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Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation**

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

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▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2013

Open to Public Inspection

For calendar year 2013 or tax year beginning

, and ending

Name of foundation THE MINKIN FAMILY FOUNDATION		A Employer identification number 38-3259421						
Number and street (or P.O. box number if mail is not delivered to street address) 41000 WOODWARD AVENUE, SUITE 120 EAST		B Telephone number (248) 540-7377						
City or town, state or province, country, and ZIP or foreign postal code BLOOMFIELD HILLS, MI 48304-5133		C If exemption application is pending, check here <input type="checkbox"/>						
G Check all that apply: <table style="display:inline-table; vertical-align:top;"> <tr><td><input type="checkbox"/> Initial return</td><td><input type="checkbox"/> Initial return of a former public charity</td></tr> <tr><td><input type="checkbox"/> Final return</td><td><input type="checkbox"/> Amended return</td></tr> <tr><td><input type="checkbox"/> Address change</td><td><input type="checkbox"/> Name change</td></tr> </table>		<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity	<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity							
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return							
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change							
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>						
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 2,765,052. (Part I, column (d) must be on cash basis.)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>						
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____								

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	112,587.		N/A	
	2 Check <input type="checkbox"/> If the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	46,704.	46,704.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	128,691.			
	b Gross sales price for all assets on line 6a	433,436.			
	7 Capital gain net income (from Part IV, line 2)		128,691.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11	287,982.	175,395.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees				
	c Other professional fees				
	17 Interest				
	18 Taxes	1,907.	907.		0.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
23 Other expenses	8,415.	8,415.		0.	
24 Total operating and administrative expenses. Add lines 13 through 23	10,322.	9,322.		0.	
25 Contributions, gifts, grants paid	104,170.			104,170.	
26 Total expenses and disbursements. Add lines 24 and 25	114,492.	9,322.		104,170.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	173,490.				
b Net investment income (if negative, enter -0-)		166,073.			
c Adjusted net income (if negative, enter -0-)			N/A		

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	48,064.	160,285.	160,285.
	3 Accounts receivable ▶			
	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			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 4	1,364,941.	1,450,951.	2,525,309.
	c Investments - corporate bonds STMT 5	108,429.	83,688.	79,458.
Liabilities	11 Investments - land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other			
	14 Land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation ▶			
	15 Other assets (describe ▶)			
	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item 1)	1,521,434.	1,694,924.	2,765,052.
	17 Accounts payable and accrued expenses			
	18 Grants payable			
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶ <input type="checkbox"/>			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input checked="" type="checkbox"/>			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	1,521,434.	1,694,924.	
	30 Total net assets or fund balances	1,521,434.	1,694,924.	
	31 Total liabilities and net assets/fund balances	1,521,434.	1,694,924.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,521,434.
2 Enter amount from Part I, line 27a	2	173,490.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	1,694,924.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,694,924.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b SEE ATTACHED STATEMENTS				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e 433,436.		304,745.	128,691.	
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
a				
b				
c				
d				
e			128,691.	
2 Capital gain net income or (net capital loss)		2		128,691.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		3		N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2012	90,922.	1,904,874.	.047731
2011	88,119.	1,844,724.	.047768
2010	99,808.	1,740,914.	.057331
2009	54,570.	1,474,442.	.037011
2008	103,629.	1,827,474.	.056706
2 Total of line 1, column (d)		2	.246547
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years		3	.049309
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5		4	2,301,526.
5 Multiply line 4 by line 3		5	113,486.
6 Enter 1% of net investment income (1% of Part I, line 27b)		6	1,661.
7 Add lines 5 and 6		7	115,147.
8 Enter qualifying distributions from Part XII, line 4		8	104,170.

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.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		1	3,321.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		2	0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		3	3,321.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-).		4	0.
3 Add lines 1 and 2		5	3,321.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		6	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		7	7,101.
6 Credits/Payments:		8	
a 2013 estimated tax payments and 2012 overpayment credited to 2013	6a 1,101.	9	
b Exempt foreign organizations - tax withheld at source	6b	10	3,780.
c Tax paid with application for extension of time to file (Form 8868)	6c 6,000.	11	0.
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d			
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Enter the amount of line 10 to be: Credited to 2014 estimated tax <input type="checkbox"/> 3,780. Refunded <input type="checkbox"/>			

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 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.		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • 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?	X	
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 XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <u>MI</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X	

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Part 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 application? Website address ► <u>N/A</u>	13	X	
14	The books are in care of ► <u>MICHAEL TOOTALIAN, CPA</u> Telephone no. ► <u>(248) 540-7377</u> Located at ► <u>41000 WOODWARD AVENUE, SUITE 120 EAST, BLOOMFIELD</u> ZIP+4 ► <u>48304</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	15	N/A	
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►	16	Yes	No
				X

Part 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):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the 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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	
c 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?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a 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? If "Yes," list the years ►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		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 jeopardy before the first day of the tax year beginning in 2013?		X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
EDNA MINKIN	PRES., TREAS., SECR.			
4823 WEST WICKFORD				
BLOOMFIELD HILLS, MI 48302	0.00	0.	0.	0.
DR. RICHARD A. MINKIN	ASS'T. SECR.			
920 ARDMOOR DR.				
BLOOMFIELD HILLS, MI 48301	0.00	0.	0.	0.
JEROLD R. MINKIN	ASS'T. SECR.			
4630 KIFTSGATE BEND				
BLOOMFIELD HILLS, MI 48302	0.00	0.	0.	0.
ROBERT E. KASS	ASS'T. SECR.			
211 WEST FORT STREET, 15TH FLOOR				
DETROIT, MI 48226	0.00	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
N/A				
	0.00	0.	0.	0.

Total number of other employees paid over \$50,000

0

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Part X**Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	
a	Average monthly fair market value of securities	1a 2,239,955.
b	Average of monthly cash balances	1b 96,620.
c	Fair market value of all other assets	1c
d	Total (add lines 1a, b, and c)	1d 2,336,575.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0.
2	Acquisition indebtedness applicable to line 1 assets	2 0.
3	Subtract line 2 from line 1d	3 2,336,575.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4 35,049.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 2,301,526.
6	Minimum investment return. Enter 5% of line 5	6 115,076.

Part 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	1 115,076.
2a	Tax on investment income for 2013 from Part VI, line 5	2a 3,321.
b	Income tax for 2013. (This does not include the tax from Part VI.)	2b
c	Add lines 2a and 2b	2c 3,321.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3 111,755.
4	Recoveries of amounts treated as qualifying distributions	4 0.
5	Add lines 3 and 4	5 111,755.
6	Deduction from distributable amount (see instructions)	6 0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7 111,755.

Part XII**Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a 104,170.
b	Program-related investments - total from Part IX-B	1b 0.
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:	
a	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	4 104,170.
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	5 0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6 104,170.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				111,755.
2 Undistributed income, if any, as of the end of 2013:				
a Enter amount for 2012 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008				
b From 2009				
c From 2010	5,699.			
d From 2011				
e From 2012				
f Total of lines 3a through e	5,699.			
4 Qualifying distributions for 2013 from Part XII, line 4: ▶ \$	104,170.			
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2013 distributable amount				104,170.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a).)	5,699.			5,699.
6 Enter the net total of each column as indicated below:	0.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2012. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014				1,886.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012				
e Excess from 2013				

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
ADAT SHALOM SYNAGOGUE 29901 MIDDLEBELT ROAD FARMINGTON HILLS, MI 48334		501(C)(3)	GENERAL CHARITABLE PURPOSES	3,800.
ALZHEIMER'S ASSOCIATION 20300 CIVIC CENTER, SUITE 100 SOUTHFIELD, MI 48076		501(C)(3)	GENERAL CHARITABLE PURPOSES	14,150.
AMERICAN DIABETIC ASSOCIATION P.O. BOX 1833 MERRIFIELD, VA 22116-8033		501(C)(3)	GENERAL CHARITABLE PURPOSES	500.
AMERICAN HEART ASSOCIATION 31201 STONE GATE COURT FARMINGTON HILLS, MI 48331		501(C)(3)	GENERAL CHARITABLE PURPOSES	100.
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601		501(C)(3)	GENERAL CHARITABLE PURPOSES	100.
Total	SEE CONTINUATION SHEET(S)			104,170.
b Approved for future payment				
NONE				
Total				0.

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|
| <p>1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?</p> <p>a Transfers from the reporting foundation to a noncharitable exempt organization of:</p> <p>(1) Cash</p> <p>(2) Other assets</p> <p>b Other transactions:</p> <p>(1) Sales of assets to a noncharitable exempt organization</p> <p>(2) Purchases of assets from a noncharitable exempt organization</p> <p>(3) Rental of facilities, equipment, or other assets</p> <p>(4) Reimbursement arrangements</p> <p>(5) Loans or loan guarantees</p> <p>(6) Performance of services or membership or fundraising solicitations</p> <p>c Sharing of facilities, equipment, mailing lists, other assets, or paid employees</p> <p>d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.</p> | | Yes |
| | 1a(1) | |
| | 1a(2) | |
| | 1b(1) | |
| | 1b(2) | |
| | 1b(3) | |
| | 1b(4) | |
| | 1b(5) | |
| | 1b(6) | |
| | 1c | |

	Yes	No
1a(1)		X
1a(2)		X
1b(1)		X
1b(2)		X
1b(3)		X
1b(4)		X
1b(5)		X
1b(6)		X
1c		X

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign
Here**

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

Signature of officer or trustee

Date _____

ASSISTANT
SECRETARY

May the IRS discuss this return with the preparer shown below (see instr)?

☒ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature _____

Date

Check ☐ self-employed

PTIN

JOHN P. KOPPIN

Firm's name ► **PURDY, DONOVAN & BEAL, LLP**

Firm's address ► 41000 WOODWARD AVE., SUITE 120 EAST
BLOOMFIELD HILLS, MI 48304-5133

Firm's EIN ▶ 38-1339335

Phone no. (248) 540-7377

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2013

Name of the organization

Employer identification number

THE MINKIN FAMILY FOUNDATION

38-3259421

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)() (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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. **Schedule B (Form 990, 990-EZ, or 990-PF) (2013)**

Name of organization	Employer identification number
THE MINKIN FAMILY FOUNDATION	38-3259421

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EDNA MINKIN 4823 W WICKFORD BLOOMFIELD HILLS, MI 48302	\$ 18,666.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	EDNA MINKIN 4823 W WICKFORD BLOOMFIELD HILLS, MI 48302	\$ 12,756.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	EDNA MINKIN 4823 W WICKFORD BLOOMFIELD HILLS, MI 48302	\$ 13,742.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	EDNA MINKIN 4823 W WICKFORD BLOOMFIELD HILLS, MI 48302	\$ 32,848.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	EDNA MINKIN 4823 W WICKFORD BLOOMFIELD HILLS, MI 48302	\$ 19,931.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	EDNA MINKIN 4823 W WICKFORD BLOOMFIELD HILLS, MI 48302	\$ 14,644.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE MINKIN FAMILY FOUNDATION**38-3259421****Part II Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>1</u>	<u>200 SHS JOHNSON AND JOHNSON</u> _____ _____ _____	\$ <u>18,666.</u>	<u>11/08/13</u>
<u>2</u>	<u>300 SHS MICROCHIP TECHNOLOGY</u> _____ _____ _____	\$ <u>12,756.</u>	<u>11/08/13</u>
<u>3</u>	<u>200 SHS MCCORMICK & CO INC</u> _____ _____ _____	\$ <u>13,742.</u>	<u>11/08/13</u>
<u>4</u>	<u>400 SHS PROCTER & GAMBLE</u> _____ _____ _____	\$ <u>32,848.</u>	<u>11/08/13</u>
<u>5</u>	<u>300 SHS TIME WARNER INC</u> _____ _____ _____	\$ <u>19,931.</u>	<u>11/08/13</u>
<u>6</u>	<u>400 SHS VODAFONE GROUP</u> _____ _____ _____	\$ <u>14,644.</u>	<u>11/08/13</u>

Name of organization

Employer identification number

THE MINKIN FAMILY FOUNDATION**38-3259421**

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information once) ▶ \$

Use duplicate copies of Part III if additional space is needed

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

THE MINKIN FAMILY FOUNDATION

CONTINUATION FOR 990-PF, PART IV

38-3259421

PAGE 1 OF 2

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	300 SHS CENTURYLINK INC	P	11/12/12	06/14/13
b	500 SHS CENTURYLINK INC	P	11/29/10	06/14/13
c	1000 SHS COMCAST CORP	P	11/26/07	06/14/13
d	100 SHS HUBBELL, INC CL A	P	12/16/99	06/14/13
e	500 SHS MC CORMICK & CO	P	06/06/09	06/14/13
f	1000 SHS TELUS CORP	P	11/16/09	06/14/13
g	25000 PAR VULCAN MATERIALS 6.3% BOND	P	02/14/11	06/15/13
h	25000 PAR AMERICAN INTL GROUP	P	12/03/10	09/09/13
i	200 SHS BRISTOL MYERS SQUIBB CO	P	06/18/03	10/31/13
j	400 SHS JOHNSON & JOHNSON	P	06/16/09	10/31/13
k	800 SHS MERCK & CO	P	11/29/10	10/31/13
l	400 SHS PROCTOR & GAMBLE CO	P	11/29/10	10/31/13
m	200 SHS TIMKEN COMPANY	P	11/12/12	10/31/13
n	300 SHS TIMKEN COMPANY	P	03/29/12	10/31/13
o	1000 SHS UNILEVER NV	P	05/03/10	10/31/13

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 10,818.		11,706.	-888.
b 18,029.		21,353.	-3,324.
c 38,325.		19,180.	19,145.
d 8,763.		2,649.	6,114.
e 36,106.		15,776.	20,330.
f 34,153.		15,083.	19,070.
g 25,000.		26,517.	-1,517.
h 25,271.		25,163.	108.
i 10,574.		5,839.	4,735.
j 37,130.		21,085.	16,045.
k 36,229.		22,505.	13,724.
l 32,527.		24,949.	7,578.
m 10,539.		7,677.	2,862.
n 15,809.		15,253.	556.
o 39,709.		31,212.	8,497.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			-888.
b			-3,324.
c			19,145.
d			6,114.
e			20,330.
f			19,070.
g			-1,517.
h			108.
i			4,735.
j			16,045.
k			13,724.
l			7,578.
m			2,862.
n			556.
o			8,497.

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7
If (loss), enter "-0-" in Part I, line 7 }

2

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

If gain, also enter in Part I, line 8, column (c).

If (loss), enter "-0-" in Part I, line 8

3

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 1500 SHS VODAFONE GROUP PLC		P	10/03/06	10/31/13
b CAPITAL GAINS DIVIDENDS				
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				
n				
o				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 54,118.		38,798.	15,320.
b 336.			336.
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			15,320.
b			336.
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	128,691.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	N/A

THE MINKIN FAMILY FOUNDATION

38-3259421

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BIRTHRIGHT ISRAEL FOUNDATION P.O. BOX 1784 NEW YORK, NY 10156		501(C)(3)	GENERAL CHARITABLE PURPOSES	21,000.
CAMP GAN ISRAEL 14000 W. 9 MILE ROAD OAK PARK, MI 48237		501(C)(3)	GENERAL CHARITABLE PURPOSES	550.
COGNITIVE NEUROLOGY AND ALZHEIMER'S DISEASE CENTER (CNADC) - NORTHWESTERN 320 EAST SUPERIOR STREET, SEARLE 11-453 CHICAGO, IL 60611		501(C)(3)	GENERAL CHARITABLE PURPOSES	500.
CONGREGATION BETH SHALOM 14601 LINCOLN STREET OAK PARK, MI 48237		501(C)(3)	GENERAL CHARITABLE PURPOSES	1,500.
CONGREGATION BNAI ISRAEL 5085 WALNUT LAKE ROAD WEST BLOOMFIELD, MI 48323		501(C)(3)	GENERAL CHARITABLE PURPOSES	250.
CONGREGATION SHOMREY EMUNAH 25451 SOUTHFIELD RD SOUTHFIELD, MI 48075		501(C)(3)	GENERAL CHARITABLE PURPOSES	250.
CROHNS & COLITIS FOUNDATION OF AMERICAN (CCFA) P.O. BOX 1245 ALBERT LEA, MN 56007-9918		501(C)(3)	GENERAL CHARITABLE PURPOSES	500.
DOCTORS WITHOUT BORDERS 333 7TH AVENUE NEW YORK, NY 10001		501(C)(3)	GENERAL CHARITABLE PURPOSES	250.
DRESSED FOR SUCCESS 32 EAST 31ST ST 7TH FLOOR NEW YORK, NY 10016		501(C)(3)	GENERAL CHARITABLE PURPOSES	100.
EPILEPSY FOUNDATION OF MICHIGAN 20300 CIVIC CENTER, SUITE 250 SOUTHFIELD, MI 48076		501(C)(3)	GENERAL CHARITABLE PURPOSES	400.
Total from continuation sheets				85,520.

THE MINKIN FAMILY FOUNDATION

38-3259421

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FORGOTTEN HARVEST 21800 GREENFIELD ROAD OAK PARK, MI 48237		501(C)(3)	GENERAL CHARITABLE PURPOSES	2,300.
FRIENDS OF THE ISRAEL DEFENSE FORCES P.O. BOX 999 WALLED LAKE, MI 48390		501(C)(3)	GENERAL CHARITABLE PURPOSES	9,000.
GLEANERS COMMUNITY FOOD BANK 2131 BEAUFAIT DETROIT, MI 48207		501(C)(3)	GENERAL CHARITABLE PURPOSES	1,000.
HEBREW BENEVOLENT SOCIETY 26640 GREENFIELD ROAD OAK PARK, MI 48237		501(C)(3)	GENERAL CHARITABLE PURPOSES	360.
HOLOCAUST MEMORIAL CENTER 28123 ORCHARD LAKE RD FARMINGTON HILLS, MI 48334		501(C)(3)	GENERAL CHARITABLE PURPOSES	2,300.
ISAAC AGREE DOWNTOWN SYNAGOGUE 1457 GRISWOLD STREET DETROIT, MI 48226		501(C)(3)	GENERAL CHARITABLE PURPOSES	1,500.
JARC 30301 NORTHWESTERN HIGHWAY, SUITE 100 FARMINGTON HILLS, MI 48334		501(C)(3)	GENERAL CHARITABLE PURPOSES	3,750.
JEWISH COMMUNITY CENTER 6600 WEST MAPLE ROAD WEST BLOOMFIELD, MI 48322		501(C)(3)	GENERAL CHARITABLE PURPOSES	6,950.
JEWISH FAMILY SERVICE 6555 WEST MAPLE ROAD FARMINGTON HILLS, MI 48322		501(C)(3)	GENERAL CHARITABLE PURPOSES	540.
JEWISH FEDERATION OF METRO DETROIT P.O. BOX 2030 BLOOMFIELD HILLS, MI 48303-2030		501(C)(3)	GENERAL CHARITABLE PURPOSES	6,365.
Total from continuation sheets				

THE MINKIN FAMILY FOUNDATION

38-3259421

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
JEWISH FEDERATION OF NORTH AMERICA PO BOX 157 NEW YORK, NY 10268		501(C)(3)	GENERAL CHARITABLE PURPOSES	500.
JEWISH HOSPICE & CHAPLAINCY NETWORK 6555 WEST MAPLE ROAD WEST BLOOMFIELD, MI 48322-4926		501(C)(3)	GENERAL CHARITABLE PURPOSES	2,250.
JEWISH SENIOR LIFE OF METROPOLITAN DETROIT 6760 WEST MAPLE ROAD WEST BLOOMFIELD TOWNSHIP, MI 48322		501(C)(3)	GENERAL CHARITABLE PURPOSES	1,572.
JEWISH SPORTS FOUNDATION 6632 TELEGRAPH ROAD #304 BLOOMFIELD HILLS, MI 48301		501(C)(3)	GENERAL CHARITABLE PURPOSES	775.
JEWISH THEOLOGICAL SEMINARY 6735 TELEGRAPH ROAD, SUITE 310 BLOOMFIELD HILLS, MI 48301		501(C)(3)	GENERAL CHARITABLE PURPOSES	5,600.
JUVENILE DIABETES RESEARCH FOUNDATION 24359 NORTHWESTERN HIGHWAY, SUITE 225 SOUTHFIELD, MI 48075		501(C)(3)	GENERAL CHARITABLE PURPOSES	650.
KADIMA 15999 W. 12 MILE ROAD SOUTHFIELD, MI 48076		501(C)(3)	GENERAL CHARITABLE PURPOSES	1,700.
KARMANOS CANCER INSTITUTE 4100 JOHN R. DETROIT, MI 48201		501(C)(3)	GENERAL CHARITABLE PURPOSES	1,000.
LEUKEMIA & LYMPHOMA 1311 MAMARONECK AVENUE SUITE 310 WHITE PLAINS, NY 10605		501(C)(3)	GENERAL CHARITABLE PURPOSES	250.
LUBAVITCH FOUNDATION 14000 W. 9 MILE ROAD OAK PARK, MI 48237		501(C)(3)	GENERAL CHARITABLE PURPOSES	300.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MAKE A WISH FOUNDATION 4742 N 24TH ST SUITE 400 PHOENIX, AZ 85016		501(C)(3)	GENERAL CHARITABLE PURPOSES	300.
MEMORIAL SLOAN-KETTERING CANCER CENTER P.O. BOX 7247-0260 PHILADELPHIA, PA 19170-0253		501(C)(3)	GENERAL CHARITABLE PURPOSES	500.
MUSCULAR DYSTROPHY ASSOCIATION (MDA) P.O. BOX 78960 PHOENIX, AZ 85062-8960		501(C)(3)	GENERAL CHARITABLE PURPOSES	150.
SALVATION ARMY 16130 NORTHLAND DRIVE SOUTHFIELD, MI 48075		501(C)(3)	GENERAL CHARITABLE PURPOSES	400.
SAY DETROIT PO BOX 312087 DETROIT, MI 48231		501(C)(3)	GENERAL CHARITABLE PURPOSES	500.
SHRINERS HOSPITALS FOR CHILDREN 51 BLOSSOM ST. BOSTON, MA 02114		501(C)(3)	GENERAL CHARITABLE PURPOSES	500.
SIMON WIESENTHAL CENTER 1399 SOUTH ROXBURY DRIVE LOS ANGELES, CA 90035		501(C)(3)	GENERAL CHARITABLE PURPOSES	750.
SISTERS OF MERCY 28750 W 11 MILE RD FARMINGTON HILLS, MI 48336		501(C)(3)	GENERAL CHARITABLE PURPOSES	500.
SMILE TRAIN P.O. BOX 96208 WASHINGTON, DC 20090-6208		501(C)(3)	GENERAL CHARITABLE PURPOSES	500.
ST. JOHN PROVIDENCE HEALTH SYSTEM 28000 DEQUINDRE WARREN, MI 48092		501(C)(3)	GENERAL CHARITABLE PURPOSES	1,000.
Total from continuation sheets				

THE MINKIN FAMILY FOUNDATION

38-3259421

Part XV Supplementary Information**3** Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ST. JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105		501(C)(3)	GENERAL CHARITABLE PURPOSES	600.
STAND WITH US P.O. BOX 251153 WEST BLOOMFIELD, MI 48325		501(C)(3)	GENERAL CHARITABLE PURPOSES	250.
STARFISH FAMILY SERVICES 30000 HIVELEY ROAD INKSTER, IN 48141		501(C)(3)	GENERAL CHARITABLE PURPOSES	250.
U-M HILLEL MANDELL L. BERMAN CENTER 1429 HILL STREET ANN ARBOR, MI 48104-3105		501(C)(3)	GENERAL CHARITABLE PURPOSES	1,500.
UNICEF 125 MAIDEN LANE NEW YORK, NY 10038		501(C)(3)	GENERAL CHARITABLE PURPOSES	50.
WATERSHED COUNCIL 426 BAY STREET PETOSKEY, MI 49770		501(C)(3)	GENERAL CHARITABLE PURPOSES	100.
WOUNDED WARRIOR PROJECT 370 7TH AVENUE, SUITE 1802 NEW YORK, NY 10001		501(C)(3)	GENERAL CHARITABLE PURPOSES	500.
YAD EZRA 2850 WEST ELEVEN MILE ROAD BERKLEY, MI 48072		501(C)(3)	GENERAL CHARITABLE PURPOSES	1,600.
YESHIVA DARCHEI TORAH 21550 W. TWELVE MILE ROAD SOUTHFIELD, MI 48075		501(C)(3)	GENERAL CHARITABLE PURPOSES	1,608.
Total from continuation sheets				

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES				STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
WELLS FARGO ADVISORS (DIVIDENDS)	39,436.	336.	39,100.	39,100.		
WELLS FARGO ADVISORS (INTEREST)	8,223.	0.	8,223.	8,223.		
WELLS FARGO ADVISORS ACCRUED INTEREST PAID	-619.	0.	-619.	-619.		
NO PART I, LINE 4	47,040.	336.	46,704.	46,704.		

FORM 990-PF	TAXES				STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
FOREIGN WITHHOLDING TAXES	887.	887.		0.		
MARGIN INTEREST	20.	20.		0.		
FEDERAL INCOME TAX	1,000.	0.		0.		
NO FORM 990-PF, PG 1, LN 18	1,907.	907.		0.		

FORM 990-PF	OTHER EXPENSES				STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
INVESTMENT MANAGEMENT FEES	8,370.	8,370.		0.		
INVESTMENT (PRIME) BROKER FEE	25.	25.		0.		
MICHIGAN ANNUAL REPORT	20.	20.		0.		
NO FORM 990-PF, PG 1, LN 23	8,415.	8,415.		0.		

FORM 990-PF	CORPORATE STOCK	STATEMENT	4
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
MARKETABLE SECURITIES-COMMON	1,450,951.	2,525,309.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,450,951.	2,525,309.

FORM 990-PF	CORPORATE BONDS	STATEMENT	5
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
MARKETABLE SECURITIES-BONDS	83,688.	79,458.
TOTAL TO FORM 990-PF, PART II, LINE 10C	83,688.	79,458.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	6
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NAME OF CONTRIBUTOR

ADDRESS

EDNA MINKIN

4823 WICKFORD
BLOOMFIELD HILLS, MI 48302

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

- File a separate application for each return.
- Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- 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 complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
	THE MINKIN FAMILY FOUNDATION	Employer identification number (EIN) or 38-3259421
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 41000 WOODWARD AVENUE, SUITE 120 EAST	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BLOOMFIELD HILLS, MI 48304-5133	

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

Application Is For	Return Code	Application Is For	Return 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
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

MICHAEL TOOTALIAN, CPA - 41000 WOODWARD AVENUE, SUITE

- The books are in the care of ► **120 EAST - BLOOMFIELD HILLS, MI 48304**

Telephone No. ► **(248) 540-7377**

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year **2013** or
- ☐ tax year beginning _____, and ending _____

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	7,101.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	1,101.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	6,000.

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.