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50m 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury

Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Internal Revenue Service . and ending For calendar year 2013 or tax year beginning Employer identification number Name of foundation The Robert and Gail Katz Family 26-3323920 Foundation Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see instructions) 2080 Bloomfield Woods Court 248-332-6653 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here West Bloomfield MI 48323 G Check all that apply Initial return Initial return of a former public charity 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the Address change Name change 85% test, check here and attach computation H Check type of organization X Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Fair market value of all assets at J Accounting method X Cash Accrual If the foundation is in a 60-month termination under section 507(b)(1)(B), check here Other (specify) end of year (from Part II, col (c). 135,432 line 16) ▶ \$ (Part I, column (d) must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable expenses per amounts in columns (b), (c), and (d) may not necessarily equal ıncome income purposes the amounts in column (a) (see instructions)) books (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 72,732 Check ► X If the foundation is **not** required to attach Sch B 2 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 1,913 1,913 1,913 5a Gross rents Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Stmt 1 41,529 6a Gross sales price for all assets on line 6a 120,041 0 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold Gross profit or (loss) (attach schedule) C 11 Other income (attach schedule) 1,916 1.916 12 Total. Add lines 1 through 11 116,177 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Legal fees (attach schedule) See Stmt 2 275 550 275 275 16a Accounting fees (attach schedule) Operating and Administrative Other professional fees (attach schedule) C 17 tmt 9 5 18 Taxes (attach schedule) (see instructions) NOV 0 Depreciation (attach schedule) and depletion 19 20 Occupancy Travel, conferences, and meetings Cerry 22 Printing and publications 605 303 302 302 Stmt 23 Other expenses (att. sch.) Total operating and administrative expenses. 1,164 583 577 581 Add lines 13 through 23 46,330 46,330 Contributions, gifts, grants paid 577 26 Total expenses and disbursements. Add lines 24 and 25 47,494 583 46,911 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements 68,683 1,333 Net investment income (if negative, enter -0-) 1.339 Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2013)

Foi	m 990	O-RF (2013) The Robert and Gail Katz Family	26-332392	0	Page 2
			Beginning of year	End of	
ŧ	art l	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
ī	1	Cash – non-interest-bearing	18,252	25,818	25,818
1	2	Savings and temporary cash investments			
ı	3	Accounts receivable ▶		1	
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
1	7	Other notes and loans receivable (att. schedule)			
		Less allowance for doubtful accounts ▶ 0			
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ĩ	10a	Investments – U S and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule) See Stmt 5	36,148	102,465	109,614
	С	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			<u></u>
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach sch.)			
	15	Other assets (describe ▶)			
İ	16	Total assets (to be completed by all filers – see the			
_		instructions Also, see page 1, item I)	54,400	128,283	135,432
	17	Accounts payable and accrued expenses			
	18	Grants payable			
LIADIIIIES	19	Deferred revenue			
Ĭ	20	Loans from officers, directors, trustees, and other disqualified persons			
ğ	21	Mortgages and other notes payable (attach schedule)			
1	22	Other liabilities (describe ► See Statement 6)	967	6,167	
_	23	Total liabilities (add lines 17 through 22)	967	6,167	
es		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
의	24	Unrestricted			
١	25	Temporarily restricted			
밁	26	Permanently restricted			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
9	27	Capital stock, trust principal, or current funds			
Set	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
AS	29	Retained earnings, accumulated income, endowment, or other funds	53,433	122,116	
ᇹ	30	Total net assets or fund balances (see instructions)	53,433	122,116	
z	31	Total liabilities and net assets/fund balances (see			
\bot		instructions)	54,400	128,283	
1	Part	III Analysis of Changes in Net Assets or Fund Balances			<u>-</u>
1	Tota	I net assets or fund balances at beginning of year – Part II, column (a), line 30 (mu	st agree with		
	end-	of-year figure reported on prior year's return)		1	53,433
2	Ente	er amount from Part I, line 27a		2	68,683
3	Othe	er increases not included in line 2 (itemize)		3	
4	Add	lines 1, 2, and 3		4	122,116
5	Dec	reases not included in line 2 (itemize) ▶		5	
6	Tota	if net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b) line 30	6	122,116

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If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

Part VI instructions

	990-PF (2013) The Robert and Gall Katz Family 26-3323920			P.	age 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)	<u>-</u>			
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				10
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				<u>13</u>
	here ► X and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)				^
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				12
3	Add lines 1 and 2				13
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				13
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			13
6	Credits/Payments				
а	2013 estimated tax payments and 2012 overpayment credited to 2013				
b	Exempt foreign organizations – tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d	<u>'</u>			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached. Stmt 7				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed)			<u> 13</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	0			
11	Enter the amount of line 10 to be Credited to 2014 estimated tax ▶ Refunded ▶ 1	1			
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				
	Instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			·	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers > \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	5	<u> </u>	X
-	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
-	By language in the governing instrument, or				1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?		6	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part >	:V	7	х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	•	Ė		
-	MI				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			1	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	x	Ì
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			<u> </u>	
3	4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes,"			1	
	complete Part XIV		9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		1	†	1
IU	names and addresses Stmt 8		10		x
	names and addresses		Form 9	90-P	
					(2010)

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Pi	art VII-A Statements Regarding Activities (continued)					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)			11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified					
	person had advisory privileges? If "Yes," attach statement (see instructions)			12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applica	tion?		13	X	
	Website address ► N/A					_
14		hone no 🕨	248-3	32-	665	3
	2080 Bllomfield Woods Court					
	Located at ▶ West Bloomfield MI	ZIP+4 ▶	48323	3		م
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here	1	1			▶ ∟
	and enter the amount of tax-exempt interest received or accrued during the year	▶ _	15			
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority				Yes	No
	over a bank, securities, or other financial account in a foreign country?			16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of					
	the foreign country			<u> </u>		L
<u> </u>	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	During the year did the foundation (either directly or indirectly)		T			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	□ v	₹ Na			
	disqualified person?	Yes	X No X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes				
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	res	A NO			
	foundation agreed to make a grant to or to employ the official for a period after					
	termination of government service, if terminating within 90 days)	Yes	X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulat		110			
-	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	10113	N/A	1b		ĺ
	Organizations relying on a current notice regarding disaster assistance check here			<u> </u>		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that					
	were not corrected before the first day of the tax year beginning in 2013?		N/A	1c	1	ĺ
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		5., 55	"		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and					
	6e, Part XIII) for tax year(s) beginning before 2013?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20					
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to					
	all years listed, answer "No" and attach statement – see instructions)		N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here					
	▶ 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise					
	at any time during the year?	Yes	X No			
b	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or					
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the					
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of					
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the					
	foundation had excess business holdings in 2013)		N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose	s?		4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its					
	charitable purpose that had not been removed from jeonardy before the first day of the tay year beginning in 2	0132		146	1	X

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Pa	urt VII-B Statements Regarding	Activities for Which Forn	n 4720 May Be R	equired (cont	inued)		······
5a	During the year did the foundation pay or incu	ır any amount to			_		
	(1) Carry on propaganda, or otherwise attem	pt to influence legislation (sectio	n 4945(e))?	\ \	res 🛚 X No		
	(2) Influence the outcome of any specific put	olic election (see section 4955), o	or to carry on,				
	directly or indirectly, any voter registration	n drive?		\	res 🗓 No		
	(3) Provide a grant to an individual for travel,	study, or other similar purposes	?	\ _ \	res 🗓 No		
	(4) Provide a grant to an organization other t	han a charitable, etc , organizati	on described in				
	section 509(a)(1), (2), or (3), or section 49	940(d)(2)? (see instructions)			res 🛚 X No		
	(5) Provide for any purpose other than religio	ous, charitable, scientific, literary,	or educational				
	purposes, or for the prevention of cruelty	to children or animals?		\	res 🛚 X No		
b	If any answer is "Yes" to 5a(1)-(5), did any of	f the transactions fail to qualify u	nder the exceptions d	escribed in			
	Regulations section 53 4945 or in a current n	otice regarding disaster assistan	ce (see instructions)?	•	N/A	5b	
	Organizations relying on a current notice rega	arding disaster assistance check	here		▶ 🗍		
С	If the answer is "Yes" to question 5a(4), does	the foundation claim exemption	from the tax		_		
	because it maintained expenditure responsible	ility for the grant?		N/A 🗌	∕es No		
	If "Yes," attach the statement required by Reg	gulations section 53 4945–5(d)					
6a	Did the foundation, during the year, receive a		pay premiums				
	on a personal benefit contract?	•			∕es X No		
b	Did the foundation, during the year, pay prem	nums, directly or indirectly, on a	personal benefit contr	act?		6b	X
	If "Yes" to 6b, file Form 8870						
7a	At any time during the tax year, was the found	dation a party to a prohibited tax	shelter transaction?	_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	res 🛚 X No		
b	If "Yes," did the foundation receive any proce	eds or have any net income attri	butable to the transac	ction?	N/A	7b	
Pa	art VIII Information About Office	rs, Directors, Trustees, I	Foundation Man	agers, Highly	Paid Employe	ees,	
	and Contractors						
1 L	ist all officers, directors, trustees, foundati	on managers and their compe	nsation (see instruc	tions).			
			(b) Title, and average	(c) Compensation	(d) Contributions to		
	(a) Name and addres	s	hours per week	(If not paid,	employee benefit plans and deferred		ense account, allowances
			devoted to position	enter -0-)	compensation		
Ro	obert M. Katz	West Bloomfield	Director	ļ			
20	80 Bloomfield Woods Court	MI 48323	0.00	0	0		0
Ga	ul L. Katz	West Bloomfield	Director				
20	80 Bloomfield Woods Court	MI 48323	0.00	0	0	ļ	0
				ļ			
2	Compensation of five highest-paid employ	yees (other than those include	d on line 1 – see ins	tructions). If non	e, enter		
	"NONE."			T	_	1	
			(b) Title, and average		(d) Contributions to employee benefit	(e) Exp	ense account,
	(a) Name and address of each employee paid in	nore than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		allowances
					compensation	<u> </u>	
N	ONE						
					-		
				 	 	 	
					1	 	
						1	
			+			1	
Tota	al number of other employees paid over \$50,00	00	_	<u>. </u>		<u> </u>	0
	- Fast Services				F	om 99	0-PF (2013)

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Part VIII Information About Officers, Directors, Trustees, Foun	dation Managers, Highly Paid E	mployees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see instr		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		•
		<u>. </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information	such as the number of	F:
organizations and other beneficiaries served, conferences convened, research papers produced, etc		Expenses
1 N/A		
2	 	
•		
3		
-		
4		
Part IX-B Summary of Program-Related Investments (see instr	uctions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	40001137	Amount
1 N/A		
2		
All other grangery related appearance. Con under others	-	
All other program-related investments. See instructions 3		
Total. Add lines 1 through 3	<u> </u>	

Form **990-PF** (2013)

Form	1990-PF (2013) The Robert and Gail Katz Family 26-3323920		Page 8
Pa	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreig	n fou	ndations,
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0	ľ	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		-
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Pa	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	13
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1_	7	0
п.	art XII Qualifying Distributions (see instructions)		
	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	46,911
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	46,911
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	13
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	46,898
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	ition	· · · · · · · · · · · · · · · · · · ·
	qualifies for the section 4940(e) reduction of tax in those years		

28,691

52,345

47,212

51,603

46,911

a Excess from 2009

b Excess from 2010

e Excess from 2013

Excess from 2011

Excess from 2012

'Pa	rt XIV Private Operating For	undations (see in	structions and Par	t VII-A, question 9)	
1a						
	foundation, and the ruling is effective for			▶		
b	Check box to indicate whether the found		•	bed in section 49	942(j)(3) or 4942	?(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	1.20/20/20	
	income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
	investment return from Part X for	(=) = 0.1	(2) 23 (2)	(0,207)	(4) 20 10	
_	each year listed					
þ	85% of line 2a					
C	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities			<u> </u>		
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test – enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test – enter					
·	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income		411 4 115	11 6 11		• • •
Pa	irt XV Supplementary Inform			the foundation h	ad \$5,000 or more	in assets at
	any time during the y		tions.)			
1	Information Regarding Foundation M	=				
а	List any managers of the foundation who					
	before the close of any tax year (but only	y if they have contribut	ed more than \$5,000)	(See section 507(d)(2)))	
	N/A					
b	List any managers of the foundation who	o own 10% or more of	the stock of a corporat	ion (or an equally large	e portion of the	
	ownership of a partnership or other entit	y) of which the foundat	tion has a 10% or grea	ter interest		
	N/A					
2	Information Regarding Contribution,	Grant, Gift, Loan, Scl	nolarship, etc., Progra	ams:		
	Check here ▶ X if the foundation onl	y makes contributions	to preselected charital	ble organizations and o	does not accept	
	unsolicited requests for funds. If the four	ndation makes gifts, gi	ants, etc (see instruct	tions) to individuals or d	organizations under	
	other conditions, complete items 2a, b,	c, and d				
a	The name, address, and telephone num	ber or e-mail address	of the person to whom	applications should be	addressed	
	N/A		•	• •		
	•					
	The form in which applications should be	e submitted and inform	nation and materials the	ev should include		
-	N/A		and materials the	-,a invido		
	Any submission deadlines					
·	N/A					
٠.	Any restrictions or limitations on awards	such as hy geograph	ical areas, charitable fi	ields kinds of institution	ins or other	
u	factors	, audii as by geograph	ivai aicas, ciiantable ti	icius, kiilus oi Ilistitutio	ma, or other	
	N/A					
	N/ 53					Form 990-PF (2013)
DAA						rom JJU-1 1 (2013)

3 Grants and Contributions Paid During the	Year or Approved for F	uture Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
See Statement 9				
				46 22
				46,330
			1 1	
			1	
]	
			[
•				
Total		1	▶ 3a	46,33
b Approved for future payment				<u> </u>
N/A				
			1	
		1		
Total	1	<u> </u>	▶ 3b	

Enter gross amounts unless otherwise ind						
	licated	Unrelate (a)	d business income	Excluded (c)	(d)	(e) Related or exempt
		Business code	Amount	Exclusion code	Amount	function income
1 Program service revenue				1		(See instructions)
a						
b				 		
c				+		
d				+		
e				+		
†				+ 1		
g Fees and contracts from governm	ient agencies			1		· · · · · · · · · · · · · · · · · · ·
2 Membership dues and assessments				+		
3 Interest on savings and temporary cas				+		3
4 Dividends and interest from securities						1,913
5 Net rental income or (loss) from real e	estate			-		
a Debt-financed property				+ +		
b Not debt-financed property				+ +		
6 Net rental income or (loss) from perso	onai propeπy			+-+		
7 Other investment income	aa than iniintaa.			+ +		41,529
8 Gain or (loss) from sales of assets oth9 Net income or (loss) from special ever	· · · · · · · · · · · · · · · · · · ·	, -		+		41,529
10 Gross profit or (loss) from sales of inv				+ +		
		_	·	+ +		
11 Other revenue a		,		 		
b				+ +		
cd				1 1		
е				+ +	-	
12 Subtotal Add columns (b), (d), and (e	<u>,, </u>				0	43,445
13 Total. Add line 12, columns (b), (d), a				-1 1	13	43,445
COSE WULKSHEEL III HILE TO INSTRUCTIONS TO V						
(See worksheet in line 13 instructions to very series of the control of the contr		complishm	ent of Exempt F	urpose	 S	
Part XVI-B Relationship o Line No. Explain below how each	f Activities to the Acc	s reported in c	olumn (e) of Part XV	-A contrib	uted importantly to the	
Part XVI-B Relationship o Line No. Explain below how each accomplishment of the	f Activities to the Acc	s reported in c	olumn (e) of Part XV	-A contrib	uted importantly to the	ons)
Part XVI-B Relationship o Line No. Explain below how each	f Activities to the Acc	s reported in c	olumn (e) of Part XV	-A contrib	uted importantly to the	ons)
Part XVI-B Relationship o Line No. Explain below how each accomplishment of the	f Activities to the Acc	s reported in c	olumn (e) of Part XV	-A contrib	uted importantly to the	ons)
Part XVI-B Relationship o Line No. Explain below how each accomplishment of the	f Activities to the Acc	s reported in c	olumn (e) of Part XV	-A contrib	uted importantly to the	ons)
Part XVI-B Relationship o Line No. Explain below how each accomplishment of the	f Activities to the Acc	s reported in c	olumn (e) of Part XV	-A contrib	uted importantly to the	ons)
Part XVI-B Relationship o Line No. Explain below how each accomplishment of the	f Activities to the Acc	s reported in c	olumn (e) of Part XV	-A contrib	uted importantly to the	ons)
Part XVI-B Relationship o Line No. Explain below how each accomplishment of the	f Activities to the Acc	s reported in c	olumn (e) of Part XV	-A contrib	uted importantly to the	ons)
Part XVI-B Relationship o Line No. Explain below how each accomplishment of the	f Activities to the Acc	s reported in c	olumn (e) of Part XV	-A contrib	uted importantly to the	ons)
Part XVI-B Relationship o Line No. Explain below how each accomplishment of the	f Activities to the Acc	s reported in c	olumn (e) of Part XV	-A contrib	uted importantly to the	ons)
Part XVI-B Relationship o Line No. Explain below how each accomplishment of the	f Activities to the Acc	s reported in c	olumn (e) of Part XV	-A contrib	uted importantly to the	ons)
Part XVI-B Relationship o Line No. Explain below how each accomplishment of the	f Activities to the Acc	s reported in c	olumn (e) of Part XV	-A contrib	uted importantly to the	ons)
Part XVI-B Relationship o Line No. Explain below how each accomplishment of the	f Activities to the Acc	s reported in c	olumn (e) of Part XV	-A contrib	uted importantly to the	ons)
Part XVI-B Relationship o Line No. Explain below how each accomplishment of the	f Activities to the Acc	s reported in c	olumn (e) of Part XV	-A contrib	uted importantly to the	ons)
Part XVI-B Relationship o Line No. Explain below how each accomplishment of the	f Activities to the Acc	s reported in c	olumn (e) of Part XV	-A contrib	uted importantly to the	ons)
Part XVI-B Relationship o Line No. Explain below how each accomplishment of the	f Activities to the Acc	s reported in c	olumn (e) of Part XV	-A contrib	uted importantly to the	ons)
Part XVI-B Relationship o Line No. Explain below how each accomplishment of the	f Activities to the Acc	s reported in c	olumn (e) of Part XV	-A contrib	uted importantly to the	ons)
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Part XVI-B Relationship o Line No. Explain below how each accomplishment of the	f Activities to the Acc	s reported in c	olumn (e) of Part XV	-A contrib	uted importantly to the	ons)
Part XVI-B Relationship o Line No. Explain below how each accomplishment of the	f Activities to the Acc	s reported in c	olumn (e) of Part XV	-A contrib	uted importantly to the	ons)
Part XVI-B Relationship o Line No. Explain below how each accomplishment of the	f Activities to the Acc	s reported in c	olumn (e) of Part XV	-A contrib	uted importantly to the	ons)
Part XVI-B Relationship o Line No. Explain below how each accomplishment of the	f Activities to the Acc	s reported in c	olumn (e) of Part XV	-A contrib	uted importantly to the	ons)
Part XVI-B Relationship o Line No. Explain below how each accomplishment of the	f Activities to the Acc	s reported in c	olumn (e) of Part XV	-A contrib	uted importantly to the	ons)

Part XVII	Information Regardates Exempt Organization	_	and Transaction	is and Relationships W	ith Noncharital	ole	
1 Did the or			e following with any of	her organization described		Ye	es No
	-			tion 527, relating to political			
organizati		er than section so r(c)(s) of	rganizations) or in sec	nion 327, relating to political			
•		dation to a noncharitable ex	vemnt organization of				
(1) Cash		Jation to a nonchantable ex	xempt organization or			1a(1)	x
						1a(1)	$\frac{n}{x}$
(2) Other						10(2)	
b Other tran		table everet ergenizetion				1b(1)	x
		table exempt organization					$\frac{\mathbf{x}}{\mathbf{x}}$
• •		oncharitable exempt organ	uzation			1b(2)	$\frac{\mathbf{x}}{\mathbf{x}}$
` '	al of facilities, equipment					1b(3)	$\frac{\mathbf{x}}{\mathbf{x}}$
	bursement arrangements	S				1b(4)	$\frac{\mathbf{x}}{\mathbf{x}}$
	s or loan guarantees		1			1b(5)	$\frac{\mathbf{x}}{\mathbf{x}}$
, ,		embership or fundraising s				1b(6)	$\frac{\mathbf{x}}{\mathbf{x}}$
•		nailing lists, other assets, o		on (h) should show a show the	four market	1c	<u></u>
	•	·	-	nn (b) should always show the			
	•			he foundation received less tha			
	(b) Amount involved	(c) Name of noncharitable		the goods, other assets, or sen (d) Description of transfers,		arrangomonic	
(a) Line no	(b) Amount involved	(c) Name of Honoralitable	exempt organization	(u) bescription of translers,	transactions, and snaring a	anangements	
1/ A							
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			-				
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		_					
		<u> </u>					
	•	ectly affiliated with, or relate				\Box	₩
		Code (other than section t	501(c)(3)) or in section	1 52/7		∐ Yes	X No
b it Yes, c	complete the following so			(a) Page			
37 / 3	(a) Name of organization	(b) 1yp	pe of organization	(c) Desc	ription of relationship		
N/A							
							
							
			 				
Undor	nanaltics of narries I declare if	that I have examined this setum in	seludina occomponiana sobo	dules and statements, and to the best	of my knowledge and help	of it is true	
				which preparer has any knowledge			
o:					May the IRS dis		
Sign	11				(see instruction	(==	
Here	MAT	Kal	1//-	32014			
	<u> </u>	7003	1 (stee		
	Signature of officer or trustee	<u> </u>	Date	Title			
Pnn	nt/Type preparer's name		Preparer's signatur	0	Date	a	heck if
Paid _			1	CH + P	PA 10/2		elf-employed
Preparer Ror	nald N. Silbers		florelet fr	alberter C		23/14	
Use Only		erstein Ungar		N4 8 F		08391	
Fim		0 Telegraph R		Z I / 5		-0349	
	Bing	ham Farms, MI	48025	<u></u>	Phone no 24	8-203	
						Form 990	-PF (2013)

20202067 The Robert and Gail Katz Family 26-3323920 FYE: 12/31/2013	nd Gail Katz	Family	Federal Statements	tements		10/	10/23/2014 12:11 PM	11 PM
		Statement 1 - Form	orm 990-PF, Part I, Line 6a	1 I, Line 6a - Sa	- Sale of Assets			•
De	Description		How Received					
Whom Sold	Date Acquired	Date Sold	Sale Price	Cost	Expense	Depreciation	Net Gain / Loss	t Loss
CALL AUXL CALL CLF		12/23/13 \$	Purchase 2,502 \$ Purchase 967 Purchase	<i>σ</i> -		o.	· •	2,502
OWENS II	11/21/11	3/25/13	12,225 Purchase 104,347	5,780	į			6,445 31,615
Total		_~	120,041 \$	78,512 \$	0	\$	\$ 0	41,529
Description	_	Statement 2 -	Form 990-PF, Total	Part I, Line 16a - Net Investment	<u>- Legal Fees</u> Adj	Adjusted Net	Charitable Purpose	σ
Legal - Polk Total		, , , , , , , , , , , , , , , , , , ,	550	\$ 275 \$ 275	w w	275 275	w w	<u>275</u> 275
		Statement	3 - Form 990-PF	Part I, Line 18	- Taxes	Adjusted	Charitable	
Miscellaneous Total		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Total 9	lnvestment	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		Purpose \$	4 4
								1-3

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Federal Statements

20202067 The Robert and Gail Katz Family 26-3323920 FYE: 12/31/2013

	Charitable Purpose	ያ	10 217 75	\$ 302		Fair Market Value	\$ 7,863		45,606	37,000
nses	Adjusted Net		10 217 75	302	Investments	Basis of Valuation	Cost	Cost	Cost	COST
23 - Other Expe	Net Investment	\$	10 218 75	303	orporate Stock	End of Year	15,423	5,780	37,349	34, 740
Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses	N Inves	\$	20 435 150	\$ \$	3-PF, Part II, Line 10b - Corporate Stock Investments	Beginning of Year	15,423 \$	11,560		
ent 4 - Form 99	Total	\$	7 ()	· ν	orm 990-PF, Pa	Begi	· ν·			,
Statem	Description		Expenses MI Annual Report Administrative expenses Investment expenses	Total	Statement 5 - Form 990	Description	300 sh Cliffs Natural Resources	2000/1000 sh Bank of America corp	2200 sh Auxilim Pharmaceuticals	8100 sh Frontier Communications

109,614

102,465

Total

20202067 The Robert and Gail Katz Family
26-3323920 Federal Statements

FYE: 12/31/2013

10/23/2014 12:11 PM

Statement 6 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	Be 	End of <u>Year</u>		
Other	\$	967	\$	6,167
Total	\$	967	\$	6,167

Statement 7 - Explanation for Not Filing on Time

Description

FILED ON TIME, WITHIN THE PERIOD OF 2ND EXTENSION.

20202067 The Robert and 26-3323920 FYE: 12/31/2013	The Robert and Gail Katz Family Feo 0 1/2013	Federal Statements		10/23/2014 12:11 PM.
	Statement 8 - Form 990-PF.	Part VII-A. Line	Statement 8 - Form 990-PF. Part VII-A, Line 10 - Substantial Contributors	
Name				
	Address		City, State, Zip	
Robert & Gail Katz	2080 Bloomfield Woods Co	Court	West Bloomfield MI 48323	
State	Statement 9 - Form 990-PF, Part X\	/, Line 3a - Grai	t XV, Line 3a - Grants and Contributions Paid During the Year	
Name		Address		ţa loav
Address	Kelationship	Status	Purpose	Amount
				100
Almost Home				250
ARC of Michigan				100
ALZ Association				09
Americares				250
Congregation Beth Ahm				18
David Horodoker				115
Detroit Public TV				215
Detroit Symphony Orchestra	estra			125
Forgotten Harvest				100
Friends of West Bloomfield	field Library			200
Futures Foundation				100
Gleaners Community Food Bank	od Bank			150
	\			
				8-9

	L	-			40,00,0044	740 77
2020206/ The R 26-3323920 FYE: 12/31/2013	20202067 The Kobert and Gall Katz Family 26-3323920 FYE: 12/31/2013		Federal Statements		10/23/2014 12:11 PM	
	Statement 9 - Form 990-PF,		Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)	utions Paid During tl	le I	•
	Name		Address			
	Address	Relationship	Status	Purpose	Amount	unt
GLSEN						20
Hebrew Co	Congress					, (
Holocaust	Holocaust Memorial Center					0
באסיר סל נסד מסיר סל נסד	- C x C - C x					61
יים ביים ביים ביים ביים ביים ביים ביים						100
Interial	Interialth Leadership Council					2,960
					(1)	20,036
Jewish Co	Com Relation					190
Jewish Fe	Federation					5,960
Jewish Ga	Gay Network					
Jewish Ho	Hospice and Chaplain					170
SVC						7 7
Kadima						007.6
Leukemi <mark>a/Lymphom</mark> a	'Lymphoma					000,5
Miscellaneous	neous					7 V
NCJW						1,958
Song and	Spirit Institute))))
Student	Life					0 44 C
						977
-						6

20202067 T 26-3323920 FYE: 12/31/2	20202067 The Robert and Gail Katz Family 26-3323920 FYE: 12/31/2013		Federal Statements	10	10/23/2014 12:11 PM .
	Statement 9	- Form 990-PF, Part	XV, Line 3a - Grants and C Year (continued)	Statement 9 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)	
	Name		Address		
	Address	Relationship	Status	Purpose	Amount
Temple	Israel				518
Univers	University of Michigan				
WDET					150
Wisdom					
WRCJ))
Yad Ezra	<u></u>				
To	Total				46,330
					თ

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

• If you are	e filing for an Automatic 3-Month Extension, of If filing for an Additional (Not Automatic) 3-Months In the Indian II well as a second second bear of the second se	onth Exten	sion, complete only	y Part II (on page 2 of	f this 1	form).	
Electronic a corporati 8868 to re- Return for	ifiling (e-file). You can electronically file Form ion required to file Form 990-T), or an additional quest an extension of time to file any of the following Transfers Associated With Certain Personal sp. For more details on the electronic filing of the	8868 if yo al (not auto orms listed Benefit C	u need a 3-month atomatic) 3-month extending Part I or Part II Contracts, which mu	utomatic extension of ension of time. You ca with the exception of ust be sent to the If	time an ele f Forr RS in	to file (6 ectronical n 8870, I paper fo	months for ly file Form nformation ormat (see
Part I	Automatic 3-Month Extension of Time	. Only sub	omit original (no co	pies needed).		-	
Part I only	tion required to file Form 990-T and reques	sting an a	utomatic 6-month	extension—check thi			. ▶ 🗆
	orporations (including 1120-C filers), partnershi me tax returns.	ips, REIVIIC	s, and trusts must t	ise Form 7004 to req	uest a	an extens	ion of time
to me meor	ne lax returns.			Enter filer's identifyin	a 200	shor soo i	netructions
	Name of exempt organization or other filer, see in	structions		Enter filer's identifying Employer identification			
Type or						` '	
Number, street, and room or suite no. If a P.O. box, see instructions. Social security number.					(SSN)		
rile by the					(00.1)	,	
due date for filing your City, town or post office, state, and ZIP code For a foreign address, see instructions							
return See instructions WEST BLOOMFIELD, MI 48323							
	<u> </u>		 -				
Enter the F	Return code for the return that this application is	s for (file a	separate application	for each return) .			0 4
Application	on	Return	Application				Return
Is For		Code	Is For				Code
Form 990 or Form 990-EZ 01 Form 990-T (corporation)							07
Form 990-BL 02 Form 1041-A						-	08
Form 4720 (individual) 03 Form 4720 (other than individual)							09
Form 990-PF 04 Form 5227					10		
						11	
Form 990	-T (trust other than above)	06	Form 8870				12
	ss are in the care of ► DR. ROBERT KATZ ne No. ► 248-332-6653	F	av Na 🕨				
• If the org	anization does not have an office or place of bi or a Group Return, enter the organization's fou	 usiness in 1	the United States, cl				. ▶□ s is
for the who	ble group, check this box \ldots $ ightharpoonup$. If i	it is for par	t of the group, check	this box	▶ [_ and att	ach
	the names and EINs of all members the extensi				_	- -	
unti for	quest an automatic 3-month (6 months for a co il <u>AUGUST 15</u> , 20 <u>14</u> , to file the exer the organization's return for: alendar year 20 <u>13</u> or	•	•	•		. The exte	nsion is
▶ [tax year beginningne tax year entered in line 1 is for less than 12 n	, 20	and ending			, 20	··
		nonths, ch	eck reason: LInitia	ıl return ∟Final retui	rn		
	Change in accounting period nis application is for Forms 990-BL, 990-PF, 99	0-T 4720	or 6069, enter the to	entative tax less any		Γ	
	prefundable credits. See instructions.	0-1, 4720,	or occa, enter the te	entative tax, less arry	3a	\$	0
	his application is for Forms 990-PF, 990-T, imated tax payments made. Include any prior y					\$	
c Bal	ance due. Subtract line 3b from line 3a. Includ	le your pay	ment with this form,				-
	TPS_(Electronic_Federal_Tax_Payment_System)	See instruc	CUONS.		_3c-	\$	0

Form 886	68 (Rev. 1-2014)					Page 2
-	are filing for an Additional (Not Automatic) 3 - Only complete Part II if you have already been o					
	are filing for an Automatic 3-Month Extensio				ined i onii c	
Part					es needed)	
T GIT C	Additional (Not Automatic) 6-Mont	LACTISION		Enter filer's identifying		_
	Name of exempt organization or other filer, se	e instructions.		Employer identification		
Type o print	r Tanno or onomprorgament or outside most, es					
•	Number, street, and room or suite no. If a P C	box. see instr	uctions S	Social security number	(SSN)	
File by th due date	e				(33.4)	
filing you		For a foreign a	ddress, see instructions			
return. Se	ee ' '					
- Instructio	113					
Enter th	ne Return code for the return that this application	on is for (file a	separate application f	or each return) .		. [
Applic	cation	Return	Application			Return
Is For		Code	Is For			Code
	990 or Form 990-EZ	01				<u> </u>
	990-BL	02	Form 1041-A			08
	4720 (individual)	03	Form 4720 (other tha	an individual)		09
	990-PF	04	Form 5227	ari iridividadi)		10
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	990-T (trust other than above)	06	Form 8870			12
	Do not complete Part II if you were not already					
				-		
• The D	oooks are in the care of ▶		 No. ▶			
	phone No. ►organization does not have an office or place of			ak thia hay		▶ □
	is for a Group Return, enter the organization's whole group, check this box					
	the names and EINs of all members the exten	•	t of the group, check t	IIIIS DOX		illacii a
iist witi	The names and cins of all members the exten	3011 15 101.				
4	I request an additional 3-month extension of the	me until		20		
5	I request an additional 3-month extension of till For calendar year, or other tax year begi	nnina	20	and ending	•	20
6	If the tax year entered in line 5 is for less than	12 months ch	eck reason: Dinitial	return D Final retur		, 20
	☐ Change in accounting period	12 (11011113, 011	con reason. Initial			
	State in detail why you need the extension					
•						
8a	If this application is for Forms 990-BL, 990-PF	, 990-T, 4720,	or 6069, enter the ten	tative tax, less any		
	nonrefundable credits. See instructions.	, , ,	,	, , ,	8a \$	
b	If this application is for Forms 990-PF, 990-	-T. 4720. or	6069, enter any refur	ndable credits and		
	estimated tax payments made. Include any					
	amount paid previously with Form 8868.	,	, ,	,	8b \$	
С	Balance due. Subtract line 8b from line 8a. Include	le vour pavmer	nt with this form, if requir	red. by using EFTPS		
	(Electronic Federal Tax Payment System). See ins				8c \$	
	Signature and Verit	fication mus	t be completed for	Part II only.		
Under	penalties of perjury, I declare that I have examined	d this form inc	duding accompanying s	chedules and stateme	ents and to t	he hest of my
	dge and belief, it is true, correct, and complete, and t				and to t	ine best of filly
			,			
Signatur	e ▶	Title▶	•	Da	ate ▶	
					- 004	SQ (D 1 0014)

8868 mm

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

internal Rever			1 5 . 1		L			
-	If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							
	If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).							
Do not co	Oo not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.							
a corpora 8868 to re Return fo	c filing (e-file). You can electronically file Form tion required to file Form 990-T), or an additional equest an extension of time to file any of the for Transfers Associated With Certain Personal ns). For more details on the electronic filing of the	al (not auto orms listed Benefit C	omatic) 3-month extending Part II or Part II Contracts, which mu	ension of time. You ca with the exception of ust be sent to the IF	an ele f Forr RS in	ectronically file Form n 8870, Information paper format (see		
Part I	Automatic 3-Month Extension of Time	. Only sub	omit original (no co	opies needed)				
	ation required to file Form 990-T and reques	sting an a	utomatic 6-month	extension—check this	s box	and complete		
	/							
	corporations (including 1120-C filers), partnershi							
	ome tax returns.	po, 112.11.10	o, and tracto macre	200 7 01111 7 00 4 10 7041	2001	in extension or time		
				Enter filer's identifying	a num	her see instructions		
T	Name of exempt organization or other filer, see in	structions	 .	Employer identification				
Type or						(2.11)		
print Number, street, and room or suite no. If a P O box, see instructions. Social security number								
File by the due date for	by the							
filing your	ong your City, town or post office, state, and ZIP code. For a foreign address, see instructions							
return See Oity, town or post office, state, and 2il code for a foreign address, see instructions								
nstructions								
Enter the Return code for the return that this application is for (file a separate application for each return)								
Application Return Application Return								
Is For		Code	Is For			Code		
Form 990 or Form 990-EZ 01 Form 990-T (corporation)						07		
Form 990-BL 02 Form 1041-A 08								
						09		
Form 990		04	Form 5227			10		
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	0-T (trust other than above)	06	Form 8870	· · · · · · · · · · · · · · · · · · ·		12		
• The boo	oks are in the care of ▶							
					-			
Telepho	one No. ▶	F	ax No.▶					
·•	ganization does not have an office or place of bi	 usiness in 1	the United States, cl	heck this box		. ▶□		
If this is	for a Group Return, enter the organization's fou	r digit Gro	up Exemption Numb	per (GEN)	• •	. If this is		
for the wh	nole group, check this box 🕨 🗌 . If i	t is for par	t of the group, check	k this box	▶ [and attach		
	the names and EINs of all members the extensi		0 17		_	-		
1 re	equest an automatic 3-month (6 months for a co	rporation r	equired to file Form	990-T) extension of ti	me			
	itil, 20, to file the exer					The extension is		
	r the organization's return for:	, -						
>	✓ calendar year 20 or							
>	☐ tax year beginning	, 20	, and ending			, 20 .		
2 If t	\square tax year beginning the tax year entered in line 1 is for less than 12 n	nonths, ch	eck reason: Initia	al return 🔲 Fınal retur	'n			
	Change in accounting period							
3a If t	this application is for Forms 990-BL, 990-PF, 99	0-T, 4720,	or 6069, enter the te	entative tax, less any				
	onrefundable credits. See instructions.			·	За	 \$		
	this application is for Forms 990-PF, 990-T,							
	timated tax payments made. Include any prior y				3b	\$		
	alance due. Subtract line 3b from line 3a. Includ							
EF	TPS (Electronic Federal Tax Payment System).	See instruc	ctions		-3c-	\$		

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Pag	е	2

0 4

Return

Code

, ,	•					
Form 8868 (R	ev 1-2014)	Page				
• If you are	filing for an Additional (Not Automatic) 3-Month Extension, comple	ete only Part II and check this box				
	complete Part II if you have already been granted an automatic 3-more filing for an Automatic 3-Month Extension, complete only Part I (or					
Part II						
		Enter filer's identifying number, see instruction				
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or				
print	THE ROBERT AND GAIL KATZ FAMILY FOUNDATION	26-3323920				
File by the	Number, street, and room or suite no. If a P.O. box, see instructions	Social security number (SSN)				
due date for	2080 BLOOMFIELD WOODS COURT					
filing your return See	City, town or post office, state, and ZIP code. For a foreign address, see ins	tructions.				

Return

Code

Application

Is For

Enter the Return code for the return that this application is for (file a separate application for each return)

Form	990 or Form 990-EZ	01				
Form	990-BL	02	Form 1041-A		08	
Form	4720 (individual)	03	Form 4720 (other than individual)		09	
Form	990-PF	04	Form 5227		10	
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11	
Form	990-T (trust other than above)	06	Form 8870		12	
STOP!	Do not complete Part II if you were not already gra	anted an a	utomatic 3-month extension on a previous	ly file	d Form 8868.	
• The	books are in the care of ▶					
Tele	phone No. ▶	Fax I	No. ▶			
• If the	e organization does not have an office or place of b	usiness in	the United States, check this box		•	
• If thi	s is for a Group Return, enter the organization's fou	ır digit Gro	up Exemption Number (GEN)		If this is	
for the	whole group, check this box ▶ 🔲 . If	it is for par	t of the group, check this box	▶ [and attach a	
list wit	h the names and EINs of all members the extension	n is for.				
4	I request an additional 3-month extension of time	until	NOVEMBER 15 , 20 14	•		
5	For calendar year 2013, or other tax year beginni	ng	, 20, and ending		, 20	
6	If the tax year entered in line 5 is for less than 12 i	months, ch	eck reason: 🗌 Initial return 🔲 Final returi	n		
	☐ Change in accounting period					
7	State in detail why you need the extension THE	CPA FIRM \	NE WORK WITH FOR TAX PREPARATION HA	S UN	IDERGONE A	
	TRANSITION AND HAS NOT YET BEEN ABLE TO CO	MPLETE T	HE 2013 TAX RETURN FOR US.			
	<u></u>					
8a	If this application is for Forms 990-BL, 990-PF, 99	90-T, 4720,	or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.			8a	\$	0
þ	If this application is for Forms 990-PF, 990-T,					
	estimated tax payments made. Include any price	or year ov	erpayment allowed as a credit and any			
	amount paid previously with Form 8868.			8b	 \$	
C	Balance due. Subtract line 8b from line 8a. Include y	our paymer	nt with this form, if required, by using EFTPS			

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

lowel a. alberter Signature ▶

(Electronic Federal Tax Payment System). See instructions.

instructions

Is For

Application

WEST BLOOMFIELD, MI 48323

8c \$