

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 Internal Revenue Service

▶ 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.

MAXINE AND STUART FRANKEL FOUNDATION As 6 Employed indirection under As 6 Employed indirection As 6 Employed indirection As 6 Employed As 6 Employed indirection As 6 Employed indirection As 6 Employed indirection As 6 Employed indirection As 6 Employed As 6 Employed indirection As	For c	alenda	ar year 2013 or tax year beginning <u>,</u> a	ind ending				
Section 497-10 Sect						A Emplo	yer identification number	
Number and street (or P.O. De summer of must be not delivered to street accessors) 23.8 - 6.49 - 29.2.4 24.8 - 29.2.4 24.8 - 29						1	2445252	
1334 MAPLELIAND DRIVE Terry etems, taker grower, source, and 7P of fewarp point closes TROY Great all that apply: Initial return Address change Initial return Initial return Address change Initial return Address change Initial return Address change Initial return Address change Initial return Initia								
TROY TROY Interest Interest Troy Interest			·		Room/suite		•	
TROY MT 48084 G Check all that apply: Initial return I						+ 23	0 047 2724	. [7]
Final return Name change Name change Provided the change Name						C If exer	nption application is pending, c	heck here
Check type of organization: Section 501(c(S) exempt private foundation Section 4947(a)(1) nonexempt chantable trust Other taxoble private foundation Firm familiar to the chantable of all assets at Accounting method: Other (specify) Other (specify) Firm familiar to the chantable of all assets at Accounting method: Other (specify)	G C	heck a	ıll that apply: 🔲 Initial return 🔛 Initial return	n of a former public	charity	D 1. Fo	reign organizations, check hen	•
H Check type of organization: Statistics of the control of the con			Final return Amended i	return		2. Fo	reign organizations meeting the	
Section 4947(a)(1) nonexempt chantable trust Other texable private foundation Fithe housistics is a count of private foundation Fithe housistics is a count of year (from Part II, col., (c), (inc 16) \$ 4, 3.94, 2.43 (Part II, col.mn (d) must be on cash basis Fart III (col., (c), (inc 16) \$ 5, 4, 3.94, 2.43 (Part II, col.mn (d) must be on cash basis Fithe housistics is a so-morth termination under section 597(9)(1)(i), check here III (col., (c), (c), (c), (c), (c), (c), (c), (c)			Address change Name char	nge		85	% test, check here and attach	computation
Fair market value of all assets at end of year (from Part II, col. (n). The foundation is in a 63-exosh termstation under section 507(s)(t)(t), disc has a few of year (from Part II), col. (n). The foundation is in a 63-exosh termstation under section 507(s)(t)(t), disc has a few of year (from Part II), col. (n). The foundation is not section to be a few of year (from Part II), col. (n). The foundation is not section to be a few of year (from Part II), col. (n). The foundation is not section to be a few of year (from Part II), col. (n). The foundation is not section to be a few of year (from Part II), col. (n). The foundation is not section to the few of year (from Part II), col. (n). The foundation is not section to the few of year (from Part II). The foundation is not section to the few of year (from Part II). The foundation is not section to the few of years (from Part II). The foundation is not section to the few of year (from Part II). The foundation is not section to the few of years (from Part II). The foundation is not section to the few of years (from Part II). The foundation is not section to the few of years (from Part II). The few of years (from	HC	heck ty	ype of organization: X Section 501(c)(3) exempt private	foundation				nated under
end of year (from Part II, col. (a). Chart (specify) Inno 15) * \$ 4, 394, 243 Chart II, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (rea load or control to a mount of column (d) from the column (d) must be on cash basis.) I contributions, gills, grants, etc. received (attach schedule) 1 Contributions, gills, grants, etc. received (attach schedule) 2 Check						-		· L
Part Analysis of Revenue and Expenses (the leaf of the manufacture) Part Analysis of Revenue and Expenses (the leaf of the manufacture) Part Analysis of Revenue and Expenses (the leaf of the manufacture) Part Analysis of Revenue and Expenses (the leaf of the manufacture) Part			m -	X Cash A	ccrual			. 1 1
Part Analysis of Revenue and Expenses (The total of moments in existing, b)c, (2, and (6) may of measuring youth provided by the mounts in existing (6) (2 and (6) may of measuring youth provided by the mounts in existing (6) (2 and (6) may of measuring youth provided by the mounts in existing (6) (2 and (6) may of measuring youth provided by the mounts in existing (6) (2 and (6) may of measuring youth provided by the mounts in existing (6) (2 and (6) may of measuring youth provided by the mounts in existing (6) (2 and (6) may of measuring youth provided by the mounts in existing (6) (2 and (6) may of measuring youth provided by the mounts in existing (6) (2 and (6) may of measuring youth provided by the mounts in existing (6) (2 and (6) may of measuring youth provided by the mounts in existing (6) (2 and (6) may of measuring youth provided by the mounts in existing (6) (2 and (6) may of measuring youth provided by the mounts in existing (6) (2 and (6) may of measuring youth provided by the mounts in existing (6) (2 and (6) may of measuring youth provided by the mounts in existing (6) (2 and (6) may of measuring youth provided by the mounts in existing (6) (2 and (6) may of measuring youth provided by the mounts in existing (6) (2 and (6) may of measuring youth provided by the mounts in existing (6) (2 and (6) may of measuring youth provided by the measuring youth provided by the mounts in existing (6) (2 and (6) may of measuring youth provided by the mounts in existing (6) (2 and (6) may of measuring youth provided by the mounts in existing (6) (2 and (6) may of measuring youth provided by the mounts in existing (6) (2 and (6) may of measuring youth provided by the mounts in existing (6) (2 and (6) may of measuring youth provided by the mounts in existing (6) (2 and (6) may of measuring youth provided by the mounts in existing (6) (2 and (6) may of measuring youth provided by the mounts in existing (6) (2 and (6) may of measuring youth provided by the mounts in existing (6) (2 and (6) may of measuring youth		•	· · · · · · · · · · · · · · · · · · ·		••	dilidei	section 507 (b)(1)(b), allow he	
Total Addines 1 through 21 Total Addines 2 through 22 Total Addines 2 through 23 Total Addines 1 through 11 Total Addines 2 through 24 Total Addines 2 through 25 Total Operating and administrative expenses. Addines 1 through 25 Total Operating and administrative expenses. Add lines 13 through 25 Total Operating and administrative expenses. Add lines 13 through 25 Total Operating and administrative expenses. Add lines 13 through 25 Total Operating and administrative expenses. Add lines 13 through 25 Total Operating and administrative expenses. Add lines 13 through 25 Total Operating and administrative expenses. Add lines 13 through 25 Total Operating and administrative expenses. Add line 2 through 26 Total Operating and administrative expenses. Add line 2 through 27 Total Operating and administrative expenses. Add line 13 through 27 Total Operating and administrative expenses. Add line 2 through 27 Total Operating and administrative expenses. Add line 2 through 27 Total Operating and administrative expenses. Add line 2 through 27 Total Operating and administrative expenses. Add line 2 through 27 Total Operating and administrative expenses. Add line 2 through 27 Total Operating and administrative expenses. Add line 2 through 27 Total Operating and administrative expenses. Add line 2 through 27 Total Operating and administrative expenses. Add line 2 through 27 Total Operating and administrative expenses. Add line 2 through 27 Total Operating and administrative expenses. Add line 2 through 27 Total Operating and administrative expenses. Add line 2 through 27 Total Operating and administrative expenses. Add line 2 through 27 Total Operating and administrative expenses. Add line 2 through 27 Total O								(d) Dishursements
2 Check	Pa	nt i	amounts in columns (b), (c), and (d) may not necessarily equal	expenses per				for chantable purposes
1		1	Contributions, gifts, grants, etc., received (attach schedule)	1,552,87	15	,		
A Dividends and interest from securities 108,510 108,510		2						
Dividends and interest from securities 108,510 108,510		3	Interest on savings and temporary cash investments	67,11	.5	67,015		
Sa Gross rents Net rental income or (loss) Sa Net gain or (loss) from sale of assets not online 10 Sa Net gain or (loss) from sale of assets not online 10 Sa Net short-term capital gain net income (from Part IV, line 2) O Sa Net short-term capital gain net income (from Part IV, line 2) O Sa Net short-term capital gain O	nue	4	Dividands and interest from securities	108,51	.0	108,510		
Net rental income or (loss) Sales pince (loss)		5a	Gross rents					
8 Net short-term capital gain 9 Income modifications 10a Gross sates less returns and attowances b Less: Cost of goods sold c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 23 13 Compensation of officers, directors, trustees, etc. 0 Other-temployee salaries and wages 15 Pension plans, employee benefits 16 Qdgal (ees, (attach schedule) 17 Total counting fees (attach schedule) 18 Taxes (attach schedule) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (att sch) 24 Total operating and administrative expenses. 25 Add lines 13 through 23 26 Contrebulons, gifts, grants paid 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements 20 Net investment income (if negative, enter -0-) 20 Adjusted net income (if negative, enter -0-) 21 Adjusted net income (if negative, enter -0-) 22 Adjusted net income (if negative, enter -0-) 23 Adjusted net income (if negative, enter -0-) 24 Adjusted net income (if negative, enter -0-) 25 Adjusted net income (if negative, enter -0-) 26 Adjusted net income (if negative, enter -0-) 27 Adjusted net income (if negative, enter -0-) 28 Adjusted net income (if negative, enter -0-) 38 Adjusted net income (if negative, enter -0-) 39 Adjusted net income (if negative, enter -0-) 30 Adjusted net income (if negative, enter -0-) 30 Adjusted net income (if negative, enter -0-) 30 Adjusted net income (if negative, enter -0-)		b						
8 Net short-term capital gain 9 Income modifications 10a Gross sates less returns and attowances b Less: Cost of goods sold c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 23 13 Compensation of officers, directors, trustees, etc. 0 Other-temployee salaries and wages 15 Pension plans, employee benefits 16 Qdgal (ees, (attach schedule) 17 Total counting fees (attach schedule) 18 Taxes (attach schedule) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (att sch) 24 Total operating and administrative expenses. 25 Add lines 13 through 23 26 Contrebulons, gifts, grants paid 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements 20 Net investment income (if negative, enter -0-) 20 Adjusted net income (if negative, enter -0-) 21 Adjusted net income (if negative, enter -0-) 22 Adjusted net income (if negative, enter -0-) 23 Adjusted net income (if negative, enter -0-) 24 Adjusted net income (if negative, enter -0-) 25 Adjusted net income (if negative, enter -0-) 26 Adjusted net income (if negative, enter -0-) 27 Adjusted net income (if negative, enter -0-) 28 Adjusted net income (if negative, enter -0-) 38 Adjusted net income (if negative, enter -0-) 39 Adjusted net income (if negative, enter -0-) 30 Adjusted net income (if negative, enter -0-) 30 Adjusted net income (if negative, enter -0-) 30 Adjusted net income (if negative, enter -0-)		6a	Net gain or (loss) from sale of assets not on line 10	-32,00)5			
8 Net short-term capital gain 9 Income modifications 10a Gross sates less returns and attowances b Less: Cost of goods sold c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 23 13 Compensation of officers, directors, trustees, etc. 0 Other-temployee salaries and wages 15 Pension plans, employee benefits 16 Qdgal (ees, (attach schedule) 17 Total counting fees (attach schedule) 18 Taxes (attach schedule) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (att sch) 24 Total operating and administrative expenses. 25 Add lines 13 through 23 26 Contrebulons, gifts, grants paid 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements 20 Net investment income (if negative, enter -0-) 20 Adjusted net income (if negative, enter -0-) 21 Adjusted net income (if negative, enter -0-) 22 Adjusted net income (if negative, enter -0-) 23 Adjusted net income (if negative, enter -0-) 24 Adjusted net income (if negative, enter -0-) 25 Adjusted net income (if negative, enter -0-) 26 Adjusted net income (if negative, enter -0-) 27 Adjusted net income (if negative, enter -0-) 28 Adjusted net income (if negative, enter -0-) 38 Adjusted net income (if negative, enter -0-) 39 Adjusted net income (if negative, enter -0-) 30 Adjusted net income (if negative, enter -0-) 30 Adjusted net income (if negative, enter -0-) 30 Adjusted net income (if negative, enter -0-)	, Ve	b	Gross sales price for all assets on line 6a 720,000					
9 Income modifications 10a Gross sales less returns and altowances b Less: Cost of goods sold c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 1 1,696,495 175,525 0 13 Compensation of fifcers directors, trustees, etc. 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Re	7	Capital gain net income (from Part IV, line 2)			0		
10a Gross sales less returns and allowances b Less: Cost of goods sold c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 1,696,495 175,525 0 175,525 0 175,525 0 175,525 175,525 0 175,525 175,5		8	Net short-term capital gain				0	
b Less: Cost of goods sold c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11		9	Income modifications					ч
C Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 1,696,495 175,525 0		10a	Gross sales less returns and allowances					
11 Other income (attach schedule) 12 Total. Add lines 1 through 11 13 Compensation of officers directors, trustees, etc. 14 Other emilyose salaties and wages 15 Pension plans, employee benefits 16a Begal fees (attach schedule) 16 Degal fees (attach schedule) 17 Total expenses and disbursements 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (att sch) 25 Total expenses and disbursements. Add lines 24 and 25 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements 20 Interest to the schedule of the sc		b	Less: Cost of goods sold					
12 Total. Add lines 1 through 11 1,696,495 175,525 0		С	Gross profit or (loss) (attach schedule)					
13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Chegal fees (attach schedule) 16b Accounting fees (attach schedule) 17 Interest 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		11	· · · · · · · · · · · · · · · · · · ·					
14 Other-employee salaries and wages 15 Pension plans, employee benefits 16a Degal fees (attach schedule) 16b Accounting fees (attach schedule) 17 Interest (1) 18 Taxes (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (att sch) STMT 2 1,552,375 24 Total operating and administrative expenses. 25 Add (lines 13 through 23 1,551,016 0 0 20 26 Total expenses and disbursements. Add lines 24 and 25 1,551,016 0 0 20 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements both investment income (if negative, enter -0-) 29 Addisted net income (if negative, enter -0-) 20 Addisted net income (if negative, enter -0-)		12	Total. Add lines 1 through 11	1,696,49		175,525	0	
b Accounting fees (attach schedule) c Client of the schedule) 17 Interest (1) 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (att. sch) 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, grifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	ဟ	13			0			
b Accounting fees (attach schedule) c Client of the schedule) 17 Interest (1) 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (att. sch) 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, grifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	Se	14						
b Accounting fees (attach schedule) c Client of the schedule) 17 Interest (1) 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (att. sch) 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, grifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	ē							
C Other professional fees (attach schedule) Interest		16a	Chegal fees (attach schedule)					
21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (att. sch.) STMT 2 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	e H	b	Accounting fees (attach schedule)					
21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (att. sch.) STMT 2 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	Ę	c	Other professional fees (attach schedule)	····				
21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (att. sch.) STMT 2 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	₹£	1	Interest	1 20	. 0			30
21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (att. sch.) STMT 2 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	Z.e	1	• • • • • • • • • • • • • • • • • • • •	-1,35	ادر			
21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (att. sch.) STMT 2 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	∡. <u>Ē</u>	1			 			
23 Other expenses (att. sch) 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	© ₽	i			- 			
23 Other expenses (att. sch) 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	<u>₹</u>		- · · · · ·					
24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	₹ F			1 552 37	75			
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 0	⊕ g			1,332,37	, 			
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 0	at H	24		1 551 01	6	0		20
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 0	₹ ₹	۱ ۵۲	• • • • • • • • • • • • • • • • • • • •	1,001,01		U		
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 0	₹ö			1,551 01		0	n	
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 0	<u>~</u>			1, 331, 01		0		20
b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)		i i		145 45	7 9		:	
c Adjusted net income (if negative, enter -0-)		1.		143,4		175.525	,	
1 C Addisign net income in regalive, chief -0-7		i	· · · · · · · · · · · · · · · · · · ·			,5		
	For t			<u> </u>	<u>†</u>			Form 990-PF (2013)

ı	Part II	Balance Sheets Attached schedules and amounts in the description column should be for and of years amounts only (See restrictions.)	Beginning of year	End of	year
,	******	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing			
-	2	Savings and temporary cash investments	33,859	273,191	273,191
-	3	Accounts receivable ▶			
-		Less: allowance for doubtful accounts ▶			
١	4	Pledges receivable ▶			
١		Less: allowance for doubtful accounts ▶		I	
١	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other	" '		
1		disqualified persons (attach schedule) (see			
		instructions)			
1	7	Other notes and loans receivable (att. schedule)		, , ,	
	•	Less: allowance for doubtful accounts ▶ 0	ļ ·	Ť	
,,	8	Inventories for sale or use			
ë	9	Prepaid expenses and deferred charges			
Assets	10a	Investments – U.S. and state government obligations (attach schedule)			
٦	_		····		
	b	Investments – corporate stock (attach schedule)			
	C	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment, basis		· †	
		Less: accumulated depreciation (attach sch)			
ļ	12	Investments - mortgage loans	4 004 271	4 006 664	4 100 672
ı	13	Investments – other (attach schedule) SEE STATEMENT 3	4,004,371	4,096,664	4,120,673
	14	Land, buildings, and equipment basis			
		Less: accumulated depreciation (attach sch.)			
- [15	Other assets (describe ► SEE STATEMENT 4)		379	379
١	16	Total assets (to be completed by all filers – see the			
4		instructions. Also, see page 1, item l)	4,038,230	4,370,234	4,394,243
-	17	Accounts payable and accrued expenses	1,100		
_	18	Grants payable			•
Ë.	19	Deferred revenue			•
剽	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
ᅦ	22	Other liabilities (describe ► SEE STATEMENT 5)		187,625	
\bot	23	Total liabilities (add lines 17 through 22)	1,100	187,625	
- 1		Foundations that follow SFAS 117, check here			
Seo		and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted			
ᇛ	25	Temporanly restricted			
ŏ	26	Permanently restricted			
밀		Foundations that do not follow SFAS 117, check here			
피		and complete lines 27 through 31.	-		
Net Assets or Fund Balar	27	Capital stock, trust principal, or current funds			
캶	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds	4,037,130	4,182,609	
۲	30	Total net assets or fund balances (see instructions)	4,037,130	4,182,609	
윌	31	Total liabilities and net assets/fund balances (see			
	٠.	instructions)	4,038,230	4,370,234	
_	Part I		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	170.07203	
_		net assets or fund balances at beginning of year – Part II, column (a), line 30 (must a	agree with		
		of-year figure reported on prior year's return)		1	4,037,130
•		amount from Part I, line 27a	••		145,479
		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	3	213/1/3
		increases not included in line 2 (itemize)		4	4,182,609
		nes 1, 2, and 3		5	1,102,005
		eases not included in line 2 (itemize) net assets or fund balances at end of year (line 4 minus line 5) Part II, column (b),	 line 30	6	4,182,609
_6	rotal	tiet assets of furio balances at end of year fille 4 fillings line 3) - Fart II, Column (0),	mic 30	<u> </u>	Form 990-PF (2013)

Part IV Capital Gains and L	osses for Tax on Investment	Income				
(a) List and describe th	e kind(s) of property sold (e g , real estate, se, or common stock, 200 shs MLC Co)		(b) How acquired P – Purchase D – Donation	(c) Date ac (mo , day		(d) Date sold (mo , day, yr)
1a WELLS FARGO			P	06/09	/11	01/13/13
b JP MORGAN CHASE			P	06/09	/11	05/01/13
c GE CAP FINL INC C	0		P	09/16	<u> </u>	03/15/13
d						
<u>e</u>						<u> </u>
(e) Gross sales pnce	(f) Deprecation allowed (or allowable)	***	other basis nse of sale			or (loss)) minus (g)
a 250,000			264,725	···		-14,725
b 250,000			267,280			17,280
c 220,000			220,000			
d						
Complete only for exacts showing gain	in column (h) and award by the founds	tion on 12/21/60				
(I) F M V as of 12/31/69	in column (h) and owned by the founda (j) Adjusted basis as of 12/31/69	(k) Exces	s of col (i) (j), if any		(k), but not	(h) gain minus less than -0-) or om col (h))
	43.51.25.135		U) = y			-14,725
a b						-17,280
c						
d						
e						
2 Capital gain net income or (net capital	loss) If gain, also enter in Par If (loss), enter -0- in Par			2		-32,005
3 Net short-term capital gain or (loss) as If gain, also enter in Part I, line 8, colur		_				·
Part I, line 8	· · · · · · · · · · · · · · · · · · ·		i	3		
	Section 4940(e) for Reduced			<u>ne</u>		
(For optional use by domestic private found	dations subject to the section 4940(a) ta	x on net investme	nt income.)			
If section 4940(d)(2) applies, leave this par	t blank.					
Was the foundation liable for the section 49 If "Yes," the foundation does not qualify un			e period?			Yes X No
1 Enter the appropriate amount in each			any entries.			
(a)	(b)		(c)			(d)
Base penod years Calendar year (or tax year beginning in)	Adjusted qualifying distributions		e of nonchantable-use assets			inbution ratio divided by col. (c))
2012	398,6		4,249,			0.093809
2011	5,357,0		6,699,9			0.799568
2010	150,7		9,609,0			0.015684
2009	4,127,8		8,376,1			0.492808
2008	1,438,4	118	12,154,0	109		0.118349
2 Total of line 1, column (d)				2		1.520218
3 Average distribution ratio for the 5-year	r base period – divide the total on line 2					
number of years the foundation has be	en in existence if less than 5 years			. 3	ļ	0.304044
4 Enter the net value of noncharitable-us	se assets for 2013 from Part X, line 5			4		4,126,914
				_		1 254 763
5 Multiply line 4 by line 3	• • •			5	<u> </u>	1,254,763
6 Enter 1% of net investment income (1	% of Part I, line 27b)			6	 	1,755
7 Add lines 5 and 6				. 7		1,256,518
8 Enter qualifying distributions from Part	XII. line 4			8		20
	7, check the box in Part VI, line 1b, and	complete that part	t using a 1% tax rate.	<u> </u>	-	

orm	990-PF (2013) MAXINE AND STUART FRANKEL 38-3445379		F	age 4
Pa	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 ▶ and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		3.	511
	here ▶ 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-)			0
3	Add lines 1 and 2		٦	511
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4		<u> </u>	<u> </u>
				511
5				711
6	Credits/Payments:			
a	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 2, 434			
b	Exempt foreign organizations – tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c 1,000			
d	Backup withholding erroneously withheld		٠, ٠	
7	Total credits and payments. Add lines 6a through 6d		<u>J,</u>	434
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8			4
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<u>81</u>
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10			
1	Enter the amount of line 10 to be: Credited to 2014 estimated tax ▶ Refunded ▶ 11			
Pa	art 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	<u> </u>	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see		1	
	Instructions for the definition)?	1b	ĺ	Х
	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		Х
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	1	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			
J	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4-	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
4a	/-	4b		 ^ -
ь		5		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-		<u> </u>
_	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			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	1		•
	conflict with the state law remain in the governing instrument?	6	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	7	Х	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
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	8b_	Х	
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,"		j 1	[
	complete Part XIV	9		Х
n	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			├ ः
0		10		х
	names and addresses	Form 99	10-PF	
		,	•	(2010)

17072	•			
	990-PF (2013) MAXINE AND STUART FRANKEL 38-3445379		F	age (
Pa	rt VII-A Statements Regarding Activities (continued)		т —	, .
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	ļ	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?	13	X	
	Website address ► N/A			
14	The books are in care of ► MAXINE & STUART FRANKEL Telephone no. ► 248-	649-	-292	24
	1334 MAPLELAWN DRIVE		•	
	Located at ▶ TROY MI ZIP+4 ▶ 4808	4		
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			
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			1
	the foreign country			Ī
Pá	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			. t
1.6	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T	Yes	No
1a	During the year did the foundation (either directly or indirectly):		1.00	1115
ıa	(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			
		F		l
				İ
	(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			1
		Į.		
	(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			ļ.
	termination of government service, if terminating within 90 days.)			1
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			ļ ·
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 <u>b</u>	ļ	ļ
	Organizations relying on a current notice regarding disaster assistance check here			Ī
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	-		ŧ
	were not corrected before the first day of the tax year beginning in 2013?	1 <u>c</u>	ļ	-
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			Ī
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			ŧ
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			I
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	1		I
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			Ī
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	1		1
	all years listed, answer "No" and attach statement – see instructions.)	. 2b	<u> </u>	<u> </u>
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	ŧ		
	▶ 20 , 20 , 20 , 20	Į.		1
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	į		1
	at any time during the year?		.	1
b	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or		1.	1
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	Ē.		

Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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?

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.)

Form 990-PF (2013)

4a

...N/A

Form	990-PF (2013) MAXINE AND STUART FRANKEL		<u> 3445379 </u>			Page 6
Pa	t VII-B Statements Regarding Activities for Which Form 4	720 May Be Re	equired (contir	nued)		
5a	During the year did the foundation pay or incur any amount to:					
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 49-	45(e))?	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	'es 🛛 No		
	(2) Influence the outcome of any specific public election (see section 4955); or to	carry on,				
	directly or indirectly, any voter registration drive?		. 🗆 Y	'es X No		1
	(3) Pròvide a grant to an individual for travel, study, or other similar purposes?			'es 🛛 No		I
	(4) Provide a grant to an organization other than a charitable, etc., organization de	scribed in	· · <u> </u>)		ı
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	'es X No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or e	ducational				
	purposes, or for the prevention of cruelty to children or animals?		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	'es X No		1
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under	the exceptions desc	cribed in			
	Regulations section 53.4945 or in a current notice regarding disaster assistance (s			N/A	5b	İ
	Organizations relying on a current notice regarding disaster assistance check here		••	▶ 🗀		
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from					1
	because it maintained expenditure responsibility for the grant?		N/A 🗍 Y	'es No		1
	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?		Y	'es X No		1
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a person	nal 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 shelt	er transaction?	[] Y	'es X No		
b	If "Yes," did the foundation receive any proceeds or have any net income attributat			N/A	7b	
Pa	rt VIII Information About Officers, Directors, Trustees, Fo	undation Mana	gers, Highly F	Paid Employed	es,	
	and Contractors					
<u>1</u> L	ist all officers, directors, trustees, foundation managers and their compensa	tion (see instruction	ons).			
	(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		ense account, allowances
MA	XINE FRANKEL TROY	PRESIDENT				
	34 MAPLELAWN DRIVE MI 48084	1.00	0	0		0
	UART FRANKEL TROY	SECRETARY/TR				
	34 MAPLELAWN DRIVE MI 48084	1.00	0	0		0
		j				
2	Compensation of five highest-paid employees (other than those included or	ı line 1 – see instru	uctions). If none,	enter		
	"NONE."	1	, <u>-</u>			
	(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		nse account, allowances
йо	NE					
_						
Tota	number of other employees paid over \$50,000					1 0

Form 990-PF (2013)

	2013) MAXINE AND STUART FRANKEL 38-3445379 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En	Page nployees,
0 Fine 1.1	and Contractors (continued)	
3 Five hig	hest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
otal number of	of others receiving over \$50,000 for professional services	•
Part IX-A	Summary of Direct Charitable Activities	
	on's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of d other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/A		
2		
3		
4		
4	Comment of December 2 Palested Investments (against restings)	
Part IX-B	Summary of Program-Related Investments (see instructions) largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount

Form 990-PF (2013)

•

3 .

Total. Add lines 1 through 3

All other program-related investments. See instructions

	990-PF (2013) MAXINE AND STUART FRANKEL 38~3445379		Page 8
Pŧ	Minimum Investment Return (All domestic foundations must complete this part. Foreign	founda	itions,
	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	4,077,578
b	Average of monthly cash balances	1b	111,803
С	Fair market value of all other assets (see instructions)	1c	379
ď	Total (add lines 1a, b, and c)	1d	4,189,760
е	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	4,189,760
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	62,846
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,126,914
6	Minimum investment return. Enter 5% of line 5	6	206,346
₽ŧ	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	206,346
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.)	.	
C	Add lines 2a and 2b	2c	3,511
3	Distributable amount before adjustments Subtract line 2c from line 1	3	202,835
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	202,835
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	<u>202,835</u>
P	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	20
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 chantable projects that satisfy the:	-	
	Suitability test (prior IRS approval required)	3a	
a 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	20
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	-	
J	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	20
U	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.		

Pa	rt XIII Undistributed Income (see instructions)				<u>, </u>
		(a)	(b)	(c)	(d)
1	Distributable amount for 2013 from Part XI,	Corpus	Years pnor to 2012	2012	2013
	line 7	·			202,835
2	Undistributed income, if any, as of the end of 2013:				
а	Enter amount for 2012 only				
	Total for prior years: 20 , 20 , 20				,
3	Excess distributions carryover, if any, to 2013:				
а	From 2008 840, 932				
b	From 2009 3,710,418				:
С	From 2010				
d	From 2011 5,023,703				
е	From 2012 188, 903				
f	Total of lines 3a through e	9,763,956			
4	Qualifying distributions for 2013 from Part XII,				
	line 4: ▶ \$				
а	Applied to 2012, but not more than line 2a				
	Applied to undistributed income of prior years				
	(Election required – see instructions)				İ
С	Treated as distributions out of corpus (Election				
	required – see instructions)				
d	Applied to 2013 distributable amount	•			20
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2013	202,815			202,815
	(If an amount appears in column (d), the same				<u>.</u>
	amount must be shown in column (a).)				
6	Enter the net total of each column as		•		
•	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	9,561,141			
	Prior years' undistributed income. Subtract				
~	line 4b from line 2b	•			,
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				Í
ď	Subtract line 6c from line 6b. Taxable				
u	amount – see instructions				
_	Undistributed income for 2012. Subtract line				-
C	4a from line 2a. Taxable amount – see				
	instructions				
f	Undistributed income for 2013. Subtract lines				
'	4d and 5 from line 1. This amount must be				
	distributed in 2014				0
7	Amounts treated as distributions out of corpus				
′	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
0	Excess distributions carryover from 2008 not				
8	applied on line 5 or line 7 (see instructions)	638,117			
	Excess distributions carryover to 2014.	030/11/			
9	The state of the s	8,923,024			
• ^	Subtract lines 7 and 8 from line 6a	0,723,024			
10	Analysis of line 9: Excess from 2009 3,710,418				
a					
b	Excess from 2010 Excess from 2011 5,023,703				
C	100 000	•			
d	•				
е	Excess from 2013	L	<u>t</u>	ł	.E

DAA

30	-3	1 1	5	2 -	7 0
1 11 11	- 3	44	ריו	٦.	/ч

Page 10

Pa	rt XIV Private Operating Fou	ndations (see ins	structions and Part	t VII-A, question 9				
1a	1a If the foundation has received a ruling or determination letter that it is a private operating							
	foundation, and the ruling is effective for 2	013, enter the date of t	he ruling	•	1			
b	Check box to indicate whether the foundat			d in section 4	942(j)(3) or 4942	?(j)(5)		
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		-W/-7		
	income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total		
	investment return from Part X for	(4) 2010	(5) 23.2	(0) 20 11	(4/2010			
			1					
	each year listed					- -		
b	85% of line 2a							
С	Qualifying distributions from Part XII,							
	line 4 for each year listed			ļ 	<u>-</u>			
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				i			
	alternative test relied upon:			İ				
а	"Assets" alternative test – enter:			1				
	(1) Value of all assets	., 				<u>. </u>		
	(2) Value of assets qualifying under		i		•			
	section 4942(j)(3)(B)(i)							
b	"Endowment" alternative test enter 2/3		1					
	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				· · · · · · · · · · · · · · · · · · ·	 		
Pa	ert XV Supplementary Inform	nation (Complete	this part only if t	he foundation ha	d \$5.000 or more	in assets at		
•	any time during the ye				. , , , , , , , , , , , , , , , , , , ,			
1	Information Regarding Foundation Ma							
а	List any managers of the foundation who	-	than 2% of the total cor	ntributions received by	the foundation			
•	before the close of any tax year (but only i			-				
	SEE STATEMENT 6	i they have continued	, more mun форосор. (C	00 000.000 007 (4)(2).,				
	List any managers of the foundation who	own 10% or more of the	e stock of a compration	(or an equally large no	rtion of the			
IJ	ownership of a partnership or other entity)							
	N/A	of which the loundatio	irrias a 1070 or greater	interest.				
2	Information Regarding Contribution, G	rant Gift Loan Sch	plarehin etc. Progress	ne·				
4	Check here ► X if the foundation only				s not accent			
	unsolicited requests for funds. If the found							
	·		its, etc. (see instruction	s) to individuals of orga	inizations under			
	other conditions, complete items 2a, b, c,		the person to whom on	nliestions should be se	dennad:	<u> </u>		
а	The name, address, and telephone number	er or e-mail address of	the person to whom ap	plications should be ac	aressea:			
	N/A	•						
				alaan dal tara Garta				
b	The form in which applications should be	submitted and informat	ion and materials they	snouia include:				
	N/A							
С	Any submission deadlines:							
	N/A	 						
d	Any restrictions or limitations on awards, s	such as by geographica	al areas, charitable field	s, kinds of institutions,	or other			
	factors:							
	N/A					<u> </u>		

DAA

Part XV Supplementary Information (cor	ntinuea)	· · · · · · · · · · · · · · · · · · ·		
3 Grants and Contributions Paid During the		ture 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	reapient		
a Paid during the year				
Total		· · · · · · · · · · · · · · · · · · ·	▶ 3a	
b Approved for future payment N / A				
Tabl		l	▶ 3b	
Total		·	30	

. Part XVI-A. Enter gross amo	unts unless otherwise indicated.	Unrelated	business income	Excluded	by section 512, 513, or 514	(e)
4. Days		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program ser		 	····	+		
				1		
f						
g Fees an	d contracts from government agencies					
2 Membership	dues and assessments					
3 Interest on s	avings and temporary cash investments			14	67,015	100
4 Dividends ar	nd interest from secunties			14	108,510	
5 Net rental in	come or (loss) from real estate:					
	anced property			1 1		
	t-financed property	ļ	<u></u>			
	come or (loss) from personal property			-		
7 Other invest	•			1 2 1		
· ·	s) from sales of assets other than inventory			18	-32,005	
	or (loss) from special events	 		 		
	or (loss) from sales of inventory			+		
	ue: a			+ +		
				1		
•		 		+ +		
				1		
ee	d columns (b), (d), and (e)			5	143,520	100
12 Subtotal. Au	a columns (b), (a), and (e)			<u> </u>	110/020	. = 0 0.
13 Total Addii	ine 12 columns (h) (d) and (e)				13	143,620
	ine 12, columns (b), (d), and (e)			•	13	143,620
(See worksheet	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.)				· · · · · —	143,620
	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Ac	complishme	nt of Exempt P	urposes		143,620
(See worksheet Part XVI-B	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.)	complishme	nt of Exempt Ponn (e) of Part XVI-A	urposes	d importantly to the	
See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Ac Explain below how each activity for which income is	complishme	nt of Exempt Ponn (e) of Part XVI-A	urposes	d importantly to the	
See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Ac Explain below how each activity for which income is	complishme	nt of Exempt Ponn (e) of Part XVI-A	urposes	d importantly to the	
See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Ac Explain below how each activity for which income is	complishme	nt of Exempt Ponn (e) of Part XVI-A	urposes	d importantly to the	
See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Ac Explain below how each activity for which income is	complishme	nt of Exempt Ponn (e) of Part XVI-A	urposes	d importantly to the	
See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Ac Explain below how each activity for which income is	complishme	nt of Exempt Ponn (e) of Part XVI-A	urposes	d importantly to the	
See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Ac Explain below how each activity for which income is	complishme	nt of Exempt Ponn (e) of Part XVI-A	urposes	d importantly to the	
See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Ac Explain below how each activity for which income is	complishme	nt of Exempt Ponn (e) of Part XVI-A	urposes	d importantly to the	
See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Ac Explain below how each activity for which income is	complishme	nt of Exempt Ponn (e) of Part XVI-A	urposes	d importantly to the	
See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Ac Explain below how each activity for which income is	complishme	nt of Exempt Ponn (e) of Part XVI-A	urposes	d importantly to the	
See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Ac Explain below how each activity for which income is	complishme	nt of Exempt Ponn (e) of Part XVI-A	urposes	d importantly to the	
See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Ac Explain below how each activity for which income is	complishme	nt of Exempt Ponn (e) of Part XVI-A	urposes	d importantly to the	
See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Ac Explain below how each activity for which income is	complishme	nt of Exempt Ponn (e) of Part XVI-A	urposes	d importantly to the	
See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Ac Explain below how each activity for which income is	complishme	nt of Exempt Ponn (e) of Part XVI-A	urposes	d importantly to the	
See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Ac Explain below how each activity for which income is	complishme	nt of Exempt Ponn (e) of Part XVI-A	urposes	d importantly to the	
See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Ac Explain below how each activity for which income is	complishme	nt of Exempt Ponn (e) of Part XVI-A	urposes	d importantly to the	
See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Ac Explain below how each activity for which income is	complishme	nt of Exempt Ponn (e) of Part XVI-A	urposes	d importantly to the	
See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Ac Explain below how each activity for which income is	complishme	nt of Exempt Ponn (e) of Part XVI-A	urposes	d importantly to the	
See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Ac Explain below how each activity for which income is	complishme	nt of Exempt Ponn (e) of Part XVI-A	urposes	d importantly to the	
See worksheet Part XVI-B Line No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Ac Explain below how each activity for which income is	complishme	nt of Exempt Ponn (e) of Part XVI-A	urposes	d importantly to the	
(See worksheet Part XVI-B Line No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Ac Explain below how each activity for which income is	complishme	nt of Exempt Ponn (e) of Part XVI-A	urposes	d importantly to the	
See worksheet Part XVI-B Line No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Ac Explain below how each activity for which income is	complishme	nt of Exempt Ponn (e) of Part XVI-A	urposes	d importantly to the	
See worksheet Part XVI-B Line No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Ac Explain below how each activity for which income is	complishme	nt of Exempt Ponn (e) of Part XVI-A	urposes	d importantly to the	

•		Exempt Organiza	_							
1				in any of the follow	ring with any other	er organization described	"	T	Yes	No
						on 527, relating to political				
	organizations									
а	Transfers fro	m the reporting founda	ation to a non	charitable exempt	organization of:					Ė
	(1) Cash			·	_			1a(1)		Х
	(2) Other as	ssets	• •					1a(2)		Х
b	Other transa	•	•	•	• •		•			
-		assets to a noncharita	hle evemnt o	rganization				16(1)		Х
		es of assets from a no		•	•		•	1b(2)		X
		of facilities, equipment,						1b(3)		X
	• •				•		• •	1b(4)		X
	• -	rsement arrangements		•	•	•		1b(5)		X
	• •	r loan guarantees				•	••		\vdash	X
		ance of services or me			•		•	1b(6)		X
C	_	acilities, equipment, ma	-		-			1c		
d						(b) should always show the fair n				
						e foundation received less than fa				
			7			e goods, other assets, or services				
	(a) Line no	(b) Amount involved	(c) Nam	e of nonchantable exemp	t organization	(d) Description of transfers, to	ansactions, and shanng	arrangemer	nts	
<u>N / .</u>	<u>A</u>									
			ļ							
			<u> </u>							
						<u> </u>				
			ļ							
				-						
	•			· · · · · · · · · · · · · · · · · · ·				-		
		<u> </u>								
										
		·	 		**			•		
22	Is the found	ation directly or indirect	lly affiliated w	ith or related to or	ne or more tax-ex	rempt organizations	····			
Za		section 501(c) of the (-					X	es 🗀	No
h		nplete the following sch		Hall Section 50 No.				<u></u> '\		,
<u> </u>		(a) Name of organization	iedule.	(b) Type of o	manization	(c) Descri	ption of relationship		••	
		· · · · · · · · · · · · · · · · · · ·	ARTS		FOUNDAT	COMMON MANAGER	Ducit of Foldonomp			
	S&J FRA	ANKEL FINE A	AKI 5	EVIAVID	TOUNDAI	COMMON PARMICER				
	MCC ED7	NIZET ADMC I	COLINID	DDTWATE	EOUNDAT.	COMMON MANAGER		_		
	M&S_FRA	ANKEL ARTS I	FOUND	PRIVATE	FOUNDAT	COMMON MANAGER				——
		·		_						
			-4.6	and the nation and under a	need and a select	lules and statements, and to the best of my	knowledge and belief i	t is true		
	Under per	naities of perjury, I declare the nd complete Declaration of p	at i nave examin oreparer (other th	ied this return, including t nan taxpayer) is based of	accompanying scried n all information of wi	nich preparer has any knowledge				
							May the IRS do			
Sig	ก		1.				(see instruction		Yes	No
Her	re _ /	Allmin	אגאני			/ PRES				
		yar 1700	900				IDENT			
	Sign	ature of officer or trustee	<i>'</i>		Date	Title			, — —	
	Print/Ty	pe preparer's name			Preparer's sumates	f	Date	ſ	Check	
	1				// //		,_1,	ارب	self-em	
Paid -	IALAN	R. STEINBERG	, CPA		L K	t	018	P('/	<u> </u>	
•	oarer Fim's r		ON ADV	ISORS, P.C	:		PTIN PC	0534	1421	
Use	Only			LONG LAKE		E. 200		-265		
	"""	TROY		48098-6319				8-95		
			,				· · · · · · · · · · · · · · · · · · ·	Form 9		
										,

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

Department of the Treasury Internal Revenue Service

Name of the organization

FOUNDATION

MAXINE AND STUART FRANKEL

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

<u>38-3445379</u>

2013

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	X 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
	vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See			
General Rule				
	g Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or contributor. Complete Parts I and II.			
Special Rules				
under sections 509(a)(1	organization filing Form 990 or 990-EZ that met the 33 ¹ /3 % support test of the regulations I) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of 0 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.			
during the year, total co	, (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, intributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, s, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.			
during the year, contrib not total to more than \$ year for an exclusively	(8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, utions for use exclusively for religious, charitable, etc., purposes, but these contributions did 1,000. If this box is checked, enter here the total contributions that were received during the religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule tion because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or			
990-EZ, or 990-PF), but it must	s not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, tanswer "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 certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

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

Name of organi	zation		
MAYTME	ΔMD	שמוזעט	EDANKET.

Employer identification number 38-3445379

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	SAM & JEAN FRANKEL FINE ARTS FOUNDAT 1334 MAPLELAWN DR TROY MI 48084	\$ 1,552,375	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
		\$ <u> </u>	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)	

17072 MAXINE AND STUART FRANKEL 38-3445379 FYE: 12/31/2013

Federal Statements

σI
Faxes
Ta
•
138
Ü
Line
_
art I,
a
쌆
9-066
rm 990-PF,
Ε
Form
Ľ
÷
=
ĕ
tatem
ate
St

Charitable Purpose \$ 20 \$ \$		Charitable Purpose	
Adjusted Net	Expenses	Adjusted Net	-
Investment	Part I, Line 23 - Other	Net Investment	-
Total \$ -1,379 \$ \$ -1,379	Statement 2 - Form 990-PF, Part I, Line 23 - Other Expenses	Total	+
Description EXCISE TAX REFUND MICHIGAN ANNUAL RETURN TOTAL		Description	

Purpose	\$
Net	\$
Investment	\$
Total	1,552,375
Description	EXPENSES CONTRIBUTIONS ON BEHALF SAM & FRANKEL FINE ARTS FOUNDATION SEE ATTACHED TOTAL

Fair Market Value	\$ 2,781,216 1,339,457 \$ 4,120,673
Basis of Valuation	COST
End of Year	\$ 2,716,535 1,380,129 \$ 4,096,664
Beginning of Year	\$ 2,605,561 1,398,810 \$ 4,004,371
Description	MERRILL LYNCH COMERICA SECURITIES TOTAL

Statement 3 - Form 990-PF, Part II, Line 13 - Other Investments

17072 MAXINE AND STUART FRANKEL

38-3445379

Federal Statements

FYE: 12/31/2013

Statement 4 - Form 990-PF, Part II, Line 15 - Other Assets

Description	Beginning of Year	End of Year	Fair Market Value
DUE FROM ART FOUNDATION	\$	\$ 379	\$ 379
TOTAL	\$0	\$ 379	\$ 379

Statement 5 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	Beg of	inning Year	End of Year		
S&J FOUNDATION FUNDS TO DISTRIBUTE	\$		\$	187,625	
TOTAL	\$	0	\$	187,625	

Statement 6 - Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	Amount
SAM AND JEAN FRANKEL TRUST	\$
SAM AND JEAN FINE ARTS FOUNDATION	1,740,000
TOTAL	\$ 1,740,000

Maxine & Stuart Frankel Foundation 12/31/2013 EIN 38-3445379 Contributions made on behalf of Sam and Jean Frankel Foundation EIN 30-0095026

Charity	_			_	Checks Written
Allen Memonal Art Museum	50 West Lorain St	Oberlin	ок	44074	1,000.0
American Foundation for Suicide Prevention	120 Wall Street 29th Floor	New York	NY	10005	500.0
Amencan Friends of the Art Fund	125 Boad Street #2524	New York	NY	10004	5,000.0
Ann Arbor Symphony	220 East Huron	Ann Arbor	MI	48104	1,000 0
Art Serve Michigan	1 Clover Ct	Wixom	MI	48393	1,000 0
Camp-Mak-A-Dream	121 W/ Long Lake Rd #120	Bloomfield Hills	MI	48304	1,000 0
Care House Catch	44765 Woodward Ave 3011 West Grand Blve	Pontiac Detroit	M! Mi	48341 48202	500.0 250.0
Chamber Music Society of Detroit	31731 Northwestern Hwy #259	Farmington Hills	MI	48334	5,000 0
Children's Tumor Foundation	95 Pine St 16th floor	New York	NY	10005	2,500 0
College for Creative Studies	201 East Kirby St	Detroit	MI	48202	500 0
Common Ground	1410 S. Telegraph Rd	Bloomfield Hills	MI	48302	25,000 0
Community House (Birmingham)	380 South Bates St	Birmingham	MI	48009	350 0
COTS	29 Peterboro	Detroit	MI	48201	250 0
Cranbrook	PO Box 801	Bloomfield Hills	MI	48303	117,302 0
Detroit Artists Market	4719 Woodward Ave	Detroit	MI	48201	250.0
Detroit Public TV	1 Clover Ct	Wixom	MI	48393	2,500 0
Detroit Symphony Orchestra	3711 Woodward Ave	Detroit	MI	48201	10,000.0
DIA	5200 Woodward Ave	Detroit	MI	48202	4,250 0
DIA Foundation	535 W 22nd Street	New York	NY	10005	500 0
Focus Hope Forgoten Harvest	1400 Oakman Blve 21800 Greenfield Rd	Detroit Oak Park	MI MI	48238	1,000.0
orgoten Harvest Silda's club	3517 Rochester Rd	Royal Oak	MI	48237 48073	1,000 0 250 0
Gleaners	2131 Beaufart	Detroit	MI	48207	250 0 250 0
Goodwill	3111 Grand River Ave	Detroit	MI	48208	225.0
Grace Centers of Hope	35 E Huron St	Pontiac	MI	48342	300.0
Great Lakes Chamber Musical Festival	20300 Civic Center Drive #100	Southfield	MI	48076	8,000 0
Greening of Detroit	1418 Michigan Ave	Detroit	MI	48216	100.0
Suggenheim Museum	1071 Fifth Ave	New York	NY	10128	250.0
ladassah	50 West 58th Street	New York	NY	10019	1,000.0
AVEN	PO Box 431045	Pontiac	Mt	48343	200 0
lebrew Free Loan	6735 Telegraph Rd	Bloomfield Hills	MI	48301	250 0
ndependent Curators International	401 Broadway	New York	NY	10013	5,000 0
JARC	30301 Northwestern Hwy #100	Farmington Hills	MI	48334	5,000.0
Jewish Family Services	6555 West Maple Road	West Bloomfield	MI	48322	200 0
lewish Federation	6735 Telegraph Rd 1951 Honore Ave	Bloomfield Hills Sarasota	MI FL	48301 34235	15,000 0
Jewish Housing Council Kadima	15999 W. Southfield Rd	Southfield	MI	34235 48076	250 0 2,500.0
aghthouse PATH	PO Box 430508	Pontiac	MI	48043	2,500.0 250 0
Living Arts	8701 W. Vernor #202	Detroit	MI	48209	500.0
MASS MoCA	1040 Mass MoCA Way	North Adams	MA	1247	2,500 0
Michigan Opera	1526 Broadway	Detroit	MI	48226	5,000.0
Mosaic Youth theatre of detroit	2251 Antietam Ave	Detroit	Mi	48207	2,500 0
Museum of Contemporary Art (MOCAD)	4454 Woodward Ave	Detroit	Mi	48201	1,000 0
Museum of Modern Art (MOMA)	11 W. 53rd Street	New York	NY	10019	1,048 0
Neutral Zone	310 East Washington	Ann Arbor	MI	48104	1,000.0
New World Symphony	500 17th Street	Mıami Beack	FL	33139	2,500.0
Noguchi Foundation	32-37 Vernon Blvd	Long Island City	NY	11106	7,500 0
loguchi Museum	32-37 Vernon Blvd	Long Island City	NY	11106	5,000.0
Dakland Family Services	114 Orchard Lake Rd 30215 Southfield Rd	Pontiac	MI	48341	500 0
Orchards Children's Services		Southfield	MI	48076	250 0
JKI Povetie Better	6735 Telegraph Rd #150 10125 East Jefferson Ave	Bloomfield Hills Detroit	MI MI	48301 48214	550 0 3,500 0
Pewabic Pottery Salvation Army	26235 Greenfield Rd	Southfield	MI	48075	150 0
Smithsonian American Art Museum	MRC 970 PO Box 37012	Washington	DC	20013	1,000 0
Socrates Sculpture Park	6259 32-01 Vernon Blvd	Long Island City	NY	11106	20,000 0
South Oakland Shelter	431 N Main St	Royal Oak	MI	48067	300 0
phinx Organization	400 Renaissance Center #2550	Detroit	MI	48243	100,000.0
torm King Art Center	PO Box 280 Old Pleasant Hill Rd	Mountainville	NY	10953	20,000.0
HAW - The Heart and Warmth Fund	PO Box 7000	Detroit	Mt	48227	100.0
he Henry Ford	20900 Oakwood Blvd	Dearborn	Mi	48124	250.0
oledo School for the Arts	333 14th Street	Toledo	ОН	43604	52,500.0
rishia Brown Dance Company	465 Greenwich St	New York	NY	10013	250.0
Inited Way	1212 Griswold Street	Detroit	MI	48226	5,000.0
Iniversity Musical Society	881 North University Ave	Ann Arbor	MI	48109	206,000.0
Jniversity of Michigan	3003 South State Street #8000	Ann Arbor	MI	48109	880,000.0
Inversity of Michigan Museum of Art (UMMA)	3003 South State Street #8000	Ann Arbor	MI	48109	8,400.0
Water Mill Center	39 Watermill Towd Road	Water Mill	NY	11976	5,000.0
WRCJ 90.9 FM	1 Clover Ct	Wixom	MI	48393	200 0
Yad Exra	2850 W 11 Mile Rd	Berkely	MI	48072	200.0

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

		illing for an Automatic 3-Month Extension, complete	=	•		•		▶ X
		iling for an Additional (Not Automatic) 3-Month Exte ete Part II unless you have already been granted an a				868.		
Electr	onic fili	ng (e-file). You can electronically file Form 8868 if you	need a 3-mo	onth automatic extension of ti	me to file (6 ma	onths f	or	
		equired to file Form 990-T), or an additional (not autom						
		t an extension of time to file any of the forms listed in F						
Returr	for Tran	nsfers Associated With Certain Personal Benefit Contra	acts, which n	nust be sent to the IRS in pap	er format (see			
instruc	tions). F	or more details on the electronic filing of this form, visit	www.irs.gov	//efile and click on e-file for C	harities & Nonp	rofits.		
Par	<u>tl</u>	Automatic 3-Month Extension of Time.	Only subr	<u>nit original (no copies n</u>	eeded).			
А согр	oration r	equired to file Form 990-T and requesting an automati	c 6-month ex	tension – check this box and	complete			. \Box
Part I	•						••	▶ [_]
	-	rations (including 1120-C filers), partnerships, REMICs	, and trusts i	must use Form 7004 to reque	st an extension	of tim	ie	
to file i	income t	ax returns.						
					Enter filer's id			
Type	or	Name of exempt organization or other filer, see instru			Employer identification number (EIN) or) or
print		MAXINE AND STUART FRANKEL						
		FOUNDATION			38-3445379 Social security number (SSN)			
File by the due date	for	Number, street, and room or suite no. If a P.O. box, street, AMPLELAWN DRIVE	see instruction	ons.	Social securi	ty num	nber (55N)	
filing you return S		City, town or post office, state, and ZIP code. For a fe	oreign addre	ss, see instructions.				
instruction		TROY MI	48084					
Enter	the Retu	rn code for the return that this application is for (file a s	eparate appl	lication for each return)				04
	lication		Return	Application			. .	Return
Is F			Code	Is For			Code	
		Form 990-F7	01	Form 990-T (corporation)			07	
Form 990 or Form 990-EZ 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		
		MAXINE & STUART FRANK	EL					
		1334 MAPLELAWN DRIVE						
• Th	ie books a	are in the care of ▶ TROY					. MI 480	084
Te	elephone	No. ▶ 248-649-2924	FAX No.	. ▶				
		nization does not have an office or place of business in	the United S	States, check this box				▶ 🗌
• If	this is fo	r a Group Return, enter the organ <u>iza</u> tion's four digit Gro	oup Exemption	on Number (GEN)	If this i	is		
		roup, check this box			and attach			
a list v	vith the r	names and EINs of all members the extension is for.						
		t an automatic 3-month (6 months for a corporation req $8/15/14^{\circ}$, to file the exempt organization return						
	•	rganization's return for:	ioi aic orga	meanor named above. The ca	ACCIOIOTI IO			
		calendar year 2013 or						
	_	to the stantant and a stantant						
•	_	tax year beginning , and ending , and ending ,	k reason:	. Initial seture	nal return			
2		x year entered in line 1 is for less than 12 months, check reason:						
 За		oplication is for Forms 990-BL, 990-PF, 990-T, 4720, or	6069, enter	the tentative tax, less any			-	
		ndable credits. See instructions.	2221 311131			3a	\$	4,813
		oplication is for Forms 990-PF, 990-T, 4720, or 6069, ea	nter any refu	ndable credits and				
		ed tax payments made. Include any prior year overpayn				3b_	\$	3,813
		e due. Subtract line 3b from line 3a. Include your paym						
		(Electronic Federal Tax Payment System). See instruct				3c	\$	<u>1,000</u>
Cautio	n. If you	are going to make an electronic funds withdrawal (direct debit)	with this Form	8868, see Form 8453-EO and Fo	rm 8879-EO for p	ayment	t instructions.	

Form 8868 (Re	ev. 1-2014)					Page 2	
If you are:	filing for an Additional (Not Automatic) 3-Month E	xtension, cor	nplete only Part II and check	this box		▶ X	
	mplete Part II if you have already been granted an a						
• If you are	filing for an Automatic 3-Month Extension, compl	ete only Part	l (on page 1).				
Part II	Additional (Not Automatic) 3-Month E	Extension of	of Time. Only file the or	iginal (no copies	needed).		
				Enter filer's identif	ying number,	see instructions	
Type or	<u> </u>				er identification number (EIN) or		
print	MAXINE AND STUART FRANKEL						
-	l l			38-34453	-3445379		
File by the				Social security nu			
due date for filing your	1334 MAPLELAWN DRIVE			,			
return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
instructions.	TROY MI 48084						
Enter the Retu	urn code for the return that this application is for (file	a separate app	olication for each return)			04	
Application	ation Return Application				Return		
Is For		Code	Is For			Code	
	r Form 990-EZ	01	(* . : :	· (:	· · · · ·	Code	
		02	<u> </u>	······			
Form 990-8			Form 1041-A			08	
Form 4720 (03	Form 4720 (other than indi	viduai)		09	
Form 990-P		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			
• If this is for for the whole of the whole of the with the name of the whole of the with the name of the with the name of the with the tax of the with the	MAXINE & STUART FRAIT 1334 MAPLELAWN DRIVER are in the care of ► TROY e No. ► 248-649-2924 anization does not have an office or place of business or a Group Return, enter the organization's four digit of group, check this box ► ☐ . If it is for place arms and EINs of all members the extension is for. est an additional 3-month extension of time until 1. endar year 2013, or other tax year beginning x year entered in line 5 is for less than 12 months, change in accounting period detail why you need the extension ITIONAL TIME IS REQUESTED ACCURATE RETURN.	FAX No. s in the United Group Exempti art of the group 1/15/14 g	on Number (GEN) o, check this box , check this box , and ending Initial return Fi	. If this is and attach a and attach a		48084 ► □	
,	pplication is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, enter	the tentative tax, less any	90		0	
	Indable credits. See instructions.	ontor ony rofe-	ndable credite and	8a	\$		
•	pplication is for Form 990-PF, 990-T, 4720, or 6069,						
	ed tax payments made. Include any prior year overpa	ayment allowed	as a credit and any	تبيتا	1.	4 012	
	paid previously with Form 8868.			8b	\$	4,813	
	e due. Subtract line 8b from line 8a. Include your pay	yment with this	form, if required, by using EF	j j		0	
(Electro	nic Federal Tax Payment System). See instructions.	···		8c	1_\$		
	Signature and Verious of perjury, I declare that I have examined this form the belief, it is true, correct, and complete, and that I are	n, including acc		-	best of my		
			- 0 4			al. 1	
Signature .	Meredith Calvin	Ti-	te CPA	 	Oate ►		
,		-		1 1	Form	8868 (Rev 1-2014)	

Sid mailed 8/12/14