

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

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

▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052  
**2017**  
**Open to Public Inspection**

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

Name of foundation HYMAN LEVINE FAMILY FOUNDATION L'DOR V'DOR		<b>A Employer identification number</b> 20-1917833	
Number and street (or P O box number if mail is not delivered to street address) 9460 WILSHIRE BLVD SUITE 300		<b>B Telephone number (see instructions)</b> (310) 274-5291	
City or town, state or province, country, and ZIP or foreign postal code BEVERLY HILLS, CA 90212		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>H</b> 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		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 9,657,199		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>J</b> 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)			

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	297,678			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities	408,109	408,109		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	173,385			
	<b>b</b> Gross sales price for all assets on line 6a	2,080,393			
	<b>7</b> Capital gain net income (from Part IV, line 2)		173,385		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	879,172	581,494			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	0	0		0
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)				
	<b>c</b> Other professional fees (attach schedule)	39,784	39,784		0
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	14,075	320		85
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)				
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	53,859	40,104		85
	<b>25</b> Contributions, gifts, grants paid	448,047			448,047
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	501,906	40,104		448,132	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	377,266				
<b>b Net investment income</b> (if negative, enter -0-)		541,390			
<b>c Adjusted net income</b> (if negative, enter -0-)					

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	322,010	674,699	674,699
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)	4,080,893	3,702,942	3,663,038
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	4,013,844	4,416,372	5,294,462
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	25,000	25,000	25,000
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	8,441,747	8,819,013	9,657,199	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .	0	0	
	<b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
<b>29</b> Retained earnings, accumulated income, endowment, or other funds	8,441,747	8,819,013		
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	8,441,747	8,819,013		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	8,441,747	8,819,013		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> 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)	<b>1</b>	8,441,747
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	377,266
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	8,819,013
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	8,819,013

**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)
<b>1a</b> See Additional Data Table				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
(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)	
<b>a</b> See Additional Data Table				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
(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
<b>Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69</b>			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
<b>a</b> See Additional Data Table				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b> 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		<b>2</b> 173,385
<b>3</b> 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		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		<b>3</b>

**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	428,797	8,861,541	0.048389
2015	422,677	8,437,581	0.050095
2014	363,525	7,449,338	0.048800
2013	345,426	6,834,381	0.050542
2012	360,941	6,893,247	0.052362
<b>2</b> Total of line 1, column (d)			<b>2</b> 0.250188
<b>3</b> 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			<b>3</b> 0.050038
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			<b>4</b> 9,227,755
<b>5</b> Multiply line 4 by line 3			<b>5</b> 461,738
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 5,414
<b>7</b> Add lines 5 and 6			<b>7</b> 467,152
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 448,132

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)

Table with 11 rows for excise tax calculations. Includes categories like 'Exempt operating foundations', 'Domestic foundations', 'Tax based on investment income', and 'Credits/Payments'. Total amount owed is 1,172.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Columns for 'Yes' and 'No' are provided for each question.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, donor advised funds, public inspection requirements, and books in care.

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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.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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

<b>5a</b>	During the year did the foundation pay or incur any amount to			
	<b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<b>(2)</b> 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	
	<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<b>(4)</b> 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	
	<b>(5)</b> 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	
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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)? . . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶			<b>5b</b>
<b>c</b>	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? . . . . . <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>6a</b>	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	
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <i>If "Yes" to 6b, file Form 8870</i>			<b>6b</b>
<b>7a</b>	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	
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .			<b>7b</b>

**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	(e) Expense account, other allowances
See Additional Data Table				

**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	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000. . . . . **0**

**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. . . . . **0**

**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

1	Expenses

**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

1	Amount
All other program-related investments See instructions	

Total. Add lines 1 through 3 . . . . . **0**

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	9,050,804
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	317,475
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	9,368,279
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	9,368,279
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	140,524
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	9,227,755
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	461,388

**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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	461,388
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	10,828
<b>b</b>	Income tax for 2017 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	10,828
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	450,560
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	450,560
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	450,560

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	448,132
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	448,132
<b>5</b>	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).	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	448,132

**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
<b>1</b> Distributable amount for 2017 from Part XI, line 7				450,560
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .			0	
<b>b</b> Total for prior years 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .	23,558			
<b>b</b> From 2013. . . . .	9,949			
<b>c</b> From 2014. . . . .	4,017			
<b>d</b> From 2015. . . . .	11,929			
<b>e</b> From 2016. . . . .				
<b>f</b> Total of lines 3a through e. . . . .	49,453			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>448,132</u>				
<b>a</b> Applied to 2016, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2017 distributable amount. . . . .				448,132
<b>e</b> Remaining amount distributed out of corpus				0
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )	2,428			2,428
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	47,025			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				0
<b>7</b> 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). . . . .		0		
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .	21,130			
<b>9</b> Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a . . . . .	25,895			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .	9,949			
<b>b</b> Excess from 2014. . . . .	4,017			
<b>c</b> Excess from 2015. . . . .	11,929			
<b>d</b> Excess from 2016. . . . .				
<b>e</b> Excess from 2017. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			<b>(e) Total</b>
	<b>(a) 2017</b>	<b>(b) 2016</b>	<b>(c) 2015</b>	<b>(d) 2014</b>	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					

**3** Complete 3a, b, or c for the alternative test relied upon

**a** "Assets" alternative test—enter

(1) Value of all assets . . . . .

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

**b** "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .

**c** "Support" alternative test—enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .

(3) Largest amount of support from an exempt organization

(4) Gross investment income

**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.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )  
See Additional Data Table

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

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**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed

---

**b** The form in which applications should be submitted and information and materials they should include

---

**c** Any submission deadlines

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**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

**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)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>			▶ <b>3a</b>	448,047
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>			▶ <b>3b</b>	0



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

<b>1</b> 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?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash.		<b>1a(1)</b>	<b>No</b>
<b>(2)</b> Other assets.		<b>1a(2)</b>	<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization.		<b>1b(1)</b>	<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization.		<b>1b(2)</b>	<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets.		<b>1b(3)</b>	<b>No</b>
<b>(4)</b> Reimbursement arrangements.		<b>1b(4)</b>	<b>No</b>
<b>(5)</b> Loans or loan guarantees.		<b>1b(5)</b>	<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations.		<b>1b(6)</b>	<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		<b>1c</b>	<b>No</b>

**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

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.

<div style="text-align: center;"><b>Sign Here</b> ▶</div> <hr/> Signature of officer or trustee	2018-05-10 Date	<hr/> Title
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May the IRS discuss this return with the preparer shown below (see instr)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name  TODD POSIVAK	Preparer's Signature  	Date	Check if self-employed <input type="checkbox"/>	PTIN  P01317396
	Firm's name ▶ POSIVAK & JOFFE LLP				Firm's EIN ▶ 26-3679892
	Firm's address ▶ 11150 W OLYMPIC BLVD STE 860 LOS ANGELES, CA 90064				Phone no (310) 473-7317

**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, <b>(a)</b> 2-story brick warehouse, or common stock, 200 shs MLC Co.)	<b>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo., day, yr.)	<b>(d)</b> Date sold (mo., day, yr.)
CHARLES SCHWAB	P		
CHARLES SCHWAB	P		
RIM SECURITIES	P		
RIM SECURITIES	P		
FANNIE MAE 2008 SECURITIES LITIGATION	P		
FREEDMAN V WEATHERFORD INT SETTLEMENT	P		
CAPITAL GAINS DIVIDENDS	P		

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

<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
279,327		277,298	2,029
1,333,972		1,240,155	93,817
95,300		96,398	-1,098
349,507		293,157	56,350
73			73
54			54
22,160			22,160

**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			<b>(l)</b> Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
<b>(i)</b> F M V as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col (i) over col (j), if any	
			2,029
			93,817
			-1,098
			56,350
			73
			54
			22,160

<b>Form 990FP Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation</b>				
<b>(a) Name and address</b>	<b>Title, and average hours per week (b) devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>Expense account, (e) other allowances</b>
DENA SCHECHTER	PRESIDENT	0	0	0
9460 WILSHIRE BLVD STE 300 BEVERLY HILLS, CA 90212	1 00			
ROBERT LEVINE	VICE PRESIDENT	0	0	0
9460 WILSHIRE BLVD STE 300 BEVERLY HILLS, CA 90212	1 00			
MELDON LEVINE	TREASURER	0	0	0
9460 WILSHIRE BLVD STE 300 BEVERLY HILLS, CA 90212	1 00			
NANCY CLAVIN	SECRETARY	0	0	0
9460 WILSHIRE BLVD STE 300 BEVERLY HILLS, CA 90212	1 00			
ADAM PAUL LEVINE	DIRECTOR	0	0	0
9460 WILSHIRE BLVD STE 300 BEVERLY HILLS, CA 90212	1 00			
ANDREW CLAVIN	DIRECTOR	0	0	0
9460 WILSHIRE BLVD STE 300 BEVERLY HILLS, CA 90212	1 00			
ASHER LEV SCHECHTER	DIRECTOR	0	0	0
9460 WILSHIRE BLVD STE 300 BEVERLY HILLS, CA 90212	1 00			
CARA E LEVINE	DIRECTOR	0	0	0
9460 WILSHIRE BLVD STE 300 BEVERLY HILLS, CA 90212	1 00			
DANIEL CLAVIN	DIRECTOR	0	0	0
9460 WILSHIRE BLVD STE 300 BEVERLY HILLS, CA 90212	1 00			
ELIZABETH COHN	DIRECTOR	0	0	0
9460 WILSHIRE BLVD STE 300 BEVERLY HILLS, CA 90212	1 00			
JACOB C LEVINE	DIRECTOR	0	0	0
9460 WILSHIRE BLVD STE 300 BEVERLY HILLS, CA 90212	1 00			
JOSHUA SCHECHTER	DIRECTOR	0	0	0
9460 WILSHIRE BLVD STE 300 BEVERLY HILLS, CA 90212	1 00			
MIEKE NEUMANN	DIRECTOR	0	0	0
9460 WILSHIRE BLVD STE 300 BEVERLY HILLS, CA 90212	1 00			
NOAH BLUM SCHECHTER	DIRECTOR	0	0	0
9460 WILSHIRE BLVD STE 300 BEVERLY HILLS, CA 90212	1 00			

**Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).**

DENA SCHECHTER

MELDON LEVINE



**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)				
<b>a</b> <i>Paid during the year</i>				
ACLU FOUNDATION OF SOUTHERN CALIFORNIA 1313 W 8TH STREET STE 200 LOS ANGELES, CA 90017	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	6,000
ALLIANCE FOR GLOBAL JUSTICE 225 E 26TH STREET STE 1 TUCSON, AZ 85713	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
AMERICAN CANCER SOCIETY PO BOX 22478 OKLAHOMA CITY, OK 73123	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
AMERICAN CONSTITUTION SOCIETY 1333 H STREET 11TH FLR WASHINGTON, DC 20005	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,500
AMERICAN FRIENDS OF TEL AVIV UNIVERSITY 39 BROADWAY STE 1510 NEW YORK, NY 10006	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	10,000
<b>Total</b> . . . . . <b>3a</b>				448,047

**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)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN HEART ASSOCIATION 1710 GILBRETH ROAD BURLINGAME, CA 94010	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
AMERICAN JEWISH UNIVERSITY 15600 MULHOLLAND DRIVE BEL AIR, CA 90077	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	18,000
AMERICANS FOR PEACE 2100 M STREET NW STE 619 WASHINGTON, DC 20037	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,500
ARAB AMERICAN INSTITUTE 1600 K STREET NW STE 601 WASHINGTON, DC 20006	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
ASPCAPO BOX 96929 WASHINGTON, DC 20090	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
<b>Total . . . . . ▶</b> <b>3a</b>				448,047

**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)				
<b>a</b> <i>Paid during the year</i>				
BAD ASS BOXES 5850 CANOGA AVE STE 220 WOODLAND HILLS, CA 91367	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
BERKLEY HILLEL2736 BANCROFT WAY BERKLEY, CA 94704	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
BET TZEDEK 3250 WILSHIRE BLVD 13TH FLR LOS ANGELES, CA 90010	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
BEVERLY HILLS FIREFIGHTERS' ASSOCIATION PO BOX 1720 BEVERLY HILLS, CA 90213	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
BRENNAN CENTER FOR JUSTICE 120 BROADWAY STE 1750 NEW YORK, NY 10271	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	3,000
<b>Total . . . . .</b> ▶				448,047
<b>3a</b>				

**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)				
<b>a</b> <i>Paid during the year</i>				
B'TSELEMPO BOX 34064 WASHINGTON, DC 20043	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	3,500
BUCKCARDINAL CLUB 641 E CAMPUS DRIVE STANFORD, CA 94305	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
CAL BASEBALL FOUNDATION 3470 MT DIABLO BLVD STE A110 LAFAYETTE, CA 94549	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,500
CALIFORNIA COALITION FOR PUBLIC HIGHER EDUCATION 638 LINDERO CANYON RD 101 OAK PARK, CA 91377	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	3,000
CALIFORNIA HEART CENTER 5836 WILSHIRE BLVD 3RD FLR BEVERLY HILLS, CA 90211	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	12,500
<b>Total . . . . . ▶</b> <b>3a</b>				448,047

**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)				
<b>a</b> <i>Paid during the year</i>				
CAMP RAMAH IN CALIFORNIA 17525 VENTURA BLVD STE 201 ENCINO, CA 91316	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
CARE FOR THE HOMELESS 30 EAST 33RD STREET 5TH FLR NEW YORK, NY 10016	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	3,000
CAST - COALITION TO ABOLISH SLAVERY & TRAFFICKING 5042 WILSHIRE BLVD 586 LOS ANGELES, CA 90036	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
CENTER FOR PUBLIC INTEGRITY 910 17TH STREET NW 7TH FLR WASHINGTON, DC 20006	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
CENTRAL PARK CONSERVANCY 14 E 60TH STREET NEW YORK, NY 10022	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				448,047

**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)				
<b>a</b> <i>Paid during the year</i>				
CHABAD OF PARK CITYPO BOX 681818 PARK CITY, UT 84068	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	13,500
CHAI LIFELINE475 S ROBERTSON BLVD BEVERLY HILLS, CA 90211	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
CHURCH IN OCEAN PARK 235 HILL STREET SANTA MONICA, CA 90405	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
CHURCH OF THE GOOD SHEPHERD 504 N ROXBURY DRIVE BEVERLY HILLS, CA 90210	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
COLLEGE MATCH 1000 N ALAMEDA STREET STE 240 LOS ANGELES, CA 90012	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,500
<b>Total . . . . .</b> ▶ <b>3a</b>				448,047

**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)				
<b>a</b> <i>Paid during the year</i>				
COLLEGE SPRING 800 S FIGUEROA STREET STE 760 LOS ANGELES, CA 90017	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,500
COLUMBIA JOURNALISM SCHOOL 622 W 113TH STREET NEW YORK, NY 10025	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
CYSTIC FIBROSIS FOUNDATION 4929 WILSHIRE BLVD STE 760 LOS ANGELES, CA 90010	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
DIDI HIRSCH MENTAL HEALTH SERVICES 4760 S SEPULVEDA BLVD CULVER CITY, CA 90230	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
DIRECT RELIEF 27 S LA PATERA LANE SANTA BARBARA, CA 93117	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
<b>Total . . . . . ▶</b> <b>3a</b>				448,047

**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)				
<b>a</b> <i>Paid during the year</i>				
DISABLED AMERICAN VETERANS PO BOX 14301 CINCINNATI, OH 45250	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	3,500
DOCTORS WITHOUT BORDERS USA PO BOX 5030 HAGERSTOWN, MD 21741	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
ETTA12722 RIVERSIDE DRIVE STE 105 NO HOLLYWOOD, CA 91607	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,800
FOLEY INSTITUTELEGISLATIVE EXCHANGE 1253 C STREET SE WASHINGTON, DC 20003	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
FORTE ANIMAL RESCUEPO BOX 10085 MARINA DEL REY, CA 90295	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,500
<b>Total . . . . . ▶</b> <b>3a</b>				448,047



**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)				
<b>a</b> <i>Paid during the year</i>				
GARY SINISE FOUNDATION PO BOX 50008 STUDIO CITY, CA 91614	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	7,000
GRUPEDSAC AV DE LAS FUENTES NO 184 NAUCALPAN 53950 MX	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,000
HARVARD LAW SCHOOL ANNUAL FUND 1563 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
HUMAN RIGHTS FIRST 75 BROAD ST 31ST FLR NEW YORK, NY 10004	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	4,000
HUMAN RIGHTS WATCH 350 FIFTH AVE 34TH FLR NEW YORK, NY 10118	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
<b>Total</b> . . . . . <b>3a</b>				448,047

**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)				
<b>a</b> <i>Paid during the year</i>				
INNER CITY LAW CENTER 1309 EAST SEVENTH STREET LOS ANGELES, CA 90021	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
J STREET EDUCATION FUND PO BOX 66073 WASHINGTON, DC 20035	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	3,000
JEWISH BIG BROTHERS BIG SISTERS OF LOS ANGELES 6505 WILSHIRE BLVD 6TH FLR LOS ANGELES, CA 90048	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
JEWISH FAMILY SERVICES 3580 WILSHIRE BLVD STE 700 LOS ANGELES, CA 90010	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	140,717
JEWISH JUMPSTART 2801 OCEAN PARK BLVD 348 SANTA MONICA, CA 90405	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,500
<b>Total . . . . .</b> <b>3a</b>				448,047

**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)				
<b>a</b> <i>Paid during the year</i>				
JEWISH VOICE FOR PEACE 1611 TELEGRAPH ROAD STE 1020 OAKLAND, CA 94612	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
KCRW1900 PICO BLVD SANTA MONICA, CA 90405	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
KINDER USAPO BOX 224846 DALLAS, TX 75222	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,500
KUSAPO BOX 7913 LOS ANGELES, CA 90007	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,500
LA OPERA135 NORTH GRAND AVE LOS ANGELES, CA 90012	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	3,500
<b>Total</b> . . . . . <b>3a</b>				448,047

**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)				
<b>a</b> <i>Paid during the year</i>				
LACMA5905 WILSHIRE BLVD LOS ANGELES, CA 90036	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,200
LEONARD BEERMAN MEMORIAL FOUNDATION 312 SOUTH CANYON VIEW DR LOS ANGELES, CA 90049	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
LIBRARY FOUNDATION OF LOS ANGELES 630 W 5TH STREET LOS ANGELES, CA 90071	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
LOS ANGELES JEWISH HOME 7150 TAMPA AVE RESEDA, CA 91335	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	10,000
LOS ANGELES LEADERSHIP ACADEMY 234 EAST AVE 33 LOS ANGELES, CA 90031	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
<b>Total . . . . .</b> ▶				448,047
<b>3a</b>				

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)				
<b>a</b> <i>Paid during the year</i>				
LOS ANGELES PHILHARMONIC ASSOCIATION 151 SOUTH GRAND AVE LOS ANGELES, CA 90012	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	21,000
MATTHEW SILVERMAN MEMORIAL FOUNDATION 324 S BEVERLY DRIVE 411 BEVERLY HILLS, CA 90212	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
MUSLIM PUBLIC AFFAIRS COUNCIL FOUNDATION 4988 NORTH FIGUEROA STREET LOS ANGELES, CA 90042	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,500
NATIONAL COALITION SUPPORTING EURASIAN JEWRY 1120 20TH ST NW STE 300N WASHINGTON, DC 20036	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
NEW ISRAEL FUNDPO BOX 177 LEWISTON, ME 04243	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	7,500
<b>Total</b> . . . . . ▶				448,047
<b>3a</b>				

**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)				
<b>a</b> <i>Paid during the year</i>				
NO KID HUNGRYPO BOX 75475 BALTIMORE, MD 21275	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
NYU HILARY BALLON FUND 25 WEST 4TH STREET 4TH FLR NEW YORK, NY 10012	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
PACIFIC COUNCIL ON INTERNATIONAL POLICY 725 S FIGUEROA ST STE 450 LOS ANGELES, CA 90017	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	16,500
PHASE ONE 5792 WEST JEFFERSON BLVD LOS ANGELES, CA 90016	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,000
SEATTLE CHILDREN'S HOSPITAL FOUNDATION PO BOX 5371 SEATTLE, WA 98145	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
<b>Total</b> . . . . . <b>3a</b>				448,047

**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)				
<b>a</b> <i>Paid during the year</i>				
SERVICES FOR THE UNDERSERVED 463 7TH AVE 17TH FLR NEW YORK, NY 10018	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE MONTGOMERY, AL 36104	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,500
ST JUDE'S CHILDREN'S RESEARCH HOSPITAL PO BOX 1893 MEMPHIS, TN 38101	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
STANFORD JEWISH CENTER 1289 COLLEGE AVE PALO ALTO, CA 94306	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	11,230
TEMPLE ISAIAH10345 WEST PICO BLVD LOS ANGELES, CA 90064	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	3,600
<b>Total . . . . . ▶</b> <b>3a</b>				448,047

**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)				
<b>a</b> <i>Paid during the year</i>				
THAT MAN MAY SEE10 KORET WAY SAN FRANCISCO, CA 94143	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
THE BAY FOUNDATIONPO BOX 13336 LOS ANGELES, CA 90013	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
THE CARING INSTITUTE 228 7TH STREET SE WASHINGTON, DC 20003	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
THE CONSCIOUS LIVING FOUNDATION PO BOX 1201 ASHLAND, OR 97520	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
THE DAVID SHELDRICK WILDLIFE TRUST USA 25283 CABOT RD STE 101 LAGUNA HILLS, CA 92653	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,500
<b>Total . . . . . ▶</b> <b>3a</b>				448,047



**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)				
<b>a</b> <i>Paid during the year</i>				
THE DOE FUND 232 E 84TH STREET NEW YORK, NY 10028	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
THE JANE GOODALL INSTITUTE 1595 SPRING HILL ROAD STE 550 VIENNA, VA 22182	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
THE JEWISH FEDERATION OF GREATER LOS ANGELES 6505 WILSHIRE BLVD STE 1100 LOS ANGELES, CA 90048	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,500
THE RAPE FOUNDATION 1223 WILSHIRE BLVD 410 SANTA MONICA, CA 90403	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
THE STECHER & HOROWITZ FOUNDATION 119 W 57TH ST STE 1401 NEW YORK, NY 10019	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
<b>Total</b> . . . . . <b>3a</b>				448,047

**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)				
<b>a</b> <i>Paid during the year</i>				
TOWER CANCER RESEARCH FOUNDATION 8767 WILSHIRE BLVD STE 401 BEVERLY HILLS, CA 90211	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	11,000
TRUAH266 W 37TH ST STE 803 NEW YORK, NY 10018	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
US FUND FOR UNICEF 10351 SANTA MONICA BLVD STE 402 LOS ANGELES, CA 90025	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,500
UC BERKLEY FOUNDATION 2607 HEARST AVE BERKLEY, CA 94720	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	10,000
UCLA - WILLIAM J MARTIN FOUNDATION PO BOX 24044 LOS ANGELES, CA 90024	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
<b>Total . . . . .</b> ▶ <b>3a</b>				448,047

**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)				
<b>a</b> <i>Paid during the year</i>				
UCLA FOUNDATION - ART OF THE BRAIN 710 WESTWOOD PLAZA STE 1-230 LOS ANGELES, CA 90095	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
USC CENTER ON PUBLIC DIPLOMACY 3502 WATT WAY STE 232 LOS ANGELES, CA 90089	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,000
VISTA DEL MAR3200 MOTOR AVE LOS ANGELES, CA 90034	NONE	PUBLIC CHARITY	CHARITY/EDUCATIONCHARITY/EDUCATION	5,000
WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
WOODROW WILSON SCHOOL PO BOX 5357 PRINCETON, NJ 08543	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
<b>Total . . . . .</b>			<b>▶ 3a</b>	448,047

**TY 2017 Investments Corporate Stock Schedule****Name:** HYMAN LEVINE FAMILY FOUNDATION

L'DOR V'DOR

**EIN:** 20-1917833

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
STOCK & EQUITIES	4,416,372	5,294,462

**TY 2017 Investments Government Obligations Schedule**

**Name:** HYMAN LEVINE FAMILY FOUNDATION  
L'DOR V'DOR

**EIN:** 20-1917833

**US Government Securities - End  
of Year Book Value:**

0

**US Government Securities - End  
of Year Fair Market Value:**

0

**State & Local Government  
Securities - End of Year Book  
Value:**

3,702,942

**State & Local Government  
Securities - End of Year Fair  
Market Value:**

3,663,038

**TY 2017 Investments - Other Schedule****Name:** HYMAN LEVINE FAMILY FOUNDATION

L'DOR V'DOR

**EIN:** 20-1917833**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
ISRAEL BOND	AT COST	25,000	25,000

**TY 2017 Other Professional Fees Schedule****Name:** HYMAN LEVINE FAMILY FOUNDATION

L'DOR V'DOR

**EIN:** 20-1917833

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT FEES	39,784	39,784		0

**TY 2017 Taxes Schedule****Name:** HYMAN LEVINE FAMILY FOUNDATION

L'DOR V'DOR

**EIN:** 20-1917833

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FEDERAL EXCISE TAX	13,670	0		0
FOREIGN TAX	320	320		0
REGISTRATION FEE	75	0		75
FILING FEE	10	0		10



**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](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**

**Name of the organization**  
HYMAN LEVINE FAMILY FOUNDATION  
L'DOR V'DOR

**Employer identification number**  
20-1917833

**Organization type** (check one)

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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 33<sup>1</sup> 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)

<b>Name of organization</b> HYMAN LEVINE FAMILY FOUNDATION L'DOR V'DOR	<b>Employer identification number</b>  20-1917833
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<b>Part I Contributors</b> (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
—	See Additional Data Table <hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )

<b>Name of organization</b> HYMAN LEVINE FAMILY FOUNDATION L'DOR V'DOR	<b>Employer identification number</b>  20-1917833
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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	632 SHS ROYAL BK CDA MONTREAL QUE COM	\$ 50,004	2017-11-27
6	190 SHS ROYAL BK CDA MONTREAL QUE COM	\$ 15,339	2017-12-21
8	150 SHS AMERICAN EXPRESS CO \$14,78950 SHS CERNER CORP \$3,49050 SHS MASTERCARD INC \$7,171	\$ 25,450	2017-12-01
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

<b>Name of organization</b> HYMAN LEVINE FAMILY FOUNDATION L'DOR V'DOR	<b>Employer identification number</b> 20-1917833
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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

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 20-1917833

**Name:** HYMAN LEVINE FAMILY FOUNDATION  
L'DOR V'DOR

Form 990 Schedule B, 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	DENA AND IRV SCHECHTER 9460 WILSHIRE BLVD SUITE 300 BEVERLY HILLS, CA90212	\$ 50,004	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
2	BOB LEVINE 9460 WILSHIRE BLVD SUITE 300 BEVERLY HILLS, CA90212	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
3	NANCY CLAVIN 9460 WILSHIRE BLVD SUITE 300 BEVERLY HILLS, CA90212	\$ 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
4	SID B LEVINE TRUST 9460 WILSHIRE BLVD SUITE 300 BEVERLY HILLS, CA90212	\$ 125,411	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
5	MAX A LEVINE TRUST 9460 WILSHIRE BLVD SUITE 300 BEVERLY HILLS, CA90212	\$ 57,324	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
6	MELDON LEVINE 9460 WILSHIRE BLVD SUITE 300 BEVERLY HILLS, CA90212	\$ 15,339	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )

Form 990 Schedule B, 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
7	JOSH AND SARI SCHECHTER 9460 WILSHIRE BLVD SUITE 300 BEVERLY HILLS, CA90212	\$ 150	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
8	MIEKE AND SPENCER NEUMANN 9460 WILSHIRE BLVD SUITE 300 BEVERLY HILLS, CA90212	\$ 25,450	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
9	ANDREW CLAVIN 9460 WILSHIRE BLVD SUITE 300 BEVERLY HILLS, CA90212	\$ 1,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
10	DANIEL CLAVIN 9460 WILSHIRE BLVD SUITE 300 BEVERLY HILLS, CA90212	\$ 1,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
11	ELIZABETH COHN 9460 WILSHIRE BLVD SUITE 300 BEVERLY HILLS, CA90212	\$ 1,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )