

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

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

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 ▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No. 1545-0052

**2019**

**Open to Public Inspection**

**For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019**

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</b> (see instructions) (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) ▶ \$ <u>10,832,669</u>		<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>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	

<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)	310,859			
	<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	432,776	432,776		
	<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	132,196			
	<b>b</b> Gross sales price for all assets on line 6a	1,621,967			
	<b>7</b> Capital gain net income (from Part IV, line 2)		132,196		
	<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	875,831	564,972			
<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)	1,123	561		562
	<b>c</b> Other professional fees (attach schedule)	42,888	42,888		0
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	259	0		0
	<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	44,270	43,449		562
	<b>25</b> Contributions, gifts, grants paid	476,544			476,544
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	520,814	43,449		477,106	
<b>27</b> Subtract line 26 from line 12:					
<b>a Excess of revenue over expenses and disbursements</b>	355,017				
<b>b Net investment income</b> (if negative, enter -0-)		521,523			
<b>c Adjusted net income</b> (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	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 . . . . .	166,155	156,098	156,098
	<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)	4,004,350	4,271,064	4,475,270
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	4,570,536	4,616,125	5,959,471
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	200,000	190,000	191,830
	<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	50,000	50,000
	<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)	8,966,041	9,283,287	10,832,669	
<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 FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .			
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .	0	0	
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds	8,966,041	9,283,287	
<b>29 Total net assets or fund balances</b> (see instructions) . . . . .	8,966,041	9,283,287		
<b>30 Total liabilities and net assets/fund balances</b> (see instructions) .	8,966,041	9,283,287		

**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 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	8,966,041
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	355,017
<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>	9,321,058
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	37,771
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	9,283,287

**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>			

  

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	
<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>	132,196
<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		{ }	<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?  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.  Yes  No

**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))
2018	484,450	9,527,679	0.050847
2017	448,132	9,227,755	0.048563
2016	428,797	8,861,541	0.048389
2015	422,677	8,437,581	0.050095
2014	363,525	7,449,338	0.048800
<b>2</b> Total of line 1, column (d)			<b>2</b> 0.246694
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0.049339
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5			<b>4</b> 10,280,769
<b>5</b> Multiply line 4 by line 3			<b>5</b> 507,243
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 5,215
<b>7</b> Add lines 5 and 6			<b>7</b> 512,458
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 477,106

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)**

<b>1a</b>	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>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	10,430
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	10,430
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	10,430
<b>6</b>	Credits/Payments:		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	6,528
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	0
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	6,528
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . ▶	<b>9</b>	3,902
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . ▶	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> ▶ <b>Refunded</b> ▶	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b>		No
<b>b</b>		No
<b>c</b>		No
<b>d</b>		
<b>e</b>		
<b>2</b>		No
<b>3</b>		No
<b>4a</b>		No
<b>b</b>		
<b>5</b>		No
<b>6</b>	Yes	
<b>7</b>	Yes	
<b>8a</b>		
<b>b</b>	Yes	
<b>9</b>		No
<b>10</b>		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.
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
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A
14 The books are in care of DENA SCHECHTER Telephone no. (310) 274-5291
Located at 9460 WILSHIRE BLVD SUITE 300 BEVERLY HILLS CA ZIP+4 90212
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 -check here and enter the amount of tax-exempt interest received or accrued during the year. 15
16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country

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):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(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)?
(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.)
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance check here.
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 2019?
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 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? 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.)
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?
b If "Yes," did it have excess business holdings in 2019 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 2019.)
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
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 2019?

**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>Yes</b>	<b>No</b>
<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 . . . . .	<b>5b</b>		
Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶		<input type="checkbox"/>	
<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? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>			
<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? . . . . .	<b>6b</b>		<b>No</b>
<i>If "Yes" to 6b, file Form 8870.</i>			
<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>		
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

**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	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
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	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> 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.	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	0

<b>Part X Minimum Investment Return</b> (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> 10,197,147
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b> 240,182
<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> 10,437,329
<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> 10,437,329
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b> 156,560
<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> 10,280,769
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b> 514,038

<b>Part XI Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here <input type="checkbox"/> and do not complete this part.)		
<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b> 514,038
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b> 10,430
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b> 10,430
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b> 503,608
<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> 503,608
<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> 503,608

<b>Part XII Qualifying Distributions</b> (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> 477,106
<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> 477,106
<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> 477,106

**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 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				503,608
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			0	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .	4,017			
<b>b</b> From 2015. . . . .	11,929			
<b>c</b> From 2016. . . . .				
<b>d</b> From 2017. . . . .				
<b>e</b> From 2018. . . . .	16,666			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	32,612			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ _____ 477,106				
<b>a</b> Applied to 2018, 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 2019 distributable amount. . . . .				477,106
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	26,502			26,502
<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	6,110			
<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 2018. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . .				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 2014 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a . . . . .	6,110			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .				
<b>b</b> Excess from 2016. . . . .				
<b>c</b> Excess from 2017. . . . .				
<b>d</b> Excess from 2018. . . . .	6,110			
<b>e</b> Excess from 2019. . . . .				

**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 2019, 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				(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<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 foundation 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.

**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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

**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:

**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>	476,544
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>			<b>▶ 3b</b>	0



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

Part XVII

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash.
(2) Other assets.
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization.
(2) Purchases of assets from a noncharitable exempt organization.
(3) Rental of facilities, equipment, or other assets.
(4) Reimbursement arrangements.
(5) Loans or loan guarantees.
(6) Performance of services or membership or fundraising solicitations.
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
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.

Table with 3 columns: Question, Yes, No. Rows 1a(1), 1a(2), 1b(1) through 1b(6), 1c.

Table with 4 columns: (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) (other than section 501(c)(3)) or in section 527? [ ] Yes [x] No

Table with 3 columns: (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.

Sign Here

Signature of officer or trustee: TODD POSIVAK, Date: 2020-05-12, Title: [ ]

May the IRS discuss this return with the preparer shown below (see instr.) [x] Yes [ ] No

Paid Preparer Use Only

Table for Paid Preparer Use Only with fields: Print/Type preparer's name (TODD POSIVAK), Preparer's Signature, Date, Check if self-employed, 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, (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.)
RIM SECURITIES	P		
RIM SECURITIES	P		
CHARLES SCHWAB	P		
CHARLES SCHWAB	P		
COMPUTER SCIENCE CORP SETTLEMENT	P		
IN RE FOREIGN EXCHANGE LITIGATION	P		
IN RE FOREIGN EXCHANGE LITIGATION	P		
CAPITAL GAINS DIVIDENDS	P		

**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)
66,891		75,427	-8,536
914,695		795,563	119,132
10,000		10,000	0
629,016		608,781	20,235
27			27
15			15
150			150
1,173			1,173

**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	
			-8,536
			119,132
			0
			20,235
			27
			15
			150
			1,173

Form 990FP Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(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
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>				
ACLU125 BROAD STREET NEW YORK, NY 10004	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	15,000
AMERICAN CONSTITUTION SOCIETY 1899 L STREET NW WASHINGTON, DC 20036	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,500
AMERICAN FOR PEACE 2100 M STREET NW STE 619 WASHINGTON, DC 20037	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	10,000
<b>Total . . . . . ▶ 3a</b>				476,544

**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 FRIENDS OF TEL AVIV UNIVERSITY 39 BROADWAY STE 1510 NEW YORK, NY 10006	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	10,000
AMERICAN JEWISH UNIVERSITY 15600 MULHOLLAND DRIVE BEL AIR, CA 90077	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	37,800
APLA611 S KINGSLEY DRIVE LOS ANGELES, CA 90005	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				476,544

**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>				
ARAB AMERICAN INSTITUTE 1600 K STREET NW STE 601 WASHINGTON, DC 20006	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
ASPCAPO BOX 96929 WASHINGTON, DC 20090	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	4,000
BAD ASS BOXES 5850 CANOGA AVE STE 220 WOODLAND HILLS, CA 91367	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,500
<b>Total . . . . . ▶ 3a</b>				476,544

**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>				
BEAU BIDEN FOUNDATION 4601 CONCORD PIKE WILMINGTON, DE 19803	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
BERKLEY HILLEL2736 BANCROFT WAY BERKLEY, CA 94704	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
BET TZEDEK3250 WILSHIRE BLVD LOS ANGELES, CA 90010	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
<b>Total . . . . . ▶ 3a</b>				476,544

**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>				
BEVERLY HILLS FIREFIGHTERS' ASSOCIATION PO BOX 1720 BEVERLY HILLS, CA 90213	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,500
BJE6505 WILSHIRE BLVD LOS ANGELES, CA 90048	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,300
BRENNAN CENTER FOR JUSTICE 120 BROADWAY STE 1750 NEW YORK, NY 10271	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				476,544

**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	2,500
CAL BASEBALL FOUNDATION 1777 BOTELHO DRIVE WALNUT CREEK, CA 94596	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,000
CALIFORNIA HEART CENTER 8536 WILSHIRE BLVD BEVERLY HILLS, CA 90211	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	10,000
<b>Total . . . . .</b>			<b>▶ 3a</b>	476,544

**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>				
CARE FOR THE HOMELESS 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
CEDARS-SINAI8670 WILSHIRE BLVD BEVERLY HILLS, CA 90211	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,000
CENTER FOR DISCOVERYPO BOX 840 HARRIS, NY 12742	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	10,000
<b>Total . . . . . ▶ 3a</b>				476,544

**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>				
CENTRAL PARK CONSERVANCY 14 E 60TH STREET NEW YORK, NY 10022	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
CHABAD OF PARK CITYPO BOX 681818 PARK CITY, UT 84068	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	11,300
CHURCH IN OCEAN PARK 235 HILL STREET SANTA MONICA, CA 90405	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
<b>Total . . . . .</b>				476,544

**▶ 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)				
<b>a</b> <i>Paid during the year</i>				
CHURCH OF THE GOOD SHEPHERD 504 N ROXBURY DRIVE BEVERLY HILLS, CA 90210	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
COLLEGESPRING1333 BROADWAY OAKLAND, CA 94612	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
COLUMBIA JOURNALISM SCHOOL 622 W 113TH STREET NEW YORK, NY 10025	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	4,000
<b>Total . . . . . ▶ 3a</b>				476,544

**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>				
COMMITTEE TO PROTECT JOURNALISTS 330 7TH AVE NEW YORK, NY 10001	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	6,000
COMMUNITY PARTNERS FOR COLLEGE MATCH PO BOX 741265 LOS ANGELES, CA 90074	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
COMMUNITY WATER CENTER 900 W OAK AVE VISALIA, CA 93291	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,500
<b>Total . . . . .</b> ▶ <b>3a</b>				476,544

**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	4,000
DAV CHARITABLE SERVICE TRUST 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	4,000
DIDI HIRSCH MENTAL HEALTH SERVICES 4760 S SEPULVEDA BLVD CULVER CITY, CA 90230	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,500
<b>Total . . . . .</b> ▶ <b>3a</b>				476,544

**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>				
DIRECT RELIEF 6100 WALLACE BECKNELL RD SANTA BARBARA, CA 93117	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	6,000
DOCTORS WITHOUT BORDERS USA PO BOX 5030 HAGERSTOWN, MD 21741	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,000
DOWNTOWN WOMEN'S CENTER 442 S SAN PEDRO ST LOS ANGELES, CA 90013	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				476,544

**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>				
ETTA13034 SATICOY ST NORTH HOLLYWOOD, CA 91605	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
FORUM280PO BOX 268 PALO ALTO, CA 94302	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE N SEATTLE, WA 98109	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,000
<b>Total . . . . . ▶ 3a</b>				476,544

**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>				
FRIENDS OF UNITED HATZALAH 208 EAST 51ST ST NEW YORK, NY 10022	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
GAY MEN'S CHORUS OF LOS ANGELES 8380 SANTA MONICA BLVD WEST HOLLYWOOD, CA 90069	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
GRID GREATER LOS ANGELES 1338 SOUTH FLOWER STREET LOS ANGELES, CA 90015	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	6,000
<b>Total . . . . .</b> ▶ <b>3a</b>				476,544

**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>				
GRUPEDSAC AV DE LAS FUENTES NO 184 NAUCALPAN 53950 MX	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	10,000
GUILD DOGS FOR THE BLIND PO BOX 3950 SAN RAFAEL, CA 94912	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,215
HARVARD LAW SCHOOL ANNUAL FUND 1563 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
<b>Total . . . . .</b>				476,544

▶ 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)				
<b>a</b> <i>Paid during the year</i>				
HOLOCAUST SURVIVOR'S FOUNDATION USA 3211 PONCE DE LEON BLVD CORAL GABLES, FL 33134	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
HUMAN RIGHTS WATCH 350 FIFTH AVE 34TH FLR NEW YORK, NY 10118	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,000
INNER CITY LAW CENTER 1309 EAST SEVENTH STREET LOS ANGELES, CA 90021	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				476,544



**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>				
INSIDEOUT WRITERS 1212 N VERMONT AVE LOS ANGELES, CA 90029	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
INTERNATIONAL COMMUNITY FOUNDATION 2505 N AVENUE NATIONAL CITY, CA 91950	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	10,000
ISRAEL POLICY FORUM 355 LEXINGTON AVE NEW YORK, NY 10017	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
<b>Total . . . . .</b> ▶ <b>3a</b>				476,544

**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 BIG BROTHERS BIG SISTERS OF LOS ANGELES 6505 WILSHIRE BLVD 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	80,000
JEWISH NATIONAL FUND 78 RANDALL AVE ROCKVILLE CENTRE, NY 11570	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				476,544

**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>				
KCRW1900 PICO BLVD SANTA MONICA, CA 90405	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
KEHILLAT ISRAEL 16019 W SUNSET BLVD PACIFIC PALISADES, CA 90272	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	10,000
KINDER USAPO BOX 224846 DALLAS, TX 75222	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	3,000
<b>Total . . . . . ▶ 3a</b>				476,544

**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>				
KINGDREW MAGNET HIGH SCHOOL 1601 EAST 120TH STREET LOS ANGELES, CA 90059	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,500
KUSCPO BOX 7913 LOS ANGELES, CA 90007	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,000
LA THEATRE WORKS681 VENICE BLVD VENICE, CA 90291	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
<b>Total . . . . . ▶ 3a</b>				476,544

**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>				
LA OPERA135 NORTH GRAND AVE LOS ANGELES, CA 90012	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,500
LACMA5905 WILSHIRE BLVD LOS ANGELES, CA 90036	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	950
LOS ANGELES LEADERSHIP ACADEMY 234 EAST AVE 33 LOS ANGELES, CA 90031	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
<b>Total . . . . . ▶ 3a</b>				476,544

**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 MUSEUM OF THE HOLOCAUST 100 S THE GROVE DRIVE LOS ANGELES, CA 90036	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,800
LOS ANGELES PHILHARMONIC ASSOCIATION 151 SOUTH GRAND AVE LOS ANGELES, CA 90012	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	17,479
MUSLIM PUBLIC AFFAIRS COUNCIL FOUNDATION 4988 NORTH FIGUEROA STREET LOS ANGELES, CA 90042	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
<b>Total . . . . . ▶ 3a</b>				476,544

**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>				
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	8,000
NO KID HUNGRYPO BOX 75475 BALTIMORE, MD 21275	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	3,000
<b>Total . . . . . ▶ 3a</b>				476,544

**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>				
PACIFIC COUNCIL ON INTERNATIONAL POLICY 725 S FIGUEROA ST STE 450 LOS ANGELES, CA 90017	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	15,000
PHASE ONE 5792 WEST JEFFERSON BLVD LOS ANGELES, CA 90016	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,500
PLANNED PARENTHOOD OF LOS ANGELES PO BOX 740528 LOS ANGELES, CA 90074	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				476,544



**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>				
PRINCETON UNIVERSITY PO BOX 5357 PRINCETON, NJ 08543	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
RAICES 1305 N FLORES ST SAN ANTONIO, TX 78212	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,500
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DRIVE TAMPA, FL 33607	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	3,000
<b>Total . . . . . ▶ 3a</b>				476,544

**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>				
ST JUDES CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	3,000
STANFORD JEWISH CENTER 1289 COLLEGE AVE PALO ALTO, CA 94306	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	10,300
SUPERKID POWER INCPO BOX 1201 ASHLAND, OR 97520	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	4,300
<b>Total . . . . .</b> ▶ <b>3a</b>				476,544

**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>				
TEMPLE BETH HILLEL 12326 RIVERSIDE DRIVE VALLEY VILLAGE, CA 91607	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
TEMPLE ISAIAH10345 WEST PICO BLVD LOS ANGELES, CA 90064	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,800
THAT MAN MAY SEE10 KORET WAY SAN FRANCISCO, CA 94143	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
<b>Total . . . . . ▶ 3a</b>				476,544

**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 CHANNEL ISLANDS YMCA 591 SANTA ROSA LANE SANTA BARBARA, CA 93108	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
THE DAVID SHELDRIK WILDLIFE TRUST USA 25283 CABOT RD STE 101 SANTA BARBARA, CA 92653	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	7,000
THE DOE FUND232 E 84TH STREET NEW YORK, NY 10028	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
<b>Total . . . . .</b> ▶ <b>3a</b>				476,544

**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 GIVING SPIRIT 11693 SAN VICENTE BLVD LOS ANGELES, CA 90049	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	2,000
THE LEONARD I BEEMAN FOUNDATION 312 S CANYON VIEW DR LOS ANGELES, CA 90049	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				476,544

**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 LEUKEMIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVE WHITE PLAINS, NY 10605	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
THE MARSHALL PROJECT 156 W 56TH ST NEW YORK, NY 10019	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
THE RAPE FOUNDATION 1223 WILSHIRE BLVD 410 SANTA MONICA, CA 90403	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
<b>Total . . . . . ▶ 3a</b>				476,544

**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 STECHER & HOROWITZ FOUNDATION 119 W 57TH ST STE 1401 NEW YORK, NY 10019	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
TOWER CANCER RESEARCH FOUNDATION 8767 WILSHIRE BLVD STE 401 BEVERLY HILLS, CA 90211	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,500
T'RUAH266 W 37TH ST STE 803 NEW YORK, NY 10018	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
<b>Total . . . . .</b> ▶ <b>3a</b>				476,544

**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>				
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 98145	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
UCLA FOUNDATION 337 CHARLES E YOUNG DR E LOS ANGELES, CA 90095	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,800
<b>Total . . . . .</b> ▶ <b>3a</b>				476,544



**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>				
UNIVERSITY OF SOUTHERN CALIFORNIA 3502 WATT WAY STE 232 LOS ANGELES, CA 90089	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,000
VENICE FAMILY CLINIC 604 ROSE AVE VENICE, CA 90291	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
VISTA DEL MAR 3200 MOTOR AVE LOS ANGELES, CA 90034	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,000
<b>Total . . . . . ▶ 3a</b>				476,544

**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>				
WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,500
WEST HOLLYWOOD COMMUNITY HOUSING CORP 7530 SANTA MONICA BLVD WEST HOLLYWOOD, CA 90046	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
WORLD CENTRAL KITCHEN 1342 FLORIDA AVE NW WASHINGTON, DC 20009	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				476,544

**TY 2019 Accounting 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>
PROFESSIONAL FEE	1,123	561		562

**TY 2019 Investments Corporate Bonds Schedule****Name:** HYMAN LEVINE FAMILY FOUNDATION

L'DOR V'DOR

**EIN:** 20-1917833**Investments Corporate Bonds Schedule**

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
CORPORATE BONDS	190,000	191,830

**TY 2019 Investments Corporate Stock Schedule****Name:** HYMAN LEVINE FAMILY FOUNDATION

L'DOR V'DOR

**EIN:** 20-1917833**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
STOCK & EQUITIES	4,616,125	5,959,471

**TY 2019 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:**

4,271,064

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

4,475,270

**TY 2019 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	50,000	50,000

**TY 2019 Other Decreases Schedule****Name:** HYMAN LEVINE FAMILY FOUNDATION

L'DOR V'DOR

**EIN:** 20-1917833

<b>Description</b>	<b>Amount</b>
BOOK TO TAX BASIS ADJUST	37,771



**TY 2019 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	42,888	42,888		0

**TY 2019 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>
FOREIGN TAX	174	0		0
REGISTRATION FEE	75	0		0
FILING FEE	10	0		0

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2019**

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>/<sub>3</sub>% 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  
 HYMAN LEVINE FAMILY FOUNDATION  
 L'DOR V'DOR

**Employer identification number**

20-1917833

**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
—	See Additional Data Table	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution.)

Name of organization HYMAN LEVINE FAMILY FOUNDATION L'DOR V'DOR	Employer identification number 20-1917833
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<b>Part II Noncash Property</b>			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	303 SHS ROYAL BK CDA MONTREAL QUE COM	\$ 24,770	2019-11-29
6	220 SHS CERNER CORP \$15,831,100 SHS ACCENTURE PLC IRELAND \$20830145 SHS CISCO SYSTEMS INC \$5,985	\$ 42,646	2019-12-19
.	_____	\$ _____	_____
.	_____	\$ _____	_____
.	_____	\$ _____	_____
.	_____	\$ _____	_____
.	_____	\$ _____	_____

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

**Employer identification number**  
 20-1917833

**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, CA 90212	\$ 24,770	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution.)
2	BOB LEVINE 9460 WILSHIRE BLVD SUITE 300 BEVERLY HILLS, CA 90212	\$ 11,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
3	NANCY CLAVIN 9460 WILSHIRE BLVD SUITE 300 BEVERLY HILLS, CA 90212	\$ 11,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
4	SID B LEVINE TRUST 9460 WILSHIRE BLVD SUITE 300 BEVERLY HILLS, CA 90212	\$ 141,511	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
5	MAX A LEVINE TRUST 9460 WILSHIRE BLVD SUITE 300 BEVERLY HILLS, CA 90212	\$ 71,486	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
6	MIEKE AND SPENCER NEUMANN 9460 WILSHIRE BLVD SUITE 300 BEVERLY HILLS, CA 90212	\$ 42,646	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <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
<u>7</u>	NOAH AND AMANDA SCHECHTER 9460 WILSHIRE BLVD SUITE 300 <hr/> BEVERLY HILLS, CA 90212	\$ 2,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>8</u>	ADAM LEVINE 9460 WILSHIRE BLVD SUITE 300 <hr/> BEVERLY HILLS, CA 90212	\$ 4,045	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>9</u>	ANDREW CLAVIN 9460 WILSHIRE BLVD SUITE 300 <hr/> BEVERLY HILLS, CA 90212	\$ 300	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>10</u>	DANIEL CLAVIN 9460 WILSHIRE BLVD SUITE 300 <hr/> BEVERLY HILLS, CA 90212	\$ 300	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>11</u>	ELIZABETH COHN 9460 WILSHIRE BLVD SUITE 300 <hr/> BEVERLY HILLS, CA 90212	\$ 300	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)