

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

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

OMB No. 1545-0052

**2020**

**Open to Public Inspection**

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

**For calendar year 2020, or tax year beginning 01-01-2020 , and ending 12-31-2020**

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	Room/suite	<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) ▶ \$ <u>10,979,823</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>		<b>(a)</b> Revenue and expenses per books	<b>(b)</b> Net investment income	<b>(c)</b> Adjusted net income	<b>(d)</b> Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	316,587			
	<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	430,877	430,877		
	<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	-136,662			
	<b>b</b> Gross sales price for all assets on line 6a	2,012,168			
	<b>7</b> Capital gain net income (from Part IV, line 2)			0	
	<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	610,802	430,877			
<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)	850	425		425
	<b>c</b> Other professional fees (attach schedule)	42,130	42,130		0
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	1,266	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	44,246	42,555		425
	<b>25</b> Contributions, gifts, grants paid	544,041			544,041
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	588,287	42,555		544,466	
<b>27</b> Subtract line 26 from line 12:					
<b>a Excess of revenue over expenses and disbursements</b>	22,515				
<b>b Net investment income</b> (if negative, enter -0-)		388,322			
<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 . . . . .	156,098	187,658	187,658
	<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)	4,271,064	4,602,069	4,695,781
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	4,616,125	4,428,235	6,046,384
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	190,000	0	0
	<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) . . . . .	50,000	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)	9,283,287	9,267,962	10,979,823	
<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	9,283,287	9,267,962	
<b>29 Total net assets or fund balances</b> (see instructions) . . . . .	9,283,287	9,267,962		
<b>30 Total liabilities and net assets/fund balances</b> (see instructions) .	9,283,287	9,267,962		

**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>	9,283,287
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	22,515
<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>	9,305,802
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	37,840
<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>	9,267,962



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 fields for exempt foundations, tax under section 511, tax based on investment income, and credits/payments. Total tax due is 5,034.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, Yes, and No. Questions cover political activities, tax on political expenditures, and asset requirements.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, 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 for Part VII-B with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.



**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

**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>	9,787,566
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	705,543
<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>	10,493,109
<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>	10,493,109
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	157,397
<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>	10,335,712
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	516,786

**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>	516,786
<b>2a</b>	Tax on investment income for 2020 from Part VI, line 5. . . . .	<b>2a</b>	5,398
<b>b</b>	Income tax for 2020. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	5,398
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	511,388
<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>	511,388
<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>	511,388

**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>	544,466
<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>	544,466
<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>	544,466

**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 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				511,388
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only. . . . .			0	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015. . . . .				
<b>b</b> From 2016. . . . .				
<b>c</b> From 2017. . . . .				
<b>d</b> From 2018. . . . .				6,110
<b>e</b> From 2019. . . . .				
<b>f Total</b> of lines 3a through e. . . . .	6,110			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ _____ 544,466				
<b>a</b> Applied to 2019, 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 2020 distributable amount. . . . .				511,388
<b>e</b> Remaining amount distributed out of corpus	33,078			
<b>5</b> Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	39,188			
<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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2021. 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 2015 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9 Excess distributions carryover to 2021.</b> Subtract lines 7 and 8 from line 6a . . . . .	39,188			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016. . . . .				
<b>b</b> Excess from 2017. . . . .				
<b>c</b> Excess from 2018. . . . .				6,110
<b>d</b> Excess from 2019. . . . .				
<b>e</b> Excess from 2020. . . . .				33,078

**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 2020, 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			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
<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:

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

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**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>				544,041
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				0





**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.)
PERSHING LLC	P		
PERSHING LLC	P		
PERSHING LLC	P		
WELLS FARGO LITIGATION	P		
MEDTRONIC SECURITIES SETTLEMENT	P		
SECURITIES LITIGATION	P		
CHARLES SCHWAB	P		
CHARLES SCHWAB	P		
CHARLES SCHWAB	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)
89,974		133,884	-43,910
689,972		872,798	-182,826
32,067		7,234	24,833
40			40
468			468
205			205
75,405		76,688	-1,283
933,233		868,226	65,007
189,990		190,000	-10
814			814

**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	
			-43,910
			-182,826
			24,833
			40
			468
			205
			-1,283
			65,007
			-10
			814

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>				
AMERICAN CONSTITUTION SOCIETY 1899 L STREET NW WASHINGTON, DC 20036	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
AMERICAN FRIENDS OF TEL AVIV UNIVERSITY 39 BROADWAY STE 1510 NEW YORK, NY 10006	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	20,000
AMERICAN JEWISH UNIVERSITY 15600 MULHOLLAND DRIVE BEL AIR, CA 90077	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	25,000
<b>Total . . . . .</b> ▶ <b>3a</b>				544,041

**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>				
APLA611 S KINGSLEY DRIVE LOS ANGELES, CA 90005	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
ARAB AMERICAN INSTITUTE 1600 K STREET NW STE 601 WASHINGTON, DC 20006	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
ASPCAPO BOX 96929 WASHINGTON, DC 20090	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,000
<b>Total . . . . . ▶ 3a</b>				544,041

**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	1,000
BAD ASS BOXES 5850 CANOGA AVE STE 220 WOODLAND HILLS, CA 91367	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	3,500
BEAU BIDEN FOUNDATION 4601 CONCORD PIKE WILMINGTON, DE 19803	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
<b>Total . . . . . ▶ 3a</b>				544,041

**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>				
BERKLEY HILLEL2736 BANCROFT WAY BERKLEY, CA 94704	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
BEVERLY HILLS FIREFIGHTERS' ASSOCIATION PO BOX 1720 BEVERLY HILLS, CA 90213	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
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>				544,041

**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>				
CALIFORNIA HEART CENTER 8536 WILSHIRE BLVD BEVERLY HILLS, CA 90211	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	10,000
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	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				544,041

**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>				
CENTER FOR DISCOVERY PO BOX 840 HARRIS, NY 12742	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	20,000
CHABAD OF PARK CITY PO BOX 681818 PARK CITY, UT 84068	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	11,000
CHURCH OF THE GOOD SHEPHERD 504 N ROXBURY DRIVE BEVERLY HILLS, CA 90210	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
<b>Total . . . . . ▶ 3a</b>				544,041

**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>				
COLLEGESPRING1333 BROADWAY OAKLAND, CA 94612	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
COLUMBIA UNIVERSITY 622 W 113TH STREET NEW YORK, NY 10025	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,500
COMMITTEE TO PROTECT JOURNALISTS 330 7TH AVE NEW YORK, NY 10001	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,000
<b>Total . . . . . ▶ 3a</b>				544,041

**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>				
COMMUNITY PARTNERS FOR COLLEGE MATCH PO BOX 741265 LOS ANGELES, CA 90074	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
COMMUNITY WATER CENTER 900 W OAK AVE VISALIA, CA 93291	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
DAV CHARITABLE SERVICE TRUST 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,000
<b>Total . . . . .</b>				<b>544,041</b>

**▶ 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>				
DIDI HIRSCH MENTAL HEALTH SERVICES 4760 S SEPULVEDA BLVD CULVER CITY, CA 90230	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
DIRECT RELIEF 6100 WALLACE BECKNELL RD SANTA BARBARA, CA 93117	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	3,500
DISABLED AMERICAN VETERANS PO BOX 14301 CINCINNATI, OH 45250	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				544,041

**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>				
DOCTORS WITHOUT BORDERS USA PO BOX 5030 HAGERSTOWN, MD 21741	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	11,200
DOWNTOWN WOMEN'S CENTER 442 S SAN PEDRO ST LOS ANGELES, CA 90013	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
ETTA13034 SATICOY ST NORTH HOLLYWOOD, CA 91605	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
<b>Total . . . . . ▶ 3a</b>				544,041

**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>				
FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE N SEATTLE, WA 98109	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,000
GRUPEDSAC AV DE LAS FUENTES NO 184 NAUCALPAN 53950 MX	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,000
GUILD DOGS FOR THE BLIND PO BOX 3950 SAN RAFAEL, CA 94912	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	6,000
<b>Total . . . . .</b> ▶ <b>3a</b>				544,041

**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>				
HARVARD LAW SCHOOL ANNUAL FUND 1563 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
HUMAN RIGHTS WATCH 350 FIFTH AVE 34TH FLR NEW YORK, NY 10118	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	3,500
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>				544,041

**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>				
ISRAEL POLICY FORUM 355 LEXINGTON AVE NEW YORK, NY 10017	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	4,000
JEWISH FAMILY SERVICES 3580 WILSHIRE BLVD STE 700 LOS ANGELES, CA 90010	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	94,565
JEWISH NATIONAL FUND 78 RANDALL AVE ROCKVILLE CENTRE, NY 11570	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
<b>Total . . . . . ▶ 3a</b>				544,041

**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
KINDER USAPO BOX 224846 DALLAS, TX 75222	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	3,000
KUSCPO BOX 7913 LOS ANGELES, CA 90007	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				544,041

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

Recipient Name and address (home or business)	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
<b>a</b> <i>Paid during the year</i>				
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
LOS ANGELES PHILHARMONIC ASSOCIATION 151 SOUTH GRAND AVE LOS ANGELES, CA 90012	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	55,000
<b>Total . . . . .</b> ▶ <b>3a</b>				544,041

**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>				
MUSLIM PUBLIC AFFAIRS COUNCIL FOUNDATION 4988 NORTH FIGUEROA STREET LOS ANGELES, CA 90042	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
NEW ISRAEL FUNDPO BOX 177 LEWISTON, ME 04243	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	8,000
PACIFIC COUNCIL ON INTERNATIONAL POLICY 725 S FIGUEROA ST STE 450 LOS ANGELES, CA 90017	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	16,000
<b>Total . . . . .</b> ▶ <b>3a</b>				544,041



<b>Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
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>				
PHASE ONE 5792 WEST JEFFERSON BLVD LOS ANGELES, CA 90016	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,000
PLANNED PARENTHOOD OF LOS ANGELES PO BOX 740528 LOS ANGELES, CA 90074	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	3,000
ST JUDES CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,500
<b>Total . . . . .</b>			<b>▶ 3a</b>	544,041

**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>				
STANFORD JEWISH CENTER 1289 COLLEGE AVE PALO ALTO, CA 94306	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	10,000
SUPERKID POWER INCPO BOX 1201 ASHLAND, OR 97520	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	8,000
T'RUAH266 W 37TH ST STE 803 NEW YORK, NY 10018	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,500
<b>Total . . . . . ▶ 3a</b>				544,041

**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 ISAIAH10345 WEST PICO BLVD LOS ANGELES, CA 90064	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,800
THE DAVID SHELDRIK WILDLIFE TRUST USA 25283 CABOT RD STE 101 SANTA BARBARA, CA 92653	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	4,000
THE DOE FUND232 E 84TH STREET NEW YORK, NY 10028	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
<b>Total . . . . . ▶ 3a</b>				544,041

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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 JANE GOODALL INSTITUTE 1595 SPRING HILL ROAD STE 550 VIENNA, VA 22182	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
THE MARSHALL PROJECT 156 W 56TH ST NEW YORK, NY 10019	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
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>				544,041

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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	2,000
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>			544,041

**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
VISTA DEL MAR3200 MOTOR AVE LOS ANGELES, CA 90034	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,000
WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,500
<b>Total . . . . .</b> ▶ <b>3a</b>				544,041

**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>				
BEIT T'SHUVAH8831 VENICE BLVD LOS ANGELES, CA 90034	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
J STREET EDUCATION FUND PO BOX 66073 WASHINGTON, DC 20035	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	10,000
KIT2820 ROOSEVELT ROAD SAN DIEGO, CA 92106	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,500
<b>Total . . . . . ▶ 3a</b>				544,041

**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>				
MAYOR'S FUND FOR LOS ANGELES 200 NORTH SPRING STREET LOS ANGELES, CA 90012	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,000
HCCCF HILLCREST COUNTRY CLUB FUND 10000 WEST PICO BLVD LOS ANGELES, CA 90064	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,500
FOREIGN POLICY FOR AMERICA FOUNATION 901 NEW YORK AVE NW WASHINGTON, DC 90001	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
<b>Total . . . . .</b>			<b>▶ 3a</b>	544,041



**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 JEWISH HOME 7150 TAMPA AVE RESEDA, CA 91335	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	6,000
CHABAD OF SOUTHERN OREGON 1474 SISKIYOU BLVD ASHLAND, OR 97520	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,000
THE JEWISH FEDERATION 6505 WILSHIRE BLVD LOS ANGELES, CA 90048	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,500
<b>Total . . . . .</b> ▶ <b>3a</b>				544,041

**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 368 WOODLAND HILLS, CA 91365	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	3,526
SHARE OUR STRENGTH PO BOX 75475 BALTIMORE, MD 21275	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,000
AMERICAN CANCER SOCIETY PO BOX 22478 OKLAHOMA CITY, OK 73123	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,000
<b>Total . . . . . ▶ 3a</b>				544,041

**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	5,000
WASHINGTON GERMAN SHEPHERD RESCUE 4517 106TH PLACE NE MARYSVILLE, WA 98271	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,500
SAINT ANDREW RUSSIAN GREEK CATHOLIC CHURCH 538 CONCORD STREET EL SEGUNDO, CA 90245	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
<b>Total . . . . .</b> ▶ <b>3a</b>				544,041

**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>				
AVA'S HEART FOUNDATION 9461 CHARLEVILLE BLVD 589 BEVERLY HILLS, CA 90212	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	5,000
JEWISH WORLD WATCH 5551 BALBOA BLVD ENCINO, CA 91316	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
THE MAPLE COUNSELING CENTER 9107 WILSHIRE BLVD BEVERLY HILLS, CA 90210	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
<b>Total . . . . .</b> ▶ <b>3a</b>				544,041

**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>				
IMMIGRANT DEFENDERS LAW CENTER 634 S SPRING STREET LOS ANGELES, CA 90014	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 5357 PRINCETON, NJ 08543	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
THE MEMORY PROJECT 2163 N GATEWAY STREET MIDDLETON, WI 53562	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,500
<b>Total . . . . .</b> ▶ <b>3a</b>				544,041

**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 ASSOCIATES OF THE NATIONAL THEATER 247 WEST 30TH STREET NEW YORK, NY 10001	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,500
NATIONAL INSTITUTE OF ART & DISABILITIES 551 23RD STREET RICHMOND, CA 94804	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,500
CRITICAL RESISTANCE 1904 FRANKLIN STREET OAKLAND, CA 94612	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,500
<b>Total . . . . . ▶ 3a</b>				544,041

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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>				
WOMEN'S CENTER FOR CREATIVE WORK 2425 GLOVER PLACE LOS ANGELES, CA 90031	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,500
GRID ALTERNATIVES OF GREATER LOS ANGELES 1338 SOUTH FLOWER STREET LOS ANGELES, CA 90015	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	2,500
SOLSTICE INITIATIVE 186 ALEWIFE BROOK PKWY CAMBRIDGE, MA 02138	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
<b>Total . . . . .</b> ▶ <b>3a</b>				544,041

**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>				
MOVEMENT EXCHANGE PO BOX 3645 HALF MOON BAY, CA 94019	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	500
ACLU FOUNDATION OF SOUTHERN CALIFORNIA 1313 W 8TH STREET LOS ANGELES, CA 90017	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	10,000
HUMAN RIGHTS FIRST 75 BROAD STREET NEW YORK, NY 10004	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	3,500
<b>Total . . . . .</b> ▶ <b>3a</b>				544,041



**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>				
CENTER FOR PUBLIC INTEGRITY PO BOX 076471 BALTIMORE, MD 21275	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
THE LIFE YOU CAN SAVE 5635 NE CESSNA LANE BAINBRIDGE ISLAND, WA 98110	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	3,500
CALIFORNIA WILDLIFE CENTER PO BOX 2022 MALIBU, CA 90265	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				544,041

**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>				
LEONARD I BEERMAN FOUNDATION 312 SOUTH CANYON VIEW DR LOS ANGELES, CA 90049	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
MENTAL HEALTH ADVOCACY SERVICES 3255 WILSHIRE BLVD LOS ANGELES, CA 90010	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	1,000
WILD ANIMAL INITIATIVE 115 ELM ST FARMINGTON, MN 55024	NONE	PUBLIC CHARITY	CHARITY/EDUCATION	3,500
<b>Total . . . . . ▶ 3a</b>				544,041

**TY 2020 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	850	425		425

**TY 2020 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	4,428,235	6,046,384

**TY 2020 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:**

4,602,069

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

4,695,781

**TY 2020 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 2020 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	37,840

**TY 2020 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	42,130	42,130		0



**TY 2020 Taxes Schedule****Name:** HYMAN LEVINE FAMILY FOUNDATION

L'DOR V'DOR

**EIN:** 20-1917833**Taxes Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FOREIGN TAX	1,161	0		0
REGISTRATION FEE	75	0		0
FILING FEE	30	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  
**2020**

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
<u>1</u>	333 SHS ROYAL BANK OF CANADA	\$ 25,455	2020-11-13
<u>6</u>	205 SHS APPLE INC	\$ 26,215	2020-12-15
<u>7</u>	25 SHS ROYAL BANK OF CANADA	\$ 2,056	2020-12-15
<u>9</u>	123 SHS ROYAL BANK OF CANADA	\$ 9,931	2020-12-21
.	_____	\$	_____
.	_____	\$	_____

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	\$ 25,455	<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	\$ 8,000	<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	\$ 5,000	<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	\$ 160,739	<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	\$ 72,600	<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	\$ 26,215	<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
7	NOAH AND AMANDA SCHECHTER 9460 WILSHIRE BLVD SUITE 300		<b>Person</b> <input type="checkbox"/>
			<b>Payroll</b> <input type="checkbox"/>
	BEVERLY HILLS, CA 90212	\$ 2,056	<b>Noncash</b> <input checked="" type="checkbox"/>
8	ADAM LEVINE 9460 WILSHIRE BLVD SUITE 300		<b>Person</b> <input checked="" type="checkbox"/>
			<b>Payroll</b> <input type="checkbox"/>
	BEVERLY HILLS, CA 90212	\$ 2,591	<b>Noncash</b> <input type="checkbox"/>
9	MEL LEVINE 9460 WILSHIRE BLVD SUITE 300		<b>Person</b> <input type="checkbox"/>
			<b>Payroll</b> <input type="checkbox"/>
	BEVERLY HILLS, CA 90212	\$ 9,931	<b>Noncash</b> <input checked="" type="checkbox"/>
10	JACOB LEVINE 9460 WILSHIRE BLVD SUITE 300		<b>Person</b> <input checked="" type="checkbox"/>
			<b>Payroll</b> <input type="checkbox"/>
	BEVERLY HILLS, CA 90212	\$ 4,000	<b>Noncash</b> <input type="checkbox"/>
			(Complete Part II for noncash contribution.)