

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation THE JEROLD & ELLEN MINKIN FAMILY FOUNDATION		A Employer identification number 81-4362234	
Number and street (or P.O. box number if mail is not delivered to street address) 41000 WOODWARD AVENUE SUITE 120		Room/suite	B Telephone number (see instructions) (248) 540-7377
City or town, state or province, country, and ZIP or foreign postal code BLOOMFIELD HILLS, MI 483045133		C If exemption application is pending, check here ▶ <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here ▶ <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 1,832,181		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	144,971			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	9,327	9,327		
	4 Dividends and interest from securities	23,904	23,904		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	310,445			
	b Gross sales price for all assets on line 6a _____ 623,245				
	7 Capital gain net income (from Part IV, line 2)		310,445		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	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	488,647	343,676		
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	4,206	4,206		
	b Accounting fees (attach schedule)	5,800	5,800		
	c Other professional fees (attach schedule)	5,701	5,701		
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	496	496		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	86	76		
	24 Total operating and administrative expenses. Add lines 13 through 23	16,289	16,279		0
	25 Contributions, gifts, grants paid	87,232			87,232
	26 Total expenses and disbursements. Add lines 24 and 25	103,521	16,279		87,232
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	385,126			
	b Net investment income (if negative, enter -0-)		327,397		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing	482	106,213	106,213
	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 (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	807,182	1,035,181	1,725,968
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	807,664	1,141,394	1,832,181	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	807,664	1,141,394	
	30	Total net assets or fund balances (see instructions)	807,664	1,141,394	
31	Total liabilities and net assets/fund balances (see instructions) .	807,664	1,141,394		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	807,664
2	Enter amount from Part I, line 27a	2	385,126
3	Other increases not included in line 2 (itemize) ▶ _____	3	44,280
4	Add lines 1, 2, and 3	4	1,237,070
5	Decreases not included in line 2 (itemize) ▶ _____	5	95,676
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	1,141,394

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a See Additional Data Table			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a See Additional Data Table			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	310,445
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	8,034

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

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

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

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



Yes



No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016		92,914	
2015			
2014			
2013			
2012			

2 Total of line 1, column (d)	2	
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	1,576,635
5 Multiply line 4 by line 3	5	
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	3,274
7 Add lines 5 and 6	7	3,274
8 Enter qualifying distributions from Part XII, line 4	8	87,232

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	3,274
c	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-)	2	
3	Add lines 1 and 2.	3	3,274
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	3,274
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	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	
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	58
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	3,332
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>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</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
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 ▶ \$ _____		
e 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? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MI _____		
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? <i>If "No," attach explanation</i> .	8b	Yes
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 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	13	Yes	
14	The books are in care of ▶ <u>JOHN P KOPPIN CPA</u> Telephone no ▶ <u>(248) 540-7377</u>			

Located at ▶ 41000 WOODWARD AVENUE STE 120 EAST BLOOMFIELD HILLS MI ZIP+4 ▶ 48304

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ <input type="checkbox"/>	15		
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶	16	Yes	No

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? <input type="checkbox"/>	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions) <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017). <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		No

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

5a	<p>During the year did the foundation pay or incur any amount to</p> <p>(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
b	<p>If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/> </p>	5b		
c	<p>If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i></p>			
6a	<p>Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
b	<p>Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>If "Yes" to 6b, file Form 8870</i></p>	6b		No
7a	<p>At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
b	<p>If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	7b		

Part VIII

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JEROLD R MINKIN 4630 KIFTSGATE BEND BLOOMFIELD HILLS, MI 48302	PRESIDENT & 000 00	0	0	0
ELLEN R MINKIN 4630 KIFTSGATE BEND BLOOMFIELD HILLS, MI 48302	TREAS/SECR/D 000 00	0	0	0
JODI L SPILMAN 3390 BURNING BUSH BLOOMFIELD HILLS, MI 48301	DIRECTOR 000 00	0	0	0
MICHAEL A MINKIN 523 HUPP CROSS ROAD BLOOMFIELD HILLS, MI 48301	DIRECTOR 000 00	0	0	0

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

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

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

3 Five highest-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		

Total number of others receiving over \$50,000 for professional services. ▶

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments See instructions	
3	

Total. Add lines 1 through 3 ▶

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	1,456,630
b	Average of monthly cash balances.	1b	144,015
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,600,645
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	1,600,645
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	24,010
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,576,635
6	Minimum investment return. Enter 5% of line 5.	6	78,832

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	78,832
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	3,274
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	3,274
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	75,558
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	75,558
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	75,558

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	87,232
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	87,232
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	3,274
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	83,958

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				75,558
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2017				
a From 2012.				
b From 2013.				
c From 2014.				
d From 2015.				
e From 2016.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>87,232</u>				
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2017 distributable amount.				75,558
e Remaining amount distributed out of corpus	11,674			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	11,674			
b 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.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	11,674			
10 Analysis of line 9				
a Excess from 2013.				
b Excess from 2014.				
c Excess from 2015.				
d Excess from 2016.				
e Excess from 2017.	11,674			

Part XIV

- Part XV** **Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**

Part XV

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	87,232
b <i>Approved for future payment</i>				
Total			3b	

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2017)

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	***** Signature of officer or trustee	2018-05-14 Date	***** Title

May the IRS discuss this return with the preparer shown below
 (see instr.)? ☒ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JOHN P KOPPIN		2018-05-14		P01210795
	Firm's name ► PURDY DONOVAN & BEAL LLP				Firm's EIN ► 38-1339335
Firm's address ► 41000 WOODWARD AVE 120 EAST BLOOMFIELD HILLS, MI 483045133					Phone no (248) 540-7377

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d			
List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
400 SHS HARMAN INTERNATIONAL	P		2017-01-13
37 PAR AIR LEASE CORP	P	2015-12-15	2017-04-03
100 SHS PAYPAL HOLDINGS INC	P	2013-10-31	2017-12-13
704 SHS QIAGEN	P	2006-10-03	2017-01-25
455 SHS BRIGHTHOUSE FINANCIAL	P	2015-08-27	2017-08-11
4 PAR HERTZ CORP	P	2013-02-22	2017-12-03
277 SHS ALCOA UPSTREAM CORP	P		2017-02-27
38 PAR GENERAL MOTORS	P	2015-06-03	2017-08-15
200 SHS HAIN CELESTIAL GROUP	P	2013-10-31	2017-02-27
400 SHS WHOLE FOODS MARKET INC	P	2017-03-06	2017-08-28

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
44,317		15,153	29,164
37,000		38,573	-1,573
7,420		3,199	4,221
19		11	8
26		26	
4,000		4,310	-310
9,704		5,659	4,045
38,000		40,141	-2,141
6,910		8,400	-1,490
16,800		11,881	4,919

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			29,164
			-1,573
			4,221
			8
			-310
			4,045
			-2,141
			-1,490
			4,919

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d			
List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
250 SHS PEPSICO INC	P		2017-02-27
400 SHS WHOLE FOODS MARKET INC	P	2014-07-14	2017-08-28
150 SHS STERICYCLE INC	P		2017-02-27
100 SHS AMGEN INC	P		2017-09-06
757 SHS GENERAL ELECTRIC CO	P		2017-03-06
50 SHS FORTIVE CORP	P	2009-03-13	2017-09-06
1,300 SHS HARMAN INTL INDS INC	D		2017-03-13
250 SHS LEVEL 3 COMMUNICATIONS	P	2014-07-14	2017-09-06
100 SHS AMGEN INC	P		2017-03-06
1,203 SHS QIAGEN NV	P		2017-09-06

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
27,327		13,697	13,630
16,800		14,888	1,912
12,477		7,434	5,043
17,646		1,280	16,366
22,700		13,367	9,333
3,241		646	2,595
145,600		49,274	96,326
13,560		11,401	2,159
17,979		3,652	14,327
38,276		17,378	20,898

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			13,630
			1,912
			5,043
			16,366
			9,333
			2,595
			96,326
			2,159
			14,327
			20,898

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d			
List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
300 SHS COLGATE-PALMOLIVE	P	2004-11-23	2017-03-06
100 SHS ADOBE SYSTEMS INC	P	2013-10-31	2017-12-13
200 SHS CORNING INC	P	2012-11-12	2017-03-06
45 SHS BRIGHTHOUSE FINANCIAL	P		2017-12-13
50 SHS MASTERCARD INC	P	2010-05-03	2017-03-06
800 SHS CORNING INC	P	2012-11-12	2017-12-13
100 SHS MICROSOFT CORP	P	2012-03-29	2017-03-06
3335 DELPHI TECHNOLOGIES	P	2012-03-29	2017-12-08
300 SHS SOUTHWEST AIRLINES	P	2009-06-16	2017-03-06
300 SHS NOVARTIS	P		2017-12-13

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
22,124		6,906	15,218
17,694		5,447	12,247
5,540		2,272	3,268
2,671		2,560	111
5,564		1,229	4,335
25,952		9,087	16,865
6,429		3,212	3,217
17		5	12
17,285		1,976	15,309
25,423		13,411	12,012

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			15,218
			12,247
			3,268
			111
			4,335
			16,865
			3,217
			12
			15,309
			12,012

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d


List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
100 SHS UNITED CONTINENTAL HLDGS	P	2011-10-17	2017-03-06
100 SHS PAYPAL HOLDINGS INC	P	2017-03-06	2017-12-31

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
7,324		2,020	5,304
7,420		4,305	3,115

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l


Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			5,304
			3,115


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ADAT SHALOM SYNAGOGUE 29901 MIDDLEBELT ROAD FARMINGTON HILLS, MI 48334		501(C)(3)	GENERAL CHARITABLE PURPOSES	2,800
ALZHEIMER'S ASSOCIATION 20300 CIVIC CENTER SUITE 100 SOUTHFIELD, MI 48076		501(C)(3)	GENERAL CHARITABLE PURPOSES	7,560
AMERICAN CANCER SOCIETY 18505 W TWELVE MILE ROAD SOUTHFIELD, MI 48076		501(C)(3)	GENERAL CHARITABLE PURPOSES	1,000
AMERICAN HEART ASSOCIATION 31201 STONE GATE COURT FARMINGTON HILLS, MI 48331		501(C)(3)	GENERAL CHARITABLE PURPOSES	100
AMERICAN INSTITUTE FOR CANCER RESEA 1560 WILSON BOULEVARD SUITE 100 ARLINGTON, VA 22209		501(C)(3)	GENERAL CHARITABLE PURPOSES	100
Total 				87,232
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN TECHNION SOCIETY 55 EAST 59TH STREET NEW YORK, NY 10022		501(C)(3)	GENERAL CHARITABLE PURPOSES	1,100
ANTI DEFAMATION LEAGUE 25800 NORTHWESTERN HWY SOUTHFIELD, MI 48075		501(C)(3)	GENERAL CHARITABLE PURPOSES	75
BIRTHRIGHT ISRAEL FOUNDATION PO BOX 5892 HICKSVILLE, NY 11802		501(C)(3)	GENERAL CHARITABLE PURPOSES	3,800
CAMP GAN ISRAEL715 HILL STREET ANN ARBOR, MI 48104		501(C)(3)	GENERAL CHARITABLE PURPOSES	144
CAPUCHIN SOUP KITCHEN 1820 MOUNT ELLIOT ST DETROIT, MI 48207		501(C)(3)	GENERAL CHARITABLE PURPOSES	250
Total ► 3a				87,232

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CONGREGATION B'NAI ISRAEL 15400 W 10 MILE ROAD OAK PARK, MI 48237		501(C)(3)	GENERAL CHARITABLE PURPOSES	360
CONGREGATION BETH SHALOM 14601 LINCOLN STREET OAK PARK, MI 48237		501(C)(3)	GENERAL CHARITABLE PURPOSES	360
DISABLED AMERICAN VETERANS 2717 COOLIDGE HWY BERKLEY, MI 48072		501(C)(3)	GENERAL CHARITABLE PURPOSES	450
DOWNTOWN SYNAGOGUE 1457 GRISWOLD ST DETROIT, MI 48226		501(C)(3)	GENERAL CHARITABLE PURPOSES	360
FORGOTTEN HARVEST 21800 GREENFIELD ROAD OAK PARK, MI 48237		501(C)(3)	GENERAL CHARITABLE PURPOSES	1,250
Total  3a				87,232

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FRIENDS OF THE ISRAEL DEFENSE FORCE PO BOX 999 WALLED LAKE, MI 48390		501(C)(3)	GENERAL CHARITABLE PURPOSES	7,000
GLEANERS COMMUNITY FOOD BANK 2131 BEAUFIT DETROIT, MI 48207		501(C)(3)	GENERAL CHARITABLE PURPOSES	250
HADASSAH40 WALL STREET NEW YORK, NY 10005		501(C)(3)	GENERAL CHARITABLE PURPOSES	500
HEBREW FREE LOAN ASSOCIATION 6735 TELEGRAPH ROAD SUITE 300 BLOOMFIELD HILLS, MI 48301		501(C)(3)	GENERAL CHARITABLE PURPOSES	2,100
HEBREW MEMORIAL CHAPEL 26640 GREENFIELD ROAD OAK PARK, MI 48237		501(C)(3)	GENERAL CHARITABLE PURPOSES	280
Total 				87,232
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HILLEL U OF M1429 HILL STREET ANN ARBOR, MI 48104		501(C)(3)	GENERAL CHARITABLE PURPOSES	1,800
HOLOCAUST MEMORIAL 28123 ORCHARD LAKE RD FARMINGTON HILLS, MI 48334		501(C)(3)	GENERAL CHARITABLE PURPOSES	1,250
JARC30301 NORTHWESTERN HWY SUITE 100 FARMINGTON HILLS, MI 48334		501(C)(3)	GENERAL CHARITABLE PURPOSES	2,550
JDRF24359 NORTHWESTERN HWY SUITE 125 SOUTHFIELD, MI 48075		501(C)(3)	GENERAL CHARITABLE PURPOSES	600
JEWISH COMMUNITY CENTER 6600 WEST MAPLE ROAD WEST BLOOMFIELD TWP, MI 48322		501(C)(3)	GENERAL CHARITABLE PURPOSES	11,040
Total ▶ 3a				87,232

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JEWISH FAMILY SERVICES 6555 WEST MAPLE ROAD WEST BLOOMFIELD TWP, MI 48322		501(C)(3)	GENERAL CHARITABLE PURPOSES	1,500
JEWISH FEDERATION OF METRO DETROIT 6735 TELEGRAPH ROAD SUITE 30 BLOOMFIELD HILLS, MI 48301		501(C)(3)	GENERAL CHARITABLE PURPOSES	13,320
JEWISH HOSPICE 6555 WEST MAPLE ROAD WEST BLOOMFIELD, MI 48322		501(C)(3)	GENERAL CHARITABLE PURPOSES	3,800
JEWISH SENIOR LIFE 15000 W TEN MILE ROAD OAK PARK, MI 48237		501(C)(3)	GENERAL CHARITABLE PURPOSES	1,750
JEWISH SPORTS FOUNDATION 2000 OAKLEY PARK ROAD OAK PARK, MI 48237		501(C)(3)	GENERAL CHARITABLE PURPOSES	2,570
Total ► 3a				87,232

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JUVENILE DIABETES RESEARCH FOUNDATI 24359 NORTHWESTERN HWY SUITE 225 SOUTHFIELD, MI 48075		501(C)(3)	GENERAL CHARITABLE PURPOSES	150
JVS29699 SOUTHFIELD ROAD SOUTHFIELD, MI 48076		501(C)(3)	GENERAL CHARITABLE PURPOSES	1,000
KADIMA15999 W 12 MILE ROAD SOUTHFIELD, MI 48076		501(C)(3)	GENERAL CHARITABLE PURPOSES	750
LEUKEMIA LYMPHOMA SOCIETY 1471 E TWELVE MILE MADISON HEIGHTS, MI 48071		501(C)(3)	GENERAL CHARITABLE PURPOSES	860
LUBAVITCH CHEDER 14100 W 9 MILE ROAD OAK PARK, MI 48237		501(C)(3)	GENERAL CHARITABLE PURPOSES	780
Total ▶ 3a				87,232

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MAKE A WISH MICHIGAN 7600 GRAND RIVER AVE SUITE 175 BRIGHTON, MI 48114		501(C)(3)	GENERAL CHARITABLE PURPOSES	1,200
MEMORIAL SLOAN-KETTERING FOUNDATION 1275 YORK AVE NEW YORK, NY 10065		501(C)(3)	GENERAL CHARITABLE PURPOSES	500
MSU HILLEL360 CHARLES STREET EAST LANSING, MI 48823		501(C)(3)	GENERAL CHARITABLE PURPOSES	550
MUSCULAR DYSTROPHY ASSOCIATION 222 S RIVERSIDE PLAZA SUITE 1500 CHICAGO, IL 60606		501(C)(3)	GENERAL CHARITABLE PURPOSES	375
ORT AMERICA MICHIGAN REGION 6735 TELEGRAPH ROAD SUITE 350 BLOOMFIELD TOWNSHIP, MI 48301		501(C)(3)	GENERAL CHARITABLE PURPOSES	2,005
Total ► 3a				87,232


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PAYPAL GIVING FUND 1250 I STREET NW SUITE 1202 WASHINGTON, DC 20005		501(C)(3)	GENERAL CHARITABLE PURPOSES	200
PLAY FOR PINK60 EAST 56TH STREET 8TH FLOOR NEW YORK, NY 10022		501(C)(3)	GENERAL CHARITABLE PURPOSES	500
SACRED HEART CHURCH1000 ELIOT ST DETROIT, MI 48207		501(C)(3)	GENERAL CHARITABLE PURPOSES	100
SALVATION ARMY 16130 NORTHLAND DRIVE SOUTHFIELD, MI 48075		501(C)(3)	GENERAL CHARITABLE PURPOSES	200
SAY DETROIT29836 TELEGRAPH ROAD SOUTHFIELD, MI 48304		501(C)(3)	GENERAL CHARITABLE PURPOSES	750
Total ► 3a				87,232

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DRIVE TAMPA, FL 33607		501(C)(3)	GENERAL CHARITABLE PURPOSES	1,000
SISTERS OF MERCY 28750 W ELEVEN MILE ROAD FARMINGTON HILLS, MI 48336		501(C)(3)	GENERAL CHARITABLE PURPOSES	1,000
SMILE TRAIN41 MADISON AVE 28TH FLOOR NEW YORK, NY 10010		501(C)(3)	GENERAL CHARITABLE PURPOSES	600
SPECIAL OLYMPICS CENTRAL MICHIGAN UNIVERSI MT PLEASANT, MI 48859		501(C)(3)	GENERAL CHARITABLE PURPOSES	450
ST JUDE CHILDRENS RESEARCH 1461 TWELVE MILE ROAD MADISON HEIGHTS, MI 48071		501(C)(3)	GENERAL CHARITABLE PURPOSES	500
Total ▶ 3a				87,232

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TEAM JOSEPH3050 UNION LAKE SUITE 8F COMMERCE TOWNSHIP, MI 48382		501(C)(3)	GENERAL CHARITABLE PURPOSES	100
TEMPLE SHIR SHALOM 3999 WALNUT LAKE RD WEST BLOOMFIELD, MI 48323		501(C)(3)	GENERAL CHARITABLE PURPOSES	100
TOYS FOR TOTS 18251 QUANTICO GATEWAY DR TRIANGLE, VA 22172		501(C)(3)	GENERAL CHARITABLE PURPOSES	25
US HOLOCAUST MUSEUM 100 RAOUL WALLENBERG PL WASHINGTON, DC 20024		501(C)(3)	GENERAL CHARITABLE PURPOSES	500
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256		501(C)(3)	GENERAL CHARITABLE PURPOSES	100
Total ► 3a				87,232

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YAD EZRA2850 WEST ELEVEN MILE RD BERKLEY, MI 48072		501(C)(3)	GENERAL CHARITABLE PURPOSES	1,118
YESHIVA BETH YEHUDAH 15751 WEST LINCOLN DRIVE SOUTHFIELD, MI 48037		501(C)(3)	GENERAL CHARITABLE PURPOSES	1,800
Total  3a				87,232

TY 2017 Accounting Fees Schedule

Name: THE JEROLD & ELLEN MINKIN
FAMILY FOUNDATION

EIN: 81-4362234

Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING AND TAX PREPARATION F	5,800	5,800		

TY 2017 Investments Corporate Stock Schedule

Name: THE JEROLD & ELLEN MINKIN
FAMILY FOUNDATION

EIN: 81-4362234

Name of Stock	End of Year Book Value	End of Year Fair Market Value
SECURITIES	1,035,181	1,725,968

TY 2017 Legal Fees Schedule

Name: THE JEROLD & ELLEN MINKIN
FAMILY FOUNDATION

EIN: 81-4362234

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	4,206	4,206		

TY 2017 Other Decreases Schedule

Name: THE JEROLD & ELLEN MINKIN
FAMILY FOUNDATION

EIN: 81-4362234

Description	Amount
COST TO FMV ADJUSTMENT	95,676

TY 2017 Other Expenses Schedule

Name: THE JEROLD & ELLEN MINKIN
FAMILY FOUNDATION

EIN: 81-4362234

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
FEDERAL EXCISE TAX	10			
OFFICE	76	76		

TY 2017 Other Increases Schedule

Name: THE JEROLD & ELLEN MINKIN
FAMILY FOUNDATION

EIN: 81-4362234

Description	Amount
CASH TRANSFER FROM MINKIN FAMILY FOUNDATION	44,280

TY 2017 Other Professional Fees Schedule

Name: THE JEROLD & ELLEN MINKIN
FAMILY FOUNDATION

EIN: 81-4362234

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PRIME BROKER FEE	106	106		
INVESTMENT MANAGEMENT FEES	5,595	5,595		

TY 2017 Taxes Schedule

Name: THE JEROLD & ELLEN MINKIN
FAMILY FOUNDATION

EIN: 81-4362234

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MI STATE ANNUAL REPORT	20	20		
FOREIGN TAX PAID	476	476		

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491134022388	
Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990			OMB No 1545-0047 2017
Name of the organization THE JEROLD & ELLEN MINKIN FAMILY FOUNDATION				Employer identification number 81-4362234	

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

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

Name of organization THE JEROLD & ELLEN MINKIN FAMILY FOUNDATION	Employer identification number 81-4362234
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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	JEROLD MINKIN 4630 KIFTSGATE BEND BLOOMFIELD HILLS, MI483022333	 \$ 144,971	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>

Name of organization THE JEROLD & ELLEN MINKIN FAMILY FOUNDATION	Employer identification number 81-4362234
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Part II **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	1,300 SHS HARMAN INTERNATIONAL	\$ 144,950	2017-03-09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization THE JEROLD & ELLEN MINKIN FAMILY FOUNDATION	Employer identification number 81-4362234
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Part III **Exclusively** religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of **exclusively** religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed

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