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

OMB No 1545-0052

Department of the Treasury

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

Inter	nal Rever	nue Service Information about Form 990-PF	and its separate inst	ructions is	at www.ii	s.gov/iorniaaopi.	Open to 1 above mapped to
_			and ending		· - ·		
	ame of for				A Emplo	oyer identification number	
		ROBERT AND GAIL KATZ FAMILY			26	-3323920	
		DATION d street (or P O box number if mail is not delivered to street address)		om/suite		hone number (see instructions	
		BLOOMFIELD WOODS COURT		onesane	- •	B-332-6653	•,
С	ity or towr	n, state or province country, and ZIP or foreign postal code			C If exer	mption application is pending,	check here
_		BLOOMFIELD MI 48323				,	, –
G	Check		rn of a former public ch	narity	D 1. Fo	reign organizations, check he	re
		Final return Amended			2 Fo		
		Address change Name cha	inge		85	% test, check here and attach	computation
Н	Check	type of organization X Section 501(c)(3) exempt private	foundation		E If priva	ate foundation status was tern	ninated under
	Section	n 4947(a)(1) nonexempt charitable trust Other taxable	e private foundation		sectio	n 507(b)(1)(A), check here	▶ [
1 F	aır ma	rket value of all assets at J Accounting method	X Cash Acc	rual	F If the f	foundation is in a 60-month te	rmination
•	end of y	rear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check h	ere •
	ine 16)	▶ \$ 84,535 (Part I, column (d) must	be on cash basis)				
F	art i	Analysis of Revenue and Expenses (The total of	(a) Revenue and expenses per	(b) Net inv	estment	(c) Adjusted net	(d) Disbursements for chantable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	books	incon	те	ıncome	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	4				(cash basis dilly)
))))	2	Check ► X if the foundation is not required to attach Sch B					
37	3	Interest on savings and temporary cash investments	2	·····	2	2	
1	4	Dividends and interest from securities	2,210		2,210	2,210	
Z.		Gross rents					
ກ ດີ	b	Net rental income or (loss)					
٣Ž	6a	Net gain or (loss) from sale of assets not on line 10 STMT 1	44,454				
顶	ь	Gross sales price for all assets on line 6a 118,981				***************************************	
	7	Capital gain net income (from Part IV, line 2)			0		
SCAINED JUN Revenue	8	Net short-term capital gain				0	
ر م	9	Income modifications					
*	10a	Gross sales less returns and allowances					
	Ь	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	46,670		2,212	2,212	
Ś	13	Compensation of officers, directors, trustees, etc	0				
enses	14	Other employee salaries and wages					
	15	Pension plans, employee benefits					
X	16a	Legal fees (attach schedule) RECEIV	<u> </u>				
ě	þ	Accounting fees (attach schedule)	ــــــاي ــــــــــــــــــــــــــــــ				
Operating and Administrative Exp	C	Other professional fees (attach schedules)	15				
štri	17	1					
Ë	18	Taxes (attach schedule) (see instructions)					
Ξ	19		UT				
Ą	20	Occupancy			——		
þ	21	Travel, conferences, and meetings Printing and publications					
ā	23	- ·	1 604		040		
ing	24	Other expenses (att sch) STMT 2 Total operating and administrative expenses.	1,684		842		842
rat		Add lines 13 through 23	1,684		842	ړ	040
ρe	25	Contributions, gifts, grants paid	48,421		042	0	842
0	26	Total expenses and disbursements. Add lines 24 and 25	50,105		842	0	48,421
	27	Subtract line 26 from line 12.	30,103	·····	042	U	49,263
	a	Excess of revenue over expenses and disbursements	-3,435				
	b	Net investment income (if negative, enter -0-)	3,233		1,370		
	c	Adjusted net income (if negative, enter -0-)			-, -, 0	2,212	

	Part	Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only (See instructions.)	Beginning of year	End of	year
_	ranı	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	25,818	69,399	69,39
	2	Savings and temporary cash investments			
	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 (attach schedule) (see			
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
		Less allowance for doubtful accounts ▶ 0			
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments – U.S. and state government obligations (attach schedule)			
	ь	Investments – corporate stock (attach schedule) SEE STMT 3	102,465	49,282	15,136
	С	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.) ▶			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.) ▶			
	15	Other assets (describe ▶			
	16	Total assets (to be completed by all filers – see the			
		instructions Also, see page 1, item I)	128,283	118,681	84,535
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue			
ij	20	Loans from officers, directors, trustees, and other disqualified persons			
ia	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ► SEE STATEMENT 4)	6,167		
4	23	Total liabilities (add lines 17 through 22)	6,167	0	
		Foundations that follow SFAS 117, check here			
è		and complete lines 24 through 26 and lines 30 and 31.			
ĕ	24	Unrestricted			
Net Assets or Fund Balances	25	Temporarily restricted			
ā	26	Permanently restricted			
틧		Foundations that do not follow SFAS 117, check here			
닐		and complete lines 27 through 31.			
5	27	Capital stock, trust principal, or current funds			
se	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
AS	29	Retained earnings, accumulated income, endowment, or other funds	122,116	118,681	
ĕ	30	Total net assets or fund balances (see instructions)	122,116	118,681	
	31	Total liabilities and net assets/fund balances (see			
4		instructions)	128,283	118,681	
	Part I				
1	lotal	net assets or fund balances at beginning of year - Part II, column (a), line 30 (mus	t agree with		
_		f-year figure reported on prior year's return)		1	122,116
_		amount from Part I, line 27a		2	-3,435
3		increases not included in line 2 (itemize)		3	
		nes 1, 2, and 3		4	118,681
		eases not included in line 2 (itemize)		5	
	iotal	net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b)), line 30	6	118,681

(d) Date sold (mo , day, yr)
1-7
ss) s (g) ——————
un minus nan -0-) or (h))
Yes X No
ratio
by col (c))
 -
14
14
14
ahil

	m 990-PF (2014) THE ROBERT AND GAIL KATZ FAMILY 26-332							⊃age ·
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – s		ons)				,	
1a	• , , , , , , , , , , , , , , , , , , ,							
	Date of ruling or determination letter: (attach copy of letter if necessary—see in	nstructions)	'					-
b	• =			_1	- 			14
	here X and enter 1% of Part I, line 27b							
С	The second secon		_					
	Part I, line 12, col (b)							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -	0-)		2				(
3	Add lines 1 and 2			3	 			14
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter	-0-)	- 1	4				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			5				14
6	Credits/Payments							
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a		50					
b	Exempt foreign organizations – tax withheld at source							
С.	Tax paid with application for extension of time to file (Form 8868) 6c							
_d	Backup withholding erroneously withheld 6d							
7	Total credits and payments Add lines 6a through 6d			7	 			50
8	Enter any penalty for underpayment of estimated tax. Check hereIf Form 2220 is attached			8	+			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9	-			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		>	10				36
11	Enter the amount of line 10 to be Credited to 2015 estimated tax > 36	Refunded	<u> </u>	11				
	art VII-A Statements Regarding Activities						1	_
1a	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	i it					Yes	No
_	participate or intervene in any political campaign?					<u> 1a</u>	<u> </u>	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see						ĺ	۱
	Instructions for the definition)?					1b	ļ	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mater	ıals						
_	published or distributed by the foundation in connection with the activities						1	
c d	Did the foundation file Form 1120-POL for this year?					1c	ļ	X
ŭ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year							
е	(1) On the foundation \(\bigs \) (2) On foundation managers \(\bigs \) \(\bigs \)			_				
C	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax improve on foundation managers > \$	osed						
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					2	<u> </u>	X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, a							
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	articles of						
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?					3_	<u> </u>	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?				M / A	4a		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				N/A	4b		v
	If "Yes," attach the statement required by General Instruction T					5		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 in the state of	that						
	conflict with the state law remain in the governing instrument?	lilal					v	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II,	col (o) and	Don	V.		6	X	
Вa	Enter the states to which the foundation reports or with which it is registered (see instructions)	cor (c), and	ran	۸V		7	^	
	MI							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gen	eral						
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	C. al				0 L	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)	(3) or				8b		
	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If	(U) UI ["Yee"				1	1	
	complete Part XIV	163,				ا ۾		v
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing	their			f	9		<u> </u>
	names and addresses	STM	T F	5		10		х
				-	<u></u>	m 99	0-PF	
					r	,,,,, J	J-1 [(ZU14)

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Forn	1 990-PF (2014) THE ROBERT AND GAIL KATZ FAMILY 26-332392	20			P	age
P	art VII-A Statements Regarding Activities (continued)					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)			11		X
12	Qid 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 applic	ation?		13	X	
	Website address ► N/A					
14	The books are in care of ▶ DR. ROBERT M. KATZ	phone no	248-3	32-	-665	3
	2080 BLLOMFIELD WOODS COURT	•				
	Located at ▶ WEST BLOOMFIELD MI	ZIP+4 ▶	48323	3		
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			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority	_			Yes	N
	over a bank, securities, or other financial account in a foreign country?			16	'''	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If					
	"Yes," enter the name of the foreign country ▶					
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u></u>	**********	
	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)				1.03	<u> </u>
-	(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					
	disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No X No X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	162	A NO			
	the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	Tes	X No			
	foundation agreed to make a grant to or to employ the official for a period after					
	termination of government service, if terminating within 90 days.)	□ v	X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regula	Yes	X No			
-	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	uons	N/A	1	1 1	
	Organizations relying on a current notice regarding disaster assistance check here		N/A	1b		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that					
•	were not corrected before the first day of the tax year beginning in 2014?		N/A			
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		IV/A	1c		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and		İ			
	6e, Part XIII) for tax year(s) beginning before 2014?	□ v	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	Yes	X 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)		NT / 2	1		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		N/A	2b	\rightarrow	
	≥ 20 , 20 , 20 , 20			. 1		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise					
	at any time during the year?		₹			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or	Yes	X No			
	or 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 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 2014?

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 2014)

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3b

4a

4b

N/A

Form	990-PF (2014) THE ROBERT 2	AND GAIL KATZ FAMI	LY 26-3	<u>3323920 </u>			Page (
Pa	rt VII-B Statements Regard	ing Activities for Which For	m 4720 May Be F	Required (conf	tinued)	······································	•••••
5a	During the year did the foundation pay of	r incur any amount to:		,,,,,			
	(1) Carry on propaganda, or otherwise	attempt to influence legislation (section	on 4945(e))?		Yes X No		
	(2) Influence the outcome of any specif	ic public election (see section 4955),	or to carry on,				
	directly or indirectly, any voter regist	tration drive?		<u> </u>	Yes X No		
	(3) Provide a grant to an individual for the	ravel, study, or other similar purposes	37	□,	Yes X No		
	(4) Provide a grant to an organization o	ther than a chantable, etc , organizat	on described in				
	section 4945(d)(4)(A)? (see instruct	ions)			Yes X No		
	(5) Provide for any purpose other than	•	, or educational				
	purposes, or for the prevention of cr	•			Yes X No		
b	If any answer is "Yes" to 5a(1)–(5), did a		=		37 / 3		
	Regulations section 53 4945 or in a curr		•	?	N/A	5b	-+
	Organizations relying on a current notice						
С	If the answer is "Yes" to question 5a(4),	•	from the tax	37/3 [—]			
	because it maintained expenditure responsible.	•		N/A 📋	Yes No		
_	If "Yes," attach the statement required b	· · ·					
6a	Did the foundation, during the year, rece	eive any funds, directly or indirectly, to	pay premiums	П.	. .		
	on a personal benefit contract?				Yes X No		
b	Did the foundation, during the year, pay	premiums, directly or indirectly, on a	personal benefit cont	ract'?		6b	X
7.	If "Yes" to 6b, file Form 8870	formulation a sense to be a			Yes X No		
	At any time during the tax year, was the	, - ,			Yes X No N/A	7b	
	If "Yes," did the foundation receive any part VIII Information About Of	ficers, Directors, Trustees,					
, .	and Contractors	nicers, Directors, Trustees,	oundation man	agers, mgmy	r ald Employ	ccs,	
1 L	ist all officers, directors, trustees, four	ndation managers and their compe	ensation (see instruc	etions)	·		
				<u> </u>	(d) Contributions to		
	(a) Name and a	address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit		ense account,
			devoted to position	enter -0-)	plans and deferred compensation	otner	allowances
RO	BERT M. KATZ	WEST BLOOMFIELD	DIRECTOR		·		
20	80 BLOOMFIELD WOODS COURT	MI 48323	0.00	٥ ا		,]	0
GA	IL L. KATZ	WEST BLOOMFIELD	DIRECTOR				
20	80 BLOOMFIELD WOODS COURT	MI 48323	0.00	0	l		0
2	Compensation of five highest-paid en	ployees (other than those include	d on line 1 – see ins	tructions). If non	e, enter		
	"NONE."						
			(b) Title, and average		(d) Contributions to	_	
	(a) Name and address of each employee p	paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		ense account, allowances
			devoted to position		compensation		
NO	NE						
			_				
							_
							
	number of other ampleus - 1	0.000			<u></u>		
otal	number of other employees paid over \$5	U,UUU					0
					Fo	m 990)-PF (2014)

Form 990-PF (20	14) THE ROBERT AND GAIL KATZ FAMILY	26-3323920	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundation	dation Managers, Highly Paid	Employees,
	and Contractors (continued)		
3 Five highe	st-paid independent contractors for professional services (see instr	uctions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
	·· ·		
Total number of	others receiving over \$50,000 for professional services		•
Total number of t	others receiving over \$50,000 for professional services		
Part IX-A	Summary of Direct Charitable Activities		
	four largest direct charitable activities during the tax year. Include relevant statistical information their beneficiaries served, conferences convened, research papers produced, etc.	such as the number of	Expenses
1 N/A			
2			
3			
		· · · · · · · · · · · · · · · · · · ·	<u> </u>
4			
Part IX-B	Summary of Program-Related Investments (see instru	uctions)	
	gest program-related investments made by the foundation during the tax year on lines 1 and 2	ictions)	A
1 N/A	garage and the second of the content of the second of the		Amount
,			
2			
All other program-rel	lated investments. See instructions		
3			
Total. Add lines 1	through 3	_	

Form **990-PF** (2014)

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Enter 1% of Part I, line 27b (see instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2014)

4

Pa	art XIII Undistributed Incom	e (see instructions)			
1	Distributable amount for 2014 from Part	XI,	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
	line 7					0
2	Undistributed income, if any, as of the e	end of 2014				
а	Enter amount for 2013 only					
b	Total for prior years 20 , 20	, 20				
3	Excess distributions carryover, if any, to					
а	From 2009	28,691				
b	From 2010	52,345				
С	From 2011	47,212				
d	From 2012	51,603				
е	From 2013	46,911	1			
f	Total of lines 3a through e		226,762			
4	Qualifying distributions for 2014 from Pa	art XII,				
	line 4 ▶ \$ 49,263					
а	Applied to 2013, but not more than line	2a				
b	Applied to undistributed income of prior	years				
	(Election required – see instructions)					
С	Treated as distributions out of corpus (E	lection				
	required – see instructions)					
d	Applied to 2014 distributable amount					
е	Remaining amount distributed out of cor	rpus	49,263			
5	Excess distributions carryover applied to	2014				
	(If an amount appears in column (d), the	same				
	amount must be shown in column (a))				ļ	
6	Enter the net total of each column as					
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e. Subtra	ict line 5	276,025			
þ	Prior years' undistributed income. Subtra	act				
	line 4b from line 2b					
C	Enter the amount of prior years' undistrib	buted				
	income for which a notice of deficiency h	nas				
	been issued, or on which the section 49	42(a)				
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxable					
	amount - see instructions					
е	Undistributed income for 2013 Subtract	line				
	4a from line 2a Taxable amount - see					
	instructions					
f	Undistributed income for 2014 Subtract					
	4d and 5 from line 1 This amount must	be				
_	distributed in 2015					0
7	Amounts treated as distributions out of c					
	to satisfy requirements imposed by secti					
	170(b)(1)(F) or 4942(g)(3) (Election may	be			į	
	required—see instructions)					
8	Excess distributions carryover from 2009					
a	applied on line 5 or line 7 (see instruction	,	28,691			
3	Excess distributions carryover to 2019	5.			Į.	
^	Subtract lines 7 and 8 from line 6a	ļ	247,334			·····
0	Analysis of line 9.	 			Į.	
a b	Excess from 2010 Excess from 2011	52,345		1		
	Excess from 2011 Excess from 2012	47,212				
	Excess from 2012 Excess from 2013	51,603				
	Excess from 2014	46,911 49,263				
<u> </u>		77,403		. 1	į.	

Any restrictions or limitations on awards, such as by geographical areas, chantable fields, kinds of institutions, or other

factors N/A

Part XV Supplementary Information (co	ntinued)			
Part XV Supplementary Information (col 3 Grants and Contributions Paid During the	Year or Approved for I	Future Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
Name and address (home or business) a Paid during the year SEE STATEMENT 6	any foundation manager		contribution	48,421
Total b Approved for future payment N/A			▶ 3a	48,421

Analysis of Income-Producing Activities

2	6	-	3	3	2	3	9	2	0			
_												

Enter	gross amo	ounts unless otherwise indicated	Unrelat	ed business income	Exclude	d by section 512, 513, or 514	(e)
1 12	Program se	rvice revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
	•				-		
					<u> </u>	<u></u>	
					-		
			_		 		
					<u> </u>	· ,, , ····	
f							
g		d contracts from government agencies					
_		dues and assessments	_				
	•	savings and temporary cash investments		-			2
		nd interest from securities	_				2,210
		come or (loss) from real estate	••••				
а		anced property			1		
b		t-financed property			· · · · · ·		
		come or (loss) from personal property					
		ment income					
		s) from sales of assets other than inventory					44,454
		or (loss) from special events			<u> </u>		-
		or (loss) from sales of inventory					
		ue a					
b							
С							
12 S	Subtotal Ad	ld columns (b), (d), and (e)		0		0	46,666
13 T	otal. Add h	ne 12, columns (b), (d), and (e)				13	46,666
		in line 13 instructions to verify calculations)					
Pa	nt XVI-B						
Li	ne No.	Explain below how each activity for which income	is reported in c	olumn (e) of Part XVI-	A contrib	outed importantly to the)
	▼	accomplishment of the foundation's exempt purpo	ses (other than	by providing funds fo	r such pu	irposes) (See instruct	ions)
	A/N						
							
				· · · · · · · · · · · · · · · · · · ·			
							
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26-3323920

Part 2	XVII	Information Regardates Exempt Organization	_	ansfers To a	nd Transaction	ons and Relationships W	ith Noncharitable		
1 Dic	the ere			ne in any of the f	ollowing with any	other organization described		Yes	No
ເຸກ :	section 5	01(c) of the Code (othe				ection 527, relating to political			
•	ganizatioi		lation to a ne	ancharitable ever	mot organization	.f			
		om the reporting found	iation to a ric	onchantable exer	mpi organization ()1	1a(1	,l	x
٠.	Cash Other a	aaata					1a(2		X
٠,	her trans						10,2	_	
			abla avamnt	organization			1b(1	, l	x
		f assets to a noncharit ses of assets from a no		=	ation		1b(2	$\overline{}$	X
		of facilities, equipment			3((0))		1b(3		X
		rsement arrangements		3613			1b(4		X
		or loan guarantees	•				1b(5		Х
		nance of services or me	embership o	r fundraising soli	citations		1b(6		Х
		acılıtıes, equipment, m	•	_			1c		Х
	•		•	=		mn (b) should always show the	fair market		
		=			_	the foundation received less that			
		=	_	-		f the goods, other assets, or serv		_	
(a) Lı	ne no	(b) Amount involved	(c) Nam	e of noncharitable exe	empt organization	(d) Description of transfers, t	ransactions, and sharing arrangem	ents	
$A \setminus I$									
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			<u> </u>						
22 s1	the found	ation directly or indirec	tly offiliated	with or rolated to					
de	scribed in	section 501(c) of the only on the only of the only on	Code (other				Y	es X] No
<u> </u>		a) Name of organization	iedule	(b) Type of	f organization	(a) Descri	ption of relationship		
N/		<u>,</u>		(2) 1) po o.	- organization	(c) Descii	ption or relationship		
									
					···-				
							-,		
	Under per	halties of perjury, I declare the	at I have exami	ned this return, including	ing accompanying sch	edules and statements, and to the best of which preparer has any knowledge	my knowledge and belief, it is tru	Э,	
	correct, a	or complete Declaration of p	reparer (other t	man taxpayer) is base	ed on all information of	which preparer has any knowledge	May the IRS discuss this i	eturn	\neg
ign		<i></i>	٨				with the preparer shown b		¬
lere		1	~ K	11/11/	The x C	12 20.6	(see instructions)?	Yes	No
	—	× /h	x /u	(C) 11	XX	TRUS	TEE		
	Signa	ature of officer or trustee			Date	Title			
	Print/Ty	pe preparer's name)	Preparer's signatu	re all l.	Date	Check	☐ if
aid					1 /levrald	n. Whenter Cr	1	self-em	ployed
reparer		LD N. SILBERS			RÓNALD N.	SILBERSTEIN	06/18/15		
se Only	Firm's n		RSTEIN		PLLC		PTIN P00839		
•	Firm's a			RAPH RD	#2175		Firm's EIN ▶ 20-034		
		BINGH	AM FAR	MS, MI	48025		Phone no 248-30	2-3	344

20202067 The Robert and Gail Katz Family 26-3323920 FYE: 12/31/2014

Federal Statements

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	Net Gain / Loss		\$ 10,981		4,348		19.850		9,275	0 \$ 44,454
	Depreciation		w	-						\$ O
	Expense									
	Cost		31,398 \$				37,349	•	5,780	74,527 \$
How Received	Sale Price	PURCHASE	42,379 \$	PURCHASE	4,348	PURCHASE	57,199	PURCHASE	15,055	118,981 \$
	Date Sold		9/10/14 \$		6/23/14		6/13/13 10/10/14		5/13/14	w
Description	Date Acquired	VICATIONS	6/13/13		12/23/13		6/13/13		11/21/11	
D	Whom Sold	8100 FRONTIER COMMUNICATIONS		22 CALL AUXL		2200 AUXILIUM PHARM		1000 BANK OF AMERICA		TOTAL

Statement 2 - Form 990-PF, Part I, Line 23 - Other Expenses

Charitable Purpose	vr-	90	\$ 842
Adjusted Net	w.		\$
Net Investment	w	90	\$ 842
Total	ሉ	180	\$ 1,684
Description	EXPENSES	ADMINISTRATIVE EXPENSES INVESTMENT EXPENSES	TOTAL

20202067 The Robert and Gail Katz Family 26-3323920 FYE: 12/31/2014

Federal Statements

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· Market /alue	2,142	7,1643,656	15,136
Fair	ক		က္
Basis of Valuation	COST COST COST COST COST	COST	
End of Year	15,423 9,165	19,944 4,750	49,282
	ጭ		γ
seginning of Year	15,423 9,165 5,780 37,349 34,748	;	102,465
ш	w		w
Description	300 SH CLIFFS NATURAL RESOURCES 1150 SH HARMONY GOLD SPNSD ADR 2000/1000 SH BANK OF AMERICA CORP 2200 SH AUXILIM PHARMACEUTICALS 8100 SH FRONTIER COMMUNICATIONS	600 SEADRILL LTD 3715 PERPETUAL ENERGY INC	TOTAL

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

FYE: 12/31/2014

6/18/2015 12:06 PM

Statement 4 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	Be	Beginning of Year		
OTHER	\$	6,167	\$	
TOTAL	\$	6,167	\$	0

100 150 50 125 6/18/2015 12:06 PM 36 36 90 161 2-6 **Amount** Statement 6 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year City, State, Zip Statement 5 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors WEST BLOOMFIELD MI 48323 Purpose Federal Statements Status Address 2080 BLOOMFIELD WOODS COURT Address Relationship 20202067 The Robert and Gail Katz Family FRIENDS OF WEST BLOOMFIELD LIBRARY GLEANERS COMMUNITY FOOD BANK DETROIT SYMPHONY ORCHESTRA CONGREGATION BETH AHM Name Name Address ROBERT & GAIL KATZ FUTURES FOUNDATION DETROIT PUBLIC TV FORGOTTEN HARVEST ARC OF MICHIGAN ALS ASSOCIATION DAVID HORODOKER FYE: 12/31/2014 ALMOST HOME 26-3323920 AMERICARES ACCESS

20202067 The Robert and Gail Katz Family 26-3323920 FYE: 12/31/2014		Federal Statements		6/18/2015 12:06 PM
Statement 6 - For	rm 990-PF, Part	Statement 6 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)	butions Paid During the	, ,
Name		Address		
Address	Relationship	Status	Purpose	Amount
GLSEN				C
HEBREW CONGRESS				0/
HOLOCAUST MEMORIAL CENTER				
HEIDELBERG PROJECT				62
INTERFAITH LEADERSHIP COUNCIL				
JARC				1,750
JEWISH COM RELATION				21,000
				236
				5,672
				236
JVS				
KADIMA				5,200
LEUKEMIA/LYMPHOMA				20
MISCELLANEOUS				
NCJW				6,943
SONG AND SPIRIT INSTITUTE				881
STUDENT LIFE				1,200
				ú
				٥

20202067 The Robert and Gail Katz Family 26-3323920 FYE: 12/31/2014		Federal Statements	ıts	6/18/2015 12:06 PM
Statement 6	Statement 6 - Form 990-PF, Part >	V, Line 3a - Grants & Year (continued)	XV, Line 3a - Grants and Contributions Paid During the Year (continued)	the
Name		Address		
	Relationship	Status	Purpose	Amount
IEMFLE ISKAEL UNIVERSITY OF MICHIGAN				3,768
WDET				
WISDOM				
WRCJ				385
YAD EZRA				50
TOTAL				200
				9

T(Rev January 2014)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

Internal Revenu	ue Service	► Information about Form 88	68 and its ir	nstructions is at www	urs.gov/10/mocoo.			
• If you are	e filing for a	n Automatic 3-Month Extension, c	omplete o	only Part I and chec	k this box			▶ □
• If you are	e filing for a	n Additional (Not Automatic) 3-Mo	onth Exten	sion, complete onl	y Part II (on page 2 d	f this	form).	
Do not co	molete Par	rt II unless you have already been g	ranted an	automatic 3-month	extension on a previo	usly	filed Fo	rm 8868.
a corporat 8868 to re	ion requirer equest an e Transfers	(le). You can electronically file Form d to file Form 990-T), or an additionaxtension of time to file any of the f Associated With Certain Personal e details on the electronic filing of the	al (not auto orms listed Benefit (omatic) 3-month ext d in Part I or Part II Contracts, which mi	ension of time. You do with the exception dust be sent to the	an er of For IRS I	rm 8870 n pape	D, Information r format
Part I		tic 3-Month Extension of Time						
A corpora Part I only All other co	tion require orporations	ed to file Form 990-T and reques	sting an a	utomatic 6-month	extension—check th			> 📙
to file incoi	me tax retu	rns			Enter filer's identifyir		mhar es	ee instructions
	131				Employer identification			
Type or	i	exemp: organization or other filer, see in			, -			, 01
print	L	ERT AND GAIL KATZ FAMILY FOUND			l	3323		
File by the	Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)							
due date for								
filing your	City, tow	n or post office, state, and ZIP code. For	a foreign a	ddress, see instruction	s.			
return See instructions	WEST BL	OOMFIELD, MI 4832304						
F-4	······································		. ((0)		f t t t			0 4
Enter the F	return code	for the return that this application is	s for (file a	separate application	i for each return) .	٠	•	[0]4]
Application	on		Return	Application				Return
Is For Code Is For							Code	
Form 990	or Form 99	00-FZ	01	Form 990-T (corpo	ration)			07
Form 990			02	Form 1041-A				08
	Form 4720 (Individual) 03 Form 4720 (other than individual) 09							
Form 990-PF 04 Form 5227 10								
			05	Form 6069				11
Form 990-	-1 (trust oth	er than above)	06	Form 8870				12
Telephon If the orga If this is for the who a list with the	ne No. ▶ anization do or a Group ole group, c he names a quest an au	248-332-6653 Des not have an office or place of but Return, enter the organization's four heck this box ▶ □ . If it and EINs of all members the extension tomatic 3-month (6 months for a constitution of the exemples	isiness in to digit Grou is for parton is for. poration re	up Exemption Numb of the group, check equired to file Form	er (GEN) this box	me	and a	▶□ his is attach ctension is
≥	calendary tax year be tax year e thange in ac s application	intered in line 1 is for less than 12 m counting period on is for Forms 990-BL, 990-PF, 990				n	, 20	
וחסת	refundable	credits. See instructions.			·	3a	\$	50
b If th	is applicat	ion is for Forms 990-PF, 990-T, 4	720, or 6	069, enter any refu	ndable credits and			
estir	натео тах р	ayments made. Include any prior ye	ar overpay	ment allowed as a c	redit	3b	\$	50
c Bala	ance due. S	Subtract line 3b from line 3a. Include	your payn	nent with this form, i	f required, by using			
EFII	PS (Electro	nic Federal Tax Payment System). S	ee instruct	tions.			\$	0
Caution. If you instructions.	ou are going	to make an electronic funds withdrawal	(direct debit	t) with this Form 8868,	see Form 8453-EO and	Form	8879-E	O for payment

orm 8868 (Re	ev 1-2014)					Page 2
If you are	filing for an Additional (Not Automatic) 3-Mo	nth Exten	sion, complete only Part II and che	ck this b	ох	▶ 🗆
Note: Only	complete Part II if you have already been granfiling for an Automatic 3-Month Extension, o	ited an aut	omatic 3-month extension on a previ			
Part II	Additional (Not Automatic) 3-Month Ex	xtension	of Time. Only file the original (no	copies	needec	d).
			Enter filer's iden			
Type or orint	Name of exempt organization or other filer, see in	istructions.	Employer identific	ation nur	nber (EIN	l) or
File by the due date for	Number, street, and room or suite no. If a P.O bo	ox, see instri	uctions Social security nu	mber (SS	(N)	
iling your eturn See nstructions	City, town or post office, state, and ZIP code. For	r a foreign a	ddress, see instructions.			
Enter the R	leturn code for the return that this application is	s for (file a	separate application for each return)			
Application	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990	or Form 990-EZ	01				
Form 990-	-8L	02	Form 1041-A			08
Form 4720) (individual)	03	Form 4720 (other than individual)			09
Form 990-	· · · · · · · · · · · · · · · · · · ·	04	Form 5227			10
Form 990-	-T (sec. 401(a) or 408(a) trust)	05	Form 6069	· · · · · · · · · · · · · · · · · · ·		11
	T (trust other than above)	06	Form 8870			12
Telephone If the orga If this is for the who st with the 4 I req 5 For 6 If the	s are in the care of e No. anization does not have an office or place of but a Group Return, enter the organization's four le group, check this box	r digit Grout is for part is for. until	he United States, check this box ip Exemption Number (GEN) of the group, check this box	•		this is attach a
b If the	s application is for Forms 990-BL, 990-PF, 990 efundable credits. See instructions. s application is for Forms 990-PF, 990-T, 4	720, or 60	069, enter any refundable credits a	8a	s	
amoi	nated tax payments made. Include any prior unt paid previously with Form 8868.	year over	payment allowed as a credit and a		-	
	nce due. Subtract line 8b from line 8a. Include you	If Dayment	with this form if required by using EET	d8	\$	
(Elect	tronic Federal Tax Payment System). See instruction	ons.	with this form, is required, by using EFT	8c	\$	·
nder penalti	ies of perjury. I declare that I have examined this	form, inclu	be completed for Part II only.	amente :	and to the	na hant of
iowledge an	nd belief, it is true, correct, and complete, and that I a	am authorize	d to prepare this form	anenis, i	anu lo (f	ie best of my
gnature 🕨		Title ▶		Date ►		