSENTHAL DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(174) MARTA ROSENTHAL DIRECTOR	0.50 0.50	X						0.	0.	0.
(175) SHELLY RUBENFIRE DIRECTOR	0.50 0.00	X						0.	0.	0.
(176) AVI RUBIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(177) MICHAEL RUBYAN DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(178) RABBI PERETZ RUSHNAWITZ DIRECTOR	0.50 0.00	X						0.	0.	0.
(179) NEIL SATOVSKY DIRECTOR	0.50 0.00	X						0.	0.	0.
(180) JEFF SCHLUSSEL DIRECTOR	0.50 0.50	X						0.	0.	0.
(181) MARK SCHLUSSEL DIRECTOR	0.50 0.50	X						0.	0.	0.
(182) GABRIEL SCHUCHMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(183) JONATHAN SCHWARTZ DIRECTOR	0.50 0.00	X						0.	0.	0.
(184) MICHELLE SEGAL DIRECTOR	0.50 0.00	X						0.	0.	0.
(185) JANE SHERMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(186) ROBBIE SHERMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(187) CAROLE SHIFMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(188) GARY SHIFFMAN DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(189) HOWIE SIEGAL DIRECTOR	0.50 0.00	X						0.	0.	0.
(190) BRIAN SIEGEL DIRECTOR	0.50 0.00	X						0.	0.	0.
(191) JENNIFER SILVERMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(192) DEBRA SINGER DIRECTOR	0.50 0.00	X						0.	0.	0.
(193) ORA SINGER DIRECTOR	0.50 0.00	X						0.	0.	0.
(194) SHERRIE SINGER DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(195) ROBERT SLATKIN DIRECTOR	0.50 0.50	X						0.	0.	0.
(196) EDIE SLOTKIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(197) SANDY SOIFER DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(198) RONALD SOLLISH DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(199) MIRIAM STARKMAN DIRECTOR	0.50 0.00	X						0.	0.	0.
(200) SHELDON STERN DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(201) ERIN STIEBEL DIRECTOR	0.50 0.00	X						0.	0.	0.
(202) JOEL TAUBER DIRECTOR	0.50 0.00	X						0.	0.	0.
(203) NANCY TELLEM DIRECTOR	0.50 0.00	X						0.	0.	0.
(204) LEE TREPECK DIRECTOR	0.50 0.00	X						0.	0.	0.
(205) LEAH TROSCH DIRECTOR	0.50 0.50	X						0.	0.	0.
(206) KATIE VIEDER DIRECTOR	0.50 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(207) MARC WEINBAUM DIRECTOR - PARTIAL YEAR	0.50 0.00	X						0.	0.	0.
(208) JEANNIE WEINER DIRECTOR	0.50 0.00	X						0.	0.	0.
(209) STEWART WEINER DIRECTOR	0.50 0.00	X						0.	0.	0.
(210) SAUL WEINGARDEN DIRECTOR	0.50 0.00	X						0.	0.	0.
(211) ARTHUR WEISS DIRECTOR	0.50 0.00	X						0.	0.	0.
(212) NANCY WELBER BARR DIRECTOR	0.50 0.00	X						0.	0.	0.
(213) RICK WEINER DIRECTOR	0.50 0.00	X						0.	0.	0.
(214) AMY ZESKIND DIRECTOR	0.50 0.00	X						0.	0.	0.
(215) LISA ZIMMER DIRECTOR	0.50 0.00	X						0.	0.	0.
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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	15,375,769.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	6,161,514.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	35,574,832.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> JFD PROGRAMMING	<b>Business Code</b>	900001	561,464.	561,464.		
	<b>b</b> PARTICIPANT REV/MISSION		900001	271,228.	271,228.		
	<b>c</b> TUITION REVENUE		900001	165,100.	165,100.		
	<b>d</b> COLLABORATION REVENUE		900001	37,703.	37,703.		
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			1,035,495.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....					
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>6 a</b> Gross rents .....		<b>6a</b>	(i) Real (ii) Personal				
<b>b</b> Less: rental expenses ...		<b>6b</b>					
<b>c</b> Rental income or (loss) .....		<b>6c</b>					
<b>d</b> Net rental income or (loss) .....							
<b>7 a</b> Gross amount from sales of assets other than inventory .....		<b>7a</b>	(i) Securities (ii) Other				
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b>					
<b>c</b> Gain or (loss) .....		<b>7c</b>					
<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>					
<b>b</b> Less: direct expenses .....		<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> UJF ENDOWMENT MGMT FEE	<b>Business Code</b>	900001	3,474,067.	3,474,067.		
	<b>b</b> JEWISH FUND MGMT FEE		900001	425,000.	425,000.		
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			3,899,067.			
	<b>12 Total revenue.</b> See instructions .....			62,046,677.	4,934,562.	0.	0.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	47,479,255.	47,479,255.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,170,972.	113,517.	1,000,696.	56,759.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	8,869,766.	3,521,612.	2,982,142.	2,366,012.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,434.	20,993.	7,308.	19,133.
<b>9</b> Other employee benefits	1,884,678.	648,436.	772,660.	463,582.
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	15,104.		15,104.	
<b>c</b> Accounting	55,195.		55,195.	
<b>d</b> Lobbying	30,600.		30,600.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	204,766.	8,660.	196,106.	
<b>12</b> Advertising and promotion	160,669.	45,443.	57,726.	57,500.
<b>13</b> Office expenses	361,997.	33,781.	156,438.	171,778.
<b>14</b> Information technology	338,093.	32,457.	193,022.	112,614.
<b>15</b> Royalties				
<b>16</b> Occupancy	285,001.	65,265.	163,163.	56,573.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,465,583.	1,086,698.	215,737.	163,148.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	51,731.	21,293.	19,223.	11,215.
<b>23</b> Insurance	52,087.		52,087.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a OTHER PROGRAM SERVICES</b>	5,418,759.	5,418,759.		
<b>b BAD DEBT</b>	694,182.	3,811.		690,371.
<b>c MISSIONS</b>	655,837.	655,837.		
<b>d PROFESSIONAL DEVELOPMEN</b>	176,792.	42,906.	88,193.	45,693.
<b>e All other expenses</b>	-4,929,896.	9,488.	-3,182,772.	-1,756,612.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	64,488,605.	59,208,211.	2,822,628.	2,457,766.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,395.	<b>1</b>	600.
	<b>2</b> Savings and temporary cash investments .....	30,272,561.	<b>2</b>	22,701,922.
	<b>3</b> Pledges and grants receivable, net .....	20,457,352.	<b>3</b>	22,024,604.
	<b>4</b> Accounts receivable, net .....	1,283,835.	<b>4</b>	904,046.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	339,669.	<b>9</b>	363,462.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,338,448.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,258,769.		
		117,208.	<b>10c</b>	79,679.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	0.	<b>12</b>	428,680.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	5,565.	<b>15</b>	5,565.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	52,478,585.	<b>16</b>	46,508,558.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,169,809.	<b>17</b>	2,814,560.
	<b>18</b> Grants payable .....	25,576,074.	<b>18</b>	26,433,224.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	27,745,883.	<b>26</b>	29,247,784.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	24,732,702.	<b>27</b>	17,260,774.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	24,732,702.	<b>32</b>	17,260,774.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	52,478,585.	<b>33</b>	46,508,558.

Form 990 (2024)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	62,046,677.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	64,488,605.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-2,441,928.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	24,732,702.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-5,030,000.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	17,260,774.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> 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 on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2024)



**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	55558736.	52099973.	63051301.	90715556.	61112115.	322537681
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	55558736.	52099973.	63051301.	90715556.	61112115.	322537681
<b>5</b> 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) .....						25099654.
<b>6 Public support.</b> Subtract line 5 from line 4.						297438027

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	55558736.	52099973.	63051301.	90715556.	61112115.	322537681
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	5,750.					5,750.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	-20.	-68.				-88.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....			44,858.	184,234.		229,092.
<b>11 Total support.</b> Add lines 7 through 10 .....						322772435
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	25,903,975.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	92.15	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	91.52	%
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			
			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			
			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			
			<input type="checkbox"/>

Schedule A (Form 990) 2024



**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2024.** 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 - 2023.** 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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 <b>Part VI</b> 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>2a</b>			
<b>b</b> Did the activities described on line 2a, above, 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? If "Yes" or "No," provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2024 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024

## 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:

## MISCELLANEOUS INCOME

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

JEWISH FEDERATION OF DETROIT

Employer identification number

38-1359214

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

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

Schedule B (Form 990) (Rev. 12-2024)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>20,560,881.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>5,911,514.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>2,700,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>2,600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>1,600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>1,415,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Employer identification number

38-1359214

## Part II

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

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

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527  
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

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

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

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

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

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

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

Name of organization

JEWISH FEDERATION OF DETROIT

Employer identification number (EIN)

38-1359214

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990) 2024

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

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

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

**4-Year Averaging Period Under Section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?	X		30,600.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			30,600.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV** Supplemental Information

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**  
**TO SUPPORT JEWISH CAUSES IN THE COMMUNITY.**

SCHEDULE D  
(Form 990)

(Rev. December 2024)

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

JEWISH FEDERATION OF DETROIT

Employer identification number

38-1359214

Part I

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

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

Part II

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) (Rev. 12-2024)

**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 make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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 in 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	96,822,464.	86,574,457.	84,760,060.	88,046,265.	74,098,054.
b Contributions	2,979,723.	4,970,033.	4,393,592.	679,076.	565,723.
c Net investment earnings, gains, and losses	9,994,316.	10,093,618.	2,133,951.	-602,114.	15,908,941.
d Grants or scholarships	3,187,923.	4,815,644.	4,713,146.	3,363,167.	2,526,453.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	106,608,580.	96,822,464.	86,574,457.	84,760,060.	88,046,265.

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

a Board designated or quasi-endowment .0000 %

b Permanent endowment 89.8900 %

c Term endowment 10.1100 %

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? ☐ Yes ☒ No

(ii) Related organizations? ☒ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☒ Yes ☐ No

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

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,338,448.	1,258,769.	79,679.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).				79,679.

Schedule D (Form 990) (Rev. 12-2024)

**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**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) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☐

Schedule D (Form 990) (Rev. 12-2024)



**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	66,046,677.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	4,000,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	4,000,000.
3	Subtract line 2e from line 1	3	62,046,677.
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	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	62,046,677.

**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	73,518,605.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	4,000,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	5,030,000.
e	Add lines 2a through 2d	2e	9,030,000.
3	Subtract line 2e from line 1	3	64,488,605.
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	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	64,488,605.

**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 XII, LINE 2D - OTHER ADJUSTMENTS:**

ADMIN EXPS ALLOCATED TO UJF &amp; SUPPORT FOUNDATIONS 5,030,000.

SCHEDULE F  
(Form 990)

(Rev. December 2024)  
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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

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

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
MIDDLE EAST AND NORTH AFRICA	1		PROGRAM SERVICES	HUNGER RELIEF, AT RISK YOUTH PROGRAMS AND EARLY CHILDHOOD INITIATIVES, MISSIONS	13,065,275.
3 a Subtotal .....	1	0			13,065,275.
b Total from continuation sheets to Part I .....	0	0			0.
c Totals (add lines 3a and 3b) .....	1	0			13,065,275.

**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.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> 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 a tax exempt 501(c)(3) organization 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 IIIGrants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the 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 the Instructions for Forms 3520 and 3520-A; don't 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* ..... ☐ Yes ☒ No

Schedule F (Form 990) (Rev. 12-2024)

**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.

**PART I, LINE 2:**

ALL GRANTS ARE MADE TO US CHARITIES; HOWEVER, SOME GRANTS ARE  
SUBSEQUENTLY USED FOR CHARITABLE PURPOSES IN FOREIGN COUNTRIES. IN ORDER  
TO MONITOR OUR MAJOR OVERSEAS AGENCIES, WE RECEIVE AT LEAST SEMI-ANNUAL  
PROGRAM AND BUDGET REPORTS, AS WELL AS ANNUAL BUDGET PROPOSALS. IN  
ADDITION, WE RELY HEAVILY ON OUR ISRAEL OFFICE IN JERUSALEM FOR ON-SITE  
MONITORING AND USE OF THE FUNDS.

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

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.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**JEWISH FEDERATION OF DETROIT**

**Employer identification number**  
**38-1359214**

**Part I General Information on Grants and Assistance**

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ADAT SHALOM SYNAGOGUE 29901 MIDDLEBELT FARMINGTON HILLS, MI 48334	38-1437934	501(C)(3)	75,624.	0.			TO SUPPORT JUDAISM
AHAVAS OLAM WEINGARDEN TORAH CENTER - 15620 W. 10 MILE RD - SOUTHFIELD, MI 48075	20-3302399	501(C)(3)	5,177.	0.			TO SUPPORT JUDAISM
AISH HATORAH 25725 COOLIDGE HIGHWAY OAK PARK, MI 48237	38-2785489	501(C)(3)	12,527.	0.			TO SUPPORT JUDAISM
AM COMMITTEE FOR SHAARE ZEDEK HOSPITAL IN JERUSALEM - 55 W 39TH ST - NEW YORK, NY 10018	13-5645878	501(C)(3)	60,000.	0.			TO SUPPORT MEDICAL CARE
AMERICAN FRIENDS OF THE HEBREW UNIVERSITY INC - 199 WATER ST 11TH FLR - NEW YORK, NY 10038	13-1568923	501(C)(3)	100,000.	0.			TO SUPPORT MEDICAL CARE
AMERICAN FRIENDS OF UNIT 669 INC 35 CROSSBROOK ROAD LIVINGSTON, NJ 07039	83-3070117	501(C)(3)	10,000.	0.			TO SUPPORT JEWISH VETERANS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **96.**

**3** Enter total number of other organizations listed in the line 1 table **0.**

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

**Schedule I (Form 990) (Rev. 12-2024)**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ISRAEL EDUCATION FOUNDATION - 251 H STREET, NW, STE 700 - WASHINGTON, DC 20001	52-1623781	501(C)(3)	25,000.	0.			TO SUPPORT JEWISH EDUCATION
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE - 220 E 42ND STREET - NEW YORK, NY 10017	13-1656634	501(C)(3)	3,926,424.	0.			TO SUPPORT HUMANITARIAN RELIEF
BETHEL COMMUNITY TRANSFORMATION CENTER - 8801 WOODWARD AVE - DETROIT, MI 48202	47-3431919	501(C)(3)	14,908.	0.			TO SUPPORT THE COMMUNITY
BIRTHRIGHT ISRAEL FOUNDATION 33 EAST 33RD STREET NEW YORK, NY 10016	13-4092050	501(C)(3)	213,100.	0.			TO SUPPORT JUDAISM
B'NAI BRITH YOUTH ORGANIZATION 6600 WEST MAPLE RD WEST BLOOMFIELD, MI 48322	31-1794932	501(C)(3)	173,876.	0.			TO SUPPORT THE ANNUAL CAMPAIGN
B'NAI ISRAEL SYNAGOGUE 5085 WALNUT LAKE RO WEST BLOOMFIELD, MI 48323	27-3336546	501(C)(3)	5,779.	0.			TO SUPPORT JUDAISM
BRILLIANT DETROIT 6400 TELEGRAPH RD STE 2000 BLOOMFIELD HILLS, MI 48301	47-3446334	501(C)(3)	10,000.	0.			TO PROMOTE EARLY EDUCATION
CENTRAL FUND OF ISRAEL 461 CENTRAL AVE CEDARHURST, NY 10018	13-2992985	501(C)(3)	40,000.	0.			TO SUPPORT ISRAELI CHARITIES
CHABAD JEWISH CENTER OF TROY 6835 LIMERICK LN TROY, MI 48098	84-4675150	501(C)(3)	7,100.	0.			TO SUPPORT THE JEWISH COMMUNITY

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHABAD OF BINGHAM FARMS 7475 WING LAKE RD BLOOMFIELD HILLS, MI 48301	86-1945252	501(C)(3)	22,500.	0.			TO SUPPORT THE JEWISH COMMUNITY
CHABAD OF GREATER DOWNTOWN DETROIT 278 MACK AVENUE DETROIT, MI 48201	46-3290012	501(C)(3)	6,575.	0.			TO SUPPORT THE JEWISH COMMUNITY
CHABAD OF NOVI 42142 LOGANBERRY RIDGE NOVI, MI 48375	38-2288004	501(C)(3)	31,726.	0.			TO SUPPORT THE JEWISH COMMUNITY
CONGREGATION BETH AHM 5075 W MAPLE RD WEST BLOOMFIELD, MI 48322	38-6004801	501(C)(3)	19,337.	0.			TO SUPPORT JUDAISM
CONGREGATION BETH SHALOM 14601 W. LINCOLN RD OAK PARK, MI 48237	38-1572145	501(C)(3)	7,490.	0.			TO SUPPORT JUDAISM
CONGREGATION B'NAI MOSHE 6800 DRAKE RD WEST BLOOMFIELD, MI 48322	38-1357997	501(C)(3)	5,598.	0.			TO SUPPORT JUDAISM
CONGREGATION FOR HUMANISTIC JUDAISM - 28611 W 12 MILE - FARMINGTON HILLS, MI 48334	13-3638295	501(C)(3)	6,925.	0.			TO SUPPORT JUDAISM
CONGREGATION SHAAREY ZEDEK 27375 BELL ROAD SOUTHFIELD, MI 48034	38-1420140	501(C)(3)	32,332.	0.			TO SUPPORT JUDAISM
CONGREGATION SHIR TIKVAH 3900 NORTHFIELD PARKWAY TROY, MI 48084	38-2439322	501(C)(3)	12,655.	0.			TO SUPPORT JUDAISM

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGREGATION SHOMREY EMUNAH 25451 SOUTHFIELD RD SOUTHFIELD, MI 48075	87-0857431	501(C)(3)	5,150.	0.			TO SUPPORT JUDAISM
DETROIT CHESED PROJECT 30555 SOUTHFIELD ROAD, STE 520 SOUTHFIELD, MI 48076	46-4982483	501(C)(3)	20,000.	0.			TO SUPPORT JEWISH FAMILIES
DETROIT INSTITUTE OF ARTS 5200 WOODWARD AVE DETROIT, MI 48202	38-1359510	501(C)(3)	50,000.	0.			TO SUPPORT THE ARTS
DOR HADASH 1457 GRISWOLD ST DETROIT, MI 48226	38-2937738	501(C)(3)	5,036.	0.			TO SUPPORT JEWISH YOUTH
E.L.E.M. YOUTH IN DISTRESS INC 121 WEST 36TH STREET STE 329 NEW YORK, NY 10018	13-3171815	501(C)(3)	60,000.	0.			TO SUPPORT JEWISH YOUTH
FARBER HEBREW DAY SCHOOL - YESHIVAT AKIVA - 21100 W. 12 MILE RD - SOUTHFIELD, MI 48076	38-1750780	501(C)(3)	1,261,104.	0.			TO SUPPORT JEWISH EDUCATION
FRANKEL JEWISH ACADEMY OF METRO DETROIT - DEVELOPMENT DEPARTMENT - WEST BLOOMFIELD, MI 48322	38-3428219	501(C)(3)	353,616.	0.			TO SUPPORT EDUCATION
FRESH AIR SOCIETY 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48303	38-1360545	501(C)(3)	3,069,900.	0.			TO SUPPORT THE NEEDS OF CHILDREN
FRIENDS OF JCC KRAKOW 74 LAFAYETTE AVE., STE 101 SUFFERN, NY 10901	46-5714234	501(C)(3)	10,000.	0.			TO SUPPORT THE KRAKOW JEWISH COMMUNITY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDSHIP CIRCLE 6892 W MAPLE RD WEST BLOOMFIELD, MI 48322	38-3613944	501(C)(3)	363,174.	0.			TO SUPPORT FAMILIES WITH SPECIAL NEEDS
GANEINU PRESCHOOL 29901 MIDDLEBELT RD FARMINGTON HILLS, MI 48334	38-2475494	501(C)(3)	6,398.	0.			TO SUPPORT THE NEEDS OF CHILDREN
GESHER HUMAN SERVICES 15000 WEST TEN MILE ROAD OAK PARK, MI 48237	38-1358013	501(C)(3)	4,551,064.	0.			TO SUPPORT THE ELDERLY
HADASSAH MEDICAL ORGANIZATION 40 WALL STREET, 8TH FLOOR NEW YORK, NY 10005	13-1656651	501(C)(3)	50,000.	0.			TO PROVIDE MEDICAL CARE
HEBREW DAY SCHOOL OF ANN ARBOR 2937 BIRCH HOLLOW DR ANN ARBOR, MI 48108	38-2075343	501(C)(3)	50,000.	0.			TO SUPPORT JEWISH EDUCATION
HEBREW FREE LOAN 6735 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301	38-1359260	501(C)(3)	197,173.	0.			TO PROVIDE INTEREST FREE LOANS
HILLEL DAY SCHOOL 32200 MIDDLEBELT RD FARMINGTON HILLS, MI 48334-1715	38-1586703	501(C)(3)	1,161,675.	0.			TO SUPPORT EDUCATION
HILLEL FOUNDATION OF METRO DETROIT 667 GROSBERG RELIGIOUS CTR DETROIT, MI 48202-3919	52-1758804	501(C)(3)	232,455.	0.			TO SUPPORT EDUCATION
HILLEL: THE FOUNDATION FOR JEWISH CAMPUS LIFE - 800 EIGHT ST NW - WASHINGTON, DC 20001	52-1844823	501(C)(3)	44,000.	0.			TO SUPPORT EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLOCAUST MEMORIAL CENTER 28123 ORCHARD LAKE FARMINGTON HILLS, MI 48334	38-2402635	501(C)(3)	24,300.	0.			TO SUPPORT JEWISH HISTORY
JARC 6735 TELEGRAPH RD., SUITE 100 BLOOMFIELD HILLS, MI 48301	38-3690103	501(C)(3)	418,019.	0.			TO SUPPORT DISABLED INDIVIDUALS
JCC'S OF NORTH AMERICA 520 EIGHT AVENUE NEW YORK, NY 10018	13-5599486	501(C)(3)	39,830.	0.			TO SUPPORT THE COMMUNITY
JEWISH AGENCY FOR ISRAEL 633 THIRD AVE, 21ST FLOOR NEW YORK, NY 10017	23-0053483	501(C)(3)	4,899,566.	0.			TO SUPPORT HUMAN RIGHTS
JEWISH COMMUNITY CENTER 6600 W MAPLE RD WEST BLOOMFIELD, MI 48322	38-1358397	501(C)(3)	3,007,348.	0.			TO SUPPORT THE COMMUNITY
JEWISH FAMILY SERVICE 6555 W. MAPLE ROAD BLOOMFIELD HILLS, MI 48322	38-0691329	501(C)(3)	6,246,455.	0.			TO SUPPORT JEWISH FAMILIES
JEWISH FAMILY SERVICES OF WASHTENAW COUNTY - 2245 S STATE ST., STE 200 - ANN ARBOR, MI 48104	41-2147486	501(C)(3)	19,543.	0.			TO SUPPORT JEWISH FAMILIES
JEWISH FEDERATION COUNCIL OF GREATER LA - 6505 WILSHIRE BLVD 6TH FLOOR - LOS ANGELES, CA 90048	95-1643388	501(C)(3)	28,504.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH FEDERATION OF CLEVELAND 25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122	34-0714445	501(C)(3)	100,000.	0.			TO SUPPORT THE JEWISH COMMUNITY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FEDERATION OF GREATER ANN ARBOR - 2939 BIRCH HOLLOW DRIVE - ANN ARBOR, MI 48108	38-2711480	501(C)(3)	25,000.	0.			TO SUPPORT THE JEWISH COMMUNITY
JEWISH FERTILITY FOUNDATION INC 2897 N DRUID HILLS RD STE 146 ATLANTA, GA 30329	81-0789964	501(C)(3)	6,200.	0.			TO SUPPORT REPRODUCTIVE HEALTH CARE
JEWISH HOSPICE & CHAPLAINCY NETWORK - 6555 WEST MAPLE RD - WEST BLOOMFIELD, MI 48322	38-3429268	501(C)(3)	14,500.	0.			TO SUPPORT THE ELDERLY
JEWISH NATIONAL FUND 60 REVERE DR NORTHBROOK, IL 60062	13-1659627	501(C)(3)	10,000.	0.			TO SUPPORT LAND IN ISRAEL
JEWISH SENIOR LIFE OF METRO DETROIT - 15000 WEST TEN MILE ROAD - OAK PARK, MI 48237	38-2693397	501(C)(3)	1,210,666.	0.			TO SUPPORT THE ELDERLY
JGIVE FRIENDS OF ASOR FUND USA 43 LUBLIN TR LAKEWOOD, NJ 08701	81-0757923	501(C)(3)	17,500.	0.			TO SUPPORT THE JEWISH COMMUNITY
JTA - MJL NEW CORP 24 WEST 30 STREET NEW YORK, NY 10001	13-0887610	501(C)(3)	15,000.	0.			TO SUPPORT EDUCATION
KEHILLAT ETZ CHAYIM 12927 NADINE AVE HUNTINGTON WOODS, MI 48070	82-4686073	501(C)(3)	6,370.	0.			TO SUPPORT JUDAISM
KETER TORAH SYNAGOGUE 5480 ORCHARD LAKE RD WEST BLOOMFIELD, MI 48323	38-9900201	501(C)(3)	7,011.	0.			TO SUPPORT JUDAISM

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS KICKING CANCER 27600 NORTHWESTERN HWY, TE 220 SOUTHFIELD, MI 48034	38-3500655	501(C)(3)	25,000.	0.			TO SUPPORT SICK CHILDREN
LUBAVITCH CHEDER 14100 W NINE MILE RD OAK PARK, MI 48237	38-3253099	501(C)(3)	41,940.	0.			TO SUPPORT JUDAISM
LUBAVITCH FOUNDATION 14100 W 9 MILE OAK PARK, MI 48237	38-2346125	501(C)(3)	79,922.	0.			TO SUPPORT JUDAISM
MICHIGAN STATE UNIVERSITY - HILLEL FOUNDATION - 360 CHARLES ST - EAST LANSING, MI 48823	38-3034766	501(C)(3)	449,068.	0.			TO SUPPORT EDUCATION
NATIONAL COUNCIL OF JEWISH WOMEN 26400 LAHSER RD, STE 306 SOUTHFIELD, MI 48034	38-1358385	501(C)(3)	8,261.	0.			TO SUPPORT WOMEN'S CAUSES
NATIONAL COUNCIL OF YOUNG ISRAEL 50 EISENHOWER DR PARAMUS, NJ 07652	13-5611748	501(C)(3)	80,000.	0.			TO SUPPORT THE JEWISH COMMUNITY
NETWORK FOR JEWISH HUMAN SERVICES 50 EISENHOWER DR PARAMUS, NJ 07652	13-2752418	501(C)(3)	40,000.	0.			TO SUPPORT THE JEWISH COMMUNITY
OHOLEI HYOWEF YITZHAKLUAVITCH 15151 W 10 MILE ROAD OAK PARK, MI 48237	38-3253099	501(C)(3)	8,129.	0.			TO SUPPORT JUDAISM
ORT AMERICA 6735 TELEGRAPH, STE 350 BLOOMFIELD HILLS, MI 48301	13-5562424	501(C)(3)	9,300.	0.			TO SUPPORT JOB EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEF ISRAEL ENDOWMENT FUND 630 THIRD AVE., STE 1500 NEW YORK, NY 10017	13-6104086	501(C)(3)	985,000.	0.			TO SUPPORT WOMEN'S CAUSES
TEMPLE BETH EL 7400 TELEGRAPH RD. BLOOMFIELD HILLS, MI 48301	38-1359595	501(C)(3)	126,523.	0.			TO SUPPORT JUDAISM
TEMPLE EMANU-EL 14450 W TEN MILE RD OAK PARK, MI 48237	38-1493514	501(C)(3)	117,114.	0.			TO SUPPORT JUDAISM
TEMPLE ISRAEL 5725 WALNUT LAKE RD. WEST BLOOMFIELD, MI 48323	38-1490194	501(C)(3)	203,677.	0.			TO SUPPORT JUDAISM
TEMPLE KOL AMI 5085 WALNUT LAKE RD WEST BLOOMFIELD, MI 48323	38-6140065	501(C)(3)	13,656.	0.			TO SUPPORT JUDAISM
TEMPLE SHIR SHALOM 3999 WALNUT LAKE RD WEST BLOOMFIELD, MI 48323	38-2803191	501(C)(3)	63,153.	0.			TO SUPPORT JUDAISM
THE JEWISH FEDERATIONS OF NORTH AMERICA - 111 8TH AVENUE - NEW YORK, NY 10011	13-1624240	501(C)(3)	1,273,975.	0.			TO SUPPORT THE JEWISH COMMUNITY
THE SHUL 6890 W MAPLE WEST BLOOMFIELD, MI 48322	20-1370223	501(C)(3)	49,162.	0.			TO SUPPORT JUDAISM
UNITED JEWISH FOUNDATION OF DETROIT - 6735 TELEGRAPH ROAD - BLOOMFIELD HILLS, MI 48301	38-1360585	501(C)(3)	7,701,190.	0.			TO SUPPORT THE COMMUNITY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash 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 48104-3105	38-6119964	501(C)(3)	527,080.	0.			TO SUPPORT EDUCATION
WORLD ORT 75 MAIDEN LAND 10TH FLOOR NEW YORK, NY 10038	06-1669917	501(C)(3)	244,900.	0.			TO SUPPORT YOUNG PEOPLE
WURTMAN FOUNDATION INC 60 WALNUT STREET, STE 4 WELLESLEY HILLS, MA 02481	65-0881769	501(C)(3)	13,162.	0.			TO SUPPORT THE JEWISH COMMUNITY
YAD EZRA 2850 W 11 MILE RD BERKLEY, MI 48072	38-2904733	501(C)(3)	27,000.	0.			TO FEED THE HUNGRY
YESHIVA BETH YEHUDAH 15751 W LINCOLN SOUTHFIELD, MI 48037-2044	38-1437939	501(C)(3)	2,070,941.	0.			TO SUPPORT JEWISH EDUCATION
YESHIVA GEDOLAH 24600 GREENFIELD ROAD OAK PARK, MI 48237-1544	38-2569760	501(C)(3)	155,952.	0.			TO SUPPORT JEWISH EDUCATION
YESHIVAS DARCHEI TORAH 21550 W TWELVE MILE RD SOUTHFIELD, MI 48076-5501	38-2842622	501(C)(3)	694,746.	0.			TO SUPPORT JEWISH EDUCATION
YOUNG ISRAEL OF OAK PARK 15140 W 10 MILE RD OAK PARK, MI 48237	38-1811781	501(C)(3)	9,194.	0.			TO SUPPORT JUDAISM

Schedule I (Form 990)



**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.

SCH I, PART II, LINE 1:

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

SCHEDULE J  
(Form 990)

(Rev. December 2024)  
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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

JEWISH FEDERATION OF DETROIT

Employer identification number

38-1359214

Part I Questions Regarding Compensation

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

- |                                                                    |                                                                            |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (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 organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a Receive a severance payment or change-of-control payment?
- b Participate in or receive payment from a supplemental nonqualified retirement plan?
- c Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a The organization?
- b Any related organization?
- If "Yes" 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

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) (Rev. 12-2024)

**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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEVEN INGBER CHIEF EXECUTIVE OFFICER	(i)	450,801.	50,000.	1,020.	13,200.	3,354.	518,375.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DOROTHY BENYAS CHIEF FINANCIAL OFFICER	(i)	263,690.	7,500.	7,086.	10,675.	17,406.	306,357.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) THEODORE COHEN CHIEF MARKETING OFFICER	(i)	233,557.	7,500.	2,140.	9,498.	20,454.	273,149.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARGO PERNICK DIRECTOR OF THE JEWISH FUND	(i)	237,838.	0.	6,432.	9,211.	17,468.	270,949.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STACEY DEWESE DIRECTOR, JEWISH COMMUNITY ENDOWMENT	(i)	206,952.	4,000.	5,511.	6,964.	9,908.	233,335.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SUSAN FELDMAN DIRECTOR, PHILANTHROPIC & CORPORATE	(i)	192,739.	6,000.	8,281.	7,742.	17,970.	232,732.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DANIEL GREENBERG DIRECTOR OF MAJOR GIFTS	(i)	177,793.	4,000.	7,536.	7,278.	16,954.	213,561.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CHARLENE ARM SENIOR DIRECTOR, TALENT & ORGANIZATI	(i)	179,569.	5,500.	4,679.	7,403.	9,917.	207,068.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

**PART I, LINE 7:**

THE ORGANIZATION PAYS BONUSES ON A DISCRETIONARY BASIS ACCORDING TO A  
VARIETY OF PERFORMANCE MEASUREMENTS.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

JEWISH FEDERATION OF DETROIT

Employer identification number

38-1359214

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
ISRAEL, AND AROUND THE WORLD.

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

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

EXPENSES \$ 11,728,956. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,035,495.

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

THE FOLLOWING BOARD MEMBERS HAVE FAMILY RELATIONSHIPS:

GUY BARRON AND NORA BARRON

ERIC BERLIN AND MAX BERLIN

ROZ BLANCK AND ADAM BLANCK

LISA BRODER, RICHARD BRODER, AND RUTH BRODER

ERIC BRONSTEIN AND HARVEY BRONSTEIN

TERRI CHAPMAN AND JERRY CHAPMAN

SUZAN CURHAN AND AMY FOLBE

STACY DOCTOROFF AND SHERRI KETAI

MINDI FYNKE AND MATTHEW LESTER

DR. CONRAD GILES AND LYNDA GILES

JEROME HALPERIN AND MARGOT HALPERIN

NANCY HEINRICH AND BRIAN SIEGEL

BRIAN HERMELIN, DOREEN HERMELIN, ROBERT ORLEY, AND MARCIE ORLEY

LEE HURWITZ AND TODD SACHSE

DAVID KARP AND GARY KARP

ALAN KAUFMAN, SUE KAUFMAN, AND JODIE KAUFMAN DAVIS

RICHARD KRUGEL AND SALLY KRUGEL

JOSHUA LEVINE AND SHAYNA LEVINE

SHAYNA LEVINE AND HAROLD LOSS

ILANA LISS, ZACHARY LISS, AND BEVERLY LISS

MARTA ROSENTHAL, DEBORAH ROSENTHAL, AND BENJAMIN ROSENTHAL

JEFFREY SCHLUSSEL AND MARK SCHLUSSEL

THE FOLLOWING BOARD MEMBERS HAVE BUSINESS RELATIONSHIPS:

MARK HAUSER AND MICHAEL MADDIN

ALAN KAUFMAN AND SUE KAUFMAN

TODD SACHSE, LEE HURWITZ AND RICHARD BRODER

FORM 990, PART VI, SECTION A, LINE 6:

THE CORPORATION IS ORGANIZED ON A NONSTOCK, MEMBERSHIP BASIS.

FORM 990, PART VI, SECTION A, LINE 7A:

JEWISH FEDERATION OF DETROIT HAS MEMBERS WHO MAY VOTE ON MEMBERS OF THE  
GOVERNING BODY.

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

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

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization

JEWISH FEDERATION OF DETROIT

Employer identification number

38-1359214

REVIEWED AND APPROVED BY THE AUDIT COMMITTEE. FOLLOWING AUDIT COMMITTEE APPROVAL, THE PUBLIC DISCLOSURE COPY OF THE FORM 990 IS MADE AVAILABLE TO THE BOARD OF THE JEWISH FEDERATION OF DETROIT PRIOR TO IT BEING FILED.

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

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

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

A COMPENSATION COMMITTEE DETERMINES COMPENSATION BASED ON THE STAFF MEMBERS' ESTABLISHED GOALS AND OBJECTIVES. THE COMMITTEE WILL ALSO CONSIDER COMPARABLE SALARY DATA FROM OTHER JEWISH FEDERATIONS OR NON-PROFIT ORGANIZATIONS. THIS PROCESS IS DONE ANNUALLY FOR THE CEO, COO, CFO, CHIEF MARKETING OFFICER AND THE CHIEF OFFICER STRATEGIC PLANNING AND LAST OCCURRED IN MAY 2025. THE ANALYSIS AND CONCLUSIONS ARE DOCUMENTED IN THE COMMITTEE MEETING MINUTES.

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

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

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

ALLOCATED TO UJF AND VARIOUS SUPPORT ORGANIZATIONS -5,030,000.

FORM 990, PART XII, LINE 2C

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

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**JEWISH FEDERATION OF DETROIT**

Employer identification number  
**38-1359214**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UNITED JEWISH FOUNDATION - 38-1360585 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	HOLDS PROPERTY AND INVESTMENTS	MICHIGAN	501(C)(3)	7	N/A		X
THE JEWISH FUND - 38-3323875 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE II	JEWISH FEDERATION OF DETROIT	X	
APPLEBAUM FAMILY SUPPORT FOUNDATION - 38-2870708, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	
BARNETT FAMILY SUPPORT FOUNDATION - 38-3548909, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	

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

Schedule R (Form 990) (Rev. 1-2025)

**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)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	
DAVID & NADINE FARBMAN FAMILY SUPPORT FOUNDATION - 38-2805017, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF 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)	12, TYPE I	JEWISH FEDERATION OF 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)	12, TYPE I	JEWISH FEDERATION OF DETROIT		X
GERSHENSON FAMILY SUPPORT FOUNDATION - 38-3423715, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	
NANCY & STEPHEN GRAND SUPPORT FOUNDATION - 38-2805116, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF 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)	12, TYPE I	JEWISH FEDERATION OF 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)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	
HERMELIN FAMILY SUPPORT FOUNDATION - 38-2574834, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	
JAMIE AND DENISE JACOB FAMILY FOUNDATION - 30-0232178, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF 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)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	
SHERI & DAVID JAFFA FAMILY SUPPORT FOUNDATION - 38-2548695, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF 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
MAXWELL AND MARJORIE JOSPEY SUPPORT FOUNDATION - 30-0232176, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	
KATZMAN FAMILY SUPPORT FOUNDATION - 30-0021246, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF 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)	12, TYPE I	JEWISH FEDERATION OF 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)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	
ROBERT J. LEVENSON FAMILY SUPPORT FOUNDATION - 30-0232151, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF 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)	12, TYPE I	JEWISH FEDERATION OF DETROIT		X
DONNA & MICHAEL MADDIN SUPPORT FOUNDATION - 30-0482325, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	
GERALD ORAM FAMILY - 61-1562412 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF 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)	12, TYPE I	JEWISH FEDERATION OF 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)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	
SCHOSTAK FAMILY SUPPORT FOUNDATION - 38-3212496, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF 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)	12, TYPE I	JEWISH FEDERATION OF 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
SHAEVSKY FAMILY SUPPORT FOUNDATION - 38-3423716, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF 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)	12, TYPE I	JEWISH FEDERATION OF 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)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	
THE SHIFFMAN FAMILY SUPPORT FOUNDATION - 38-2824407, 6736 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF 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)	12, TYPE I	JEWISH FEDERATION OF 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)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	
WOODRUN FOUNDATION - 38-3316513 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF 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)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	
ZLOTOFF FAMILY SUPPORT FOUNDATION - 38-3316509, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	
ZUCKERMAN FAMILY SUPPORT FOUNDATION - 30-0021251, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	
LEON & JOSEPHINE WINKELMAN FOUNDATION - 36-6057189, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	
FEDERATION SUPPORT FOUNDATION 2 - 38-2582289 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF 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 3 - 38-2582297 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	
FEDERATION SUPPORT FOUNDATION 4 - 38-2582299 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	
FEDERATION SUPPORT FOUNDATION 6 - 38-2805115 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	
FEDERATION SUPPORT FOUNDATION 9 - 38-2824404 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	
FEDERATION SUPPORT FOUNDATION 11 - 38-2824409, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	
FEDERATION SUPPORT FOUNDATION 12 - 38-2870706, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	
FEDERATION SUPPORT FOUNDATION 21 - 38-3316506, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	
FEDERATION SUPPORT FOUNDATION 24 - 38-3423714, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	
FEDERATION SUPPORT FOUNDATION 30 - 30-0021241, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	
FEDERATION SUPPORT FOUNDATION 40 - 61-1562407, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	
FEDERATION SUPPORT FOUNDATION 43 - 30-0482324, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	
FEDERATION SUPPORT FOUNDATION 44 - 38-6091304, 6735 TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48301	PROVIDES GRANTS TO OTHER ORGANIZATIONS	MICHIGAN	501(C)(3)	12, TYPE I	JEWISH FEDERATION OF DETROIT	X	

[illegible]

## Part III

(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

[illegible]

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
BELLE & ISIDOR EISENBERG FAMILY SUPPORT (1) FOUNDATION	C	75,000.	CASH TRANSACTION
(2) HERMELIN FAMILY SUPPORT FOUNDATION	C	90,000.	CASH TRANSACTION
(3) KATZMAN FAMILY SUPPORT FOUNDATION	C	125,000.	CASH TRANSACTION
MAXWELL AND MARJORIE JOSPEY SUPPORT (4) FOUNDATION	C	90,000.	CASH TRANSACTION
(5) SHAEVSKY FAMILY SUPPORT FOUNDATION	C	87,000.	CASH TRANSACTION
(6) THE JEWISH FUND	L	425,000.	CASH TRANSACTION

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) UNITED JEWISH FOUNDATION	C	24,560,881.	CASH TRANSACTION
(8) UNITED JEWISH FOUNDATION	B	10,638,412.	CASH TRANSACTION
WILLIAM A. & SHIRLEY P. YOLLES SUPPORT (9) FOUNDATION	C	75,000.	CASH TRANSACTION
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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.

[illegible]



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

[illegible]