~~~08404037

Form 990-PF

**Return of Private Foundation** 

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

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

|             | Depar                                 | tme <b>l</b> t | of the Treasury                     |                 |                                                  | social security numbers on   |                      |                                                                                                                                                                                                                                    | 1 2010                                      |
|-------------|---------------------------------------|----------------|-------------------------------------|-----------------|--------------------------------------------------|------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| •           |                                       |                | enue Service                        | 1               | <del></del>                                      | rs.gov/Form990PF for inst    |                      | formation.                                                                                                                                                                                                                         | Open to Public Inspection                   |
|             |                                       |                | dar year 2018                       | or tax year     | peginning                                        |                              | , and ending         | A F                                                                                                                                                                                                                                |                                             |
|             | Nan                                   | ne of          | foundation                          |                 |                                                  |                              |                      | A Employer identification                                                                                                                                                                                                          | number                                      |
|             | m,                                    | יבדו           | ם גממגם                             | א כדד           | מ מדנים ד ממני                                   | OTHER VIEW T                 | NC                   | 23-2984801                                                                                                                                                                                                                         |                                             |
|             |                                       |                |                                     |                 | LVER LEVIN F  If mail is not delivered to street |                              | NC Room/suite        | <del></del>                                                                                                                                                                                                                        | ·                                           |
|             |                                       |                |                                     |                 |                                                  | <u>-</u>                     | 500                  | B Telephone number 215-592-15                                                                                                                                                                                                      | 00                                          |
|             |                                       |                |                                     |                 | IN, 510 WALN                                     |                              | p00                  | 1                                                                                                                                                                                                                                  |                                             |
|             |                                       |                |                                     |                 | untry, and ZIP or foreign p PA 19106–36          |                              |                      | C If exemption application is p                                                                                                                                                                                                    | ending, check here                          |
|             |                                       |                | LADELPH                             | IIA, E          | <del></del>                                      | ···                          |                      |                                                                                                                                                                                                                                    |                                             |
|             | G C                                   | песк           | all that apply.                     | ⊢               | Initial return                                   |                              | ormer public charity | D 1. Foreign organization:                                                                                                                                                                                                         | s, cneck nere . PL                          |
|             |                                       |                |                                     | 片               | Final return                                     | Amended return               |                      | Foreign organizations management of the characteristics and attach control of the characteristics and attach control of the characteristics and attach control of the characteristics and the characteristics are characteristics. | eeting the 85% test,                        |
|             | <u> </u>                              | h a ale        | type of organi                      |                 | Address change  X Section 501(c)(3) ex           | Name change                  | <u> </u>             | 7                                                                                                                                                                                                                                  |                                             |
|             | <u></u>                               | _              |                                     |                 |                                                  | Other taxable private found: | $p_{\mathcal{O}}$    | E if private foundation sta                                                                                                                                                                                                        |                                             |
|             | <u> </u>                              |                |                                     |                 | end of year J Account                            |                              | Accrual              | under section 507(b)(1                                                                                                                                                                                                             |                                             |
|             |                                       |                | Part II, col (c),                   |                 | ·   —                                            | her (specify)                | Accidal              | F If the foundation is in a under section 507(b)(1                                                                                                                                                                                 |                                             |
|             | (II)                                  |                | ait ii, coi (c),                    |                 |                                                  | nn (d) must be on cash basi  | ıs )                 | under Section 307(b)(1                                                                                                                                                                                                             | (ID), CHECK HETE                            |
|             |                                       |                | Analysis of I                       | Revenue an      | nd Expenses                                      | (a) Revenue and              | (b) Net investment   | (c) Adjusted net                                                                                                                                                                                                                   | (d) Disbursements                           |
|             |                                       | 10 1           | (The total of an                    | ounts in colu   | mns (b), (c), and (d) may not its in column (a)) | expenses per books           | income               | income                                                                                                                                                                                                                             | for chantable purposes<br>(cash basis only) |
|             |                                       | 1              |                                     |                 | ts, etc , received                               | 300,000.                     |                      | N/A                                                                                                                                                                                                                                |                                             |
|             |                                       | 2              | Check                               |                 | on is not required to attach Sch. B              |                              |                      |                                                                                                                                                                                                                                    | ,                                           |
| 1           |                                       | 3              | Interest on savir                   |                 |                                                  | 205.                         | 205                  | •                                                                                                                                                                                                                                  | STATEMENT I                                 |
| %           |                                       | 4              | Dividends and                       |                 |                                                  | 20,464.                      | 20,464               | •                                                                                                                                                                                                                                  | STATEMENT 2                                 |
| - 0         | \                                     | 5a             | Gross rents                         |                 |                                                  |                              |                      |                                                                                                                                                                                                                                    | , , , , , , , , , , , , , , , , , , ,       |
|             |                                       | b              | Net rental incom                    | e or (loss)     |                                                  |                              |                      |                                                                                                                                                                                                                                    |                                             |
|             | •                                     | 6a             | Net gain or (loss                   | from sale of    | assets not on line 10                            | 63,671.                      |                      |                                                                                                                                                                                                                                    | / / / / / / / / / / / / / / / / / / / /     |
| 0           | Revenue                               | b              | Gross sales pno<br>assets on line 6 | e for all       | 63,671.                                          |                              |                      |                                                                                                                                                                                                                                    |                                             |
| 20,         | eve                                   | 7              | Capital gain net                    | income (from    | Part IV, line 2)                                 |                              | 63,671               | •                                                                                                                                                                                                                                  |                                             |
| 1 8 2019    | <b>E</b>                              | 8              | Net short-terr                      | n capital ga    | ın .                                             |                              | ; ;                  |                                                                                                                                                                                                                                    |                                             |
| <del></del> |                                       | 9              | Income modif                        |                 | 1                                                |                              |                      |                                                                                                                                                                                                                                    |                                             |
| Z           |                                       | 10a            | Gross sales less<br>and allowances  | returns         |                                                  | <del></del>                  | ··, ···,             | <del> </del>                                                                                                                                                                                                                       |                                             |
| NO.         |                                       | l              | Less Cost of go                     |                 | <u> </u>                                         |                              |                      |                                                                                                                                                                                                                                    |                                             |
|             |                                       | C              | Gross profit o                      |                 |                                                  |                              | <u> </u>             |                                                                                                                                                                                                                                    |                                             |
| 뿢           |                                       | 11             |                                     |                 |                                                  | 384,340.                     | 84,340               |                                                                                                                                                                                                                                    |                                             |
| CANNED      |                                       |                | Total. Add lin                      |                 |                                                  | 0.                           | 04,340               | <del></del>                                                                                                                                                                                                                        | 0.                                          |
| 3           | )                                     | 13<br>14       | Other employ                        |                 | ectors, trustees, etc                            |                              | <u>-</u>             | •                                                                                                                                                                                                                                  |                                             |
| Ø           | )                                     | •              | Pension plans                       |                 | *                                                |                              |                      |                                                                                                                                                                                                                                    |                                             |
|             | es                                    |                | Legal fees                          | s, cilipioyee   | STMT 3                                           | 4,629.                       | 4,629                |                                                                                                                                                                                                                                    | 0.                                          |
|             | ens                                   |                | Accounting fe                       | es              |                                                  |                              |                      |                                                                                                                                                                                                                                    |                                             |
|             | άX                                    | ı              | Other profess                       |                 |                                                  |                              |                      |                                                                                                                                                                                                                                    |                                             |
|             | Ne.                                   | ı              |                                     |                 |                                                  |                              |                      | Ţ <u></u>                                                                                                                                                                                                                          |                                             |
|             | rati                                  | 18             | Taxes .                             |                 | STMT 4                                           | 3,310.                       | 0                    | •                                                                                                                                                                                                                                  | 0.                                          |
|             | nist                                  | 19             | Depreciation                        | and deplete     | ECEIVED                                          | 1                            |                      |                                                                                                                                                                                                                                    |                                             |
|             | Ē                                     | 20             | Occupancy                           | I. R            | ECFINED                                          |                              |                      |                                                                                                                                                                                                                                    |                                             |
|             | Ā                                     | 21             | Travel, confe                       | ences, and      | meetings .                                       | )<br> <br>                   |                      |                                                                                                                                                                                                                                    |                                             |
|             | and                                   | 22             | Printing and p                      | Digations       | PR 1-2 2019                                      | P)                           |                      | <u> </u>                                                                                                                                                                                                                           |                                             |
|             | ng                                    | 23             | Other expens                        | eber 1          |                                                  | <u>K</u>                     |                      |                                                                                                                                                                                                                                    |                                             |
|             | rati                                  | 24             | Total operati                       | up aup-agu      |                                                  | 1 }                          | 4 500                |                                                                                                                                                                                                                                    |                                             |
|             | Operating and Administrative Expenses |                | expenses. A                         | id lines 18     | ministrative N, UT                               | 7,939.                       |                      | •                                                                                                                                                                                                                                  | 0.                                          |
|             | Ü                                     |                | Continuations                       | i, yiits, yiaii | its paid .                                       | 49,025.                      |                      |                                                                                                                                                                                                                                    | 49,025.                                     |
|             |                                       | 26             | Total expens                        |                 | oursements.                                      | 56 064                       | 1 620                | 1                                                                                                                                                                                                                                  | 40 025                                      |
|             |                                       | -              | Add lines 24                        |                 | - 40                                             | 56,964.                      | 4,629                | <del>-</del>                                                                                                                                                                                                                       | 49,025.                                     |
|             |                                       |                | S "tract line                       |                 |                                                  | 327,376.                     |                      |                                                                                                                                                                                                                                    |                                             |
|             |                                       |                |                                     |                 | nses and disbursements                           | 321,310.                     | 79,711               |                                                                                                                                                                                                                                    |                                             |
|             |                                       | .*             | 7                                   |                 | (if negative, enter -0-)                         |                              | 101111               | N/A                                                                                                                                                                                                                                |                                             |
|             | 8222                                  | L 4            |                                     |                 | rwork Reduction Act Notic                        | e see instructions           |                      | 11                                                                                                                                                                                                                                 | Form <b>990-PF</b> (2018)                   |
|             | -200                                  | וויי           | 11-10 FIN                           | ι οι ι αμοί     |                                                  | .,                           |                      | 11                                                                                                                                                                                                                                 |                                             |

| Forn                        | n 990 | O-PF (2018) THE BARBARA SILVER LEVIN                                                                           |                                        | INC 23-        | 2984801 Page 2                        |
|-----------------------------|-------|----------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------|---------------------------------------|
|                             |       | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year                      | End of         | <del></del>                           |
| Pé                          | et i  | Balance Sileets column should be for end-of-year amounts only                                                  | (a) Book Value                         | (b) Book Value | (c) Fair Market Value                 |
| $\neg$                      | 1     | Cash - non-interest-bearing                                                                                    |                                        |                |                                       |
|                             | 2     | Savings and temporary cash investments                                                                         | 179,823.                               | 361,331.       | 361,331.                              |
|                             |       | Accounts receivable ►                                                                                          | <b>.</b>                               |                |                                       |
|                             |       | Less allowance for doubtful accounts                                                                           |                                        |                |                                       |
|                             |       | Pledges receivable                                                                                             |                                        |                |                                       |
|                             |       | Less allowance for doubtful accounts                                                                           |                                        |                |                                       |
|                             |       |                                                                                                                |                                        |                |                                       |
|                             | -     | Grants receivable                                                                                              |                                        |                |                                       |
|                             |       | Receivables due from officers, directors, trustees, and other                                                  |                                        |                |                                       |
|                             |       | disqualified persons                                                                                           | ······································ |                |                                       |
| ļ                           | 7     | Other notes and loans receivable                                                                               |                                        |                |                                       |
| j                           |       | Less allowance for doubtful accounts                                                                           |                                        |                |                                       |
| 13                          | -     | Inventories for sale or use                                                                                    | <u> </u>                               |                |                                       |
| Assets                      | 9     | Prepaid expenses and deferred charges                                                                          |                                        |                |                                       |
| ۲                           | 10a   | investments - U.S. and state government obligations .                                                          |                                        |                |                                       |
|                             | b     | Investments - corporate stock .                                                                                |                                        |                |                                       |
|                             | C     | Investments - corporate bonds                                                                                  |                                        |                |                                       |
|                             |       | Investments - land, buildings, and equipment basis                                                             | ,                                      |                |                                       |
|                             | •     | Less: accumulated deprecation                                                                                  |                                        |                |                                       |
|                             | 12    | Investments - mortgage loans                                                                                   |                                        |                |                                       |
|                             | 13    | Investments - other STMT 5                                                                                     | 805,894.                               | 951,762.       | 969,572.                              |
|                             | -     | Land, buildings, and equipment. basis                                                                          |                                        |                |                                       |
|                             | 14    | · · · · · · · · · · · · · · · · · · ·                                                                          |                                        | ;              | †                                     |
|                             |       | Less: accumulated depreciation                                                                                 |                                        |                |                                       |
|                             |       | Other assets (describe                                                                                         |                                        |                |                                       |
|                             | 16    | Total assets (to be completed by all filers - see the                                                          | 0.95 717                               | 1 212 002      | 1,330,903.                            |
|                             | _     | instructions Also, see page 1, item I)                                                                         | 903,111.                               | 1,313,033.     | 1,330,703.                            |
|                             | 17    |                                                                                                                | <del></del>                            |                | <del> </del>                          |
|                             | 18    | Grants payable                                                                                                 | <del></del> -                          | <u> </u>       |                                       |
| es                          | 19    | Deferred revenue .                                                                                             | · ·                                    |                | · · · · · · · · · · · · · · · · · · · |
| Liabilities                 | 20    | Loans from officers, directors, trustees, and other disqualified persons .                                     |                                        |                |                                       |
| qe                          | 21    | Mortgages and other notes payable .                                                                            |                                        |                | ···                                   |
|                             | 22    | Other liabilities (describe                                                                                    |                                        |                |                                       |
|                             |       |                                                                                                                |                                        |                |                                       |
|                             | 23    | Total liabilities (add lines 17 through 22)                                                                    | 0.                                     | 0.             |                                       |
|                             |       | Foundations that follow SFAS 117, check here                                                                   |                                        |                |                                       |
|                             |       | and complete lines 24 through 26, and lines 30 and 31.                                                         |                                        |                | }                                     |
| es                          | 24    | Unrestricted                                                                                                   |                                        |                |                                       |
| Net Assets or Fund Balances | 25    | Temporarily restricted                                                                                         |                                        |                |                                       |
| Bal                         | 26    | Permanently restricted .                                                                                       |                                        |                |                                       |
| <u> </u>                    | -"    | Foundations that do not follow SFAS 117, check here                                                            |                                        |                |                                       |
| Ξ                           |       | and complete lines 27 through 31.                                                                              |                                        |                | ŧ.                                    |
| ō                           | 27    | Capital stock, trust principal, or current funds                                                               | 985,717.                               | 1,313,093.     |                                       |
| ets                         | 27    | Paid-in or capital surplus, or land, bldg, and equipment fund                                                  | 0.                                     | 0.             | <u> </u>                              |
| SSI                         | 28    | Retained earnings, accumulated income, endowment, or other funds                                               | 0.                                     | 0.             |                                       |
| at A                        | 29    | -                                                                                                              | 985,717.                               | 1,313,093.     |                                       |
| ž                           | 30    | Total net assets or fund balances                                                                              | 303/11/6                               | 1/313/033.     |                                       |
|                             |       |                                                                                                                | 985,717.                               | 1,313,093.     |                                       |
| _                           | 31    | Total liabilities and net assets/fund balances                                                                 |                                        | 1,313,073.     | <u>}</u>                              |
| F                           | art   | Analysis of Changes in Net Assets or Fund Ba                                                                   | alances                                |                |                                       |
|                             |       |                                                                                                                |                                        |                | T                                     |
| 1                           |       | Il net assets or fund balances at beginning of year - Part II, column (a), line                                | 30                                     |                | 005 717                               |
|                             |       | st agree with end-of-year figure reported on prior year's return)                                              |                                        | 1              | 985,717.                              |
| 2                           |       | er amount from Part I, line 27a                                                                                |                                        | 2              | 327,376.                              |
| 3                           | Oth   | er increases not included in line 2 (itemize)                                                                  | <u> </u>                               |                | 0.                                    |
| 4                           | Add   | lines 1, 2, and 3                                                                                              |                                        | 4              | 1,313,093.                            |
| 5                           |       | reases not included in line 2 (itemize)                                                                        |                                        | 5              | 0.                                    |
| 6                           | Tota  | al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co                              | lumn (b), line 30                      | 6              | 1,313,093.                            |
| _                           |       |                                                                                                                |                                        |                | Form <b>990-PF</b> (2018)             |

|                                                                      |              | ARA SILVER                                          |                  |                                        | ON, INC                                          |          | 23-298                                    | <u>4801</u>                           | Page 3        |
|----------------------------------------------------------------------|--------------|-----------------------------------------------------|------------------|----------------------------------------|--------------------------------------------------|----------|-------------------------------------------|---------------------------------------|---------------|
| Part IV Capital Gains                                                | and Lo       | sses for Tax on Ir                                  | nvestment        | Income                                 |                                                  |          |                                           | · · · · · · · · · · · · · · · · · · · |               |
|                                                                      |              | of property sold (for exa<br>r common stock, 200 sh |                  | te,                                    | (b) How acquired<br>P - Purchase<br>D - Donation |          | Date acquired<br>no , day, yr )           | (d) Date<br>(mo , da                  |               |
| 1a CAPITAL GAINS                                                     | DIVID        | ENDS                                                |                  |                                        |                                                  |          |                                           |                                       |               |
| b                                                                    |              |                                                     |                  |                                        |                                                  |          |                                           |                                       |               |
| С                                                                    |              | <u></u>                                             |                  |                                        |                                                  |          |                                           |                                       |               |
| d                                                                    |              |                                                     |                  |                                        |                                                  |          |                                           |                                       |               |
| е                                                                    |              | ·                                                   |                  | <u>.</u>                               | L                                                | <u> </u> |                                           |                                       |               |
| (e) Gross sales price                                                | (f) D        | epreciation allowed<br>(or allowable)               | 1                | t or other basis<br>xpense of sale     |                                                  | ((e      | (h) Gain or (loss)<br>e) plus (f) minus ( |                                       |               |
| a 63,671.                                                            |              |                                                     |                  |                                        |                                                  |          |                                           | 63,                                   | 671.          |
| b                                                                    |              |                                                     |                  | - <u>-</u>                             |                                                  | ·        |                                           |                                       |               |
| С                                                                    |              | ····                                                |                  |                                        |                                                  |          |                                           |                                       |               |
| d                                                                    |              |                                                     | <u>.</u>         |                                        |                                                  |          |                                           |                                       |               |
| _e                                                                   | L            |                                                     |                  |                                        |                                                  |          |                                           |                                       |               |
| Complete only for assets showing                                     | ng gain in c | olumn (h) and owned by                              | the foundation   | on 12/31/69                            |                                                  |          | ins (Col (h) gain                         |                                       |               |
| (i) FMV as of 12/31/69                                               |              | i) Adjusted basis<br>as of 12/31/69                 |                  | cess of col. (i)<br>col. (j), if any   |                                                  |          | , but not less that<br>osses (from col. ( |                                       |               |
| a                                                                    |              |                                                     |                  |                                        |                                                  |          |                                           | 63,                                   | 671.          |
| b                                                                    |              |                                                     |                  |                                        |                                                  |          |                                           |                                       |               |
| <u>c</u>                                                             |              |                                                     | <u> </u>         |                                        |                                                  |          |                                           |                                       |               |
| <u>d</u>                                                             |              |                                                     | ļ                |                                        |                                                  |          |                                           |                                       |               |
| e                                                                    | <u></u>      |                                                     | <u>L</u>         |                                        | <del></del>                                      |          |                                           |                                       |               |
| 2 Capital gain net income or (net ca                                 | apıtal loss) | { If gain, also ente<br>If (loss), enter -0         |                  |                                        | } 2                                              |          |                                           | 63,                                   | ,671.         |
| 3 Net short-term capital gain or (los                                | ss\as defir  |                                                     |                  |                                        |                                                  |          |                                           |                                       |               |
| If gain, also enter in Part I, line 8,                               |              |                                                     | (0)              |                                        | )                                                |          |                                           |                                       |               |
| If (loss), enter -0- in Part I, line 8                               | •            |                                                     |                  | e                                      | <u> </u>                                         |          | N/A                                       | <u> </u>                              |               |
| Part V Qualification U                                               | Inder S      | ection 4940(e) for                                  | r Reduced        | Tax on Net                             | Investment                                       | Incon    | ne                                        |                                       |               |
| (For optional use by domestic private                                | e foundatio  | ns subject to the section                           | 4940(a) tax on   | net investment in                      | icome )                                          |          |                                           |                                       |               |
| If section 4940(d)(2) applies, leave t                               | hie nart bla | nk                                                  |                  |                                        |                                                  |          |                                           |                                       |               |
| ii section 4340(u)(2) applies, leave (                               | ma part bio  | (III)                                               |                  |                                        |                                                  |          |                                           |                                       |               |
| Was the foundation liable for the sec                                |              |                                                     |                  | •                                      | nod?                                             |          |                                           | Yes                                   | X No          |
| If "Yes," the foundation doesn't quali                               |              |                                                     |                  |                                        |                                                  |          |                                           |                                       |               |
| 1 Enter the appropriate amount in                                    | each colur   |                                                     | instructions be  | fore making any e                      |                                                  |          |                                           | (4)                                   |               |
| (a)<br>Base period years                                             | ,            | (b)<br>Adjusted qualifying dis                      | etributione      | Net value of no                        | (c)<br>ncharitable-use as:                       | cote     | Distrit                                   | (d)<br>oution ratio<br>rided by col   |               |
| Calendar year (or tax year beginn                                    | ing in)      |                                                     | 0,750.           | TVEC VAIGE OF TIO                      | 1,011,6                                          |          | (col (b) div                              |                                       | (c))<br>10282 |
| 2017                                                                 |              |                                                     | 11,506.          |                                        | 832,5                                            |          | <del></del>                               |                                       | 19855         |
| 2016                                                                 |              |                                                     | 37,730.          |                                        | 823,2                                            |          |                                           |                                       | 15831         |
| 2015                                                                 |              |                                                     | 34,556.          |                                        | 791,7                                            |          |                                           |                                       | 13645         |
| 2014                                                                 |              |                                                     | 30,207.          |                                        | 727,6                                            |          |                                           |                                       | 11515         |
| 2013                                                                 |              |                                                     | 7072071          |                                        | 72770                                            |          | · · · · · · · · · · · · · · · · · · ·     |                                       | 11010         |
| 2 Total of line 1, column (d)                                        |              |                                                     |                  |                                        |                                                  |          | 2                                         | .22                                   | 21128         |
| 3 Average distribution ratio for the                                 | 5-vear has   | e neriod - drude the total                          | on line 2 by 5 ( | n or by the numb                       | er of vears                                      | +        | -                                         | • 2, 2                                |               |
| the foundation has been in existe                                    | -            |                                                     | on mic 2 by o    | o, or by the nomb                      | or or yours                                      |          | 3                                         | .04                                   | 14226         |
| the foundation has been in existe                                    | 1100 11 1033 | than o years                                        |                  | •                                      |                                                  | `        |                                           |                                       |               |
| 4 Enter the net value of noncharita                                  | ble-use ass  | sets for 2018 from Part X,                          | , line 5         |                                        |                                                  |          | 4                                         | 1,158,                                | 808.          |
|                                                                      |              |                                                     |                  |                                        |                                                  |          |                                           | - 1                                   | 240           |
| 5 Multiply line 4 by line 3                                          |              |                                                     |                  |                                        | • •                                              |          | 5                                         | 51,                                   | 249.          |
|                                                                      |              | D 111 0-11                                          |                  |                                        |                                                  |          |                                           |                                       | 707           |
| 6 Enter 1% of net investment incor                                   | me (1% of    | Part I, line 27b)                                   |                  |                                        | -                                                | -        | 6                                         |                                       | 797.          |
| 7 Add lines 5 and 6                                                  |              |                                                     |                  | •                                      |                                                  |          | 7                                         | 52                                    | 046.          |
| - Aud ming J and U                                                   |              | •                                                   |                  |                                        | •                                                | <u> </u> | -                                         |                                       |               |
| 8 Enter qualifying distributions from                                | m Part XII,  | line 4                                              |                  |                                        |                                                  |          | 8                                         | 49,                                   | 025.          |
| If line 8 is equal to or greater tha<br>See the Part VI instructions | n line 7, ch | eck the box in Part VI, line                        | e 1b, and comp   | olete that part usin                   | g a 1% tax rate                                  |          |                                           |                                       |               |
| Coo the Last At Histinetions                                         |              |                                                     |                  | ······································ | <del></del>                                      |          |                                           |                                       |               |

| orm | m 990-PF (2018) THE BARBARA SILVER LEVIN FOUNDATION, INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |       | 298480                                |                                                  | Page 4                                           |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------|---------------------------------------|--------------------------------------------------|--------------------------------------------------|
|     | art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 494                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0(e), or 4       | 948 - | see insti                             | uctio                                            | ons)                                             |
| 1a  | a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | )                |       | ,                                     |                                                  |                                                  |
|     | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | )                |       |                                       |                                                  |                                                  |
| b   | b Domestic foundations that meet the section 4940(e) requirements in Part V, check here   and enter 1%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>)</b>         | 1     |                                       | 1,                                               | 594.                                             |
|     | of Part I, line 27b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |       |                                       | ,                                                |                                                  |
| C   | c All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | o) J             |       |                                       |                                                  |                                                  |
|     | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  | 2     |                                       |                                                  | 0.                                               |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | 3     |                                       | 1,:                                              | 594.                                             |
| -   | A STATE OF THE STA |                  | 4     |                                       |                                                  | 0.                                               |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                | 5     |                                       | 1,                                               | 594.                                             |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |       | · · · · · · · · · · · · · · · · · · · |                                                  |                                                  |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1,768.           |       |                                       |                                                  |                                                  |
|     | b Exempt foreign organizations - tax withheld at source                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0.               |       |                                       |                                                  |                                                  |
|     | c Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0.               | 1 }   |                                       |                                                  |                                                  |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0.               |       |                                       |                                                  |                                                  |
|     | 2 200,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  | ,     |                                       | 1 .                                              | 768.                                             |
|     | 7 Total credits and payments Add lines 6a through 6d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | • •              | 7     |                                       | <u> </u>                                         | 0.                                               |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | 8     |                                       |                                                  | <u> </u>                                         |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | 9     |                                       |                                                  | 174.                                             |
|     | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  | 10    |                                       |                                                  | 0.                                               |
|     | Enter the amount of line 10 to be Credited to 2019 estimated tax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | etunded 🚩        | 11    |                                       |                                                  | <u> </u>                                         |
|     | art VII-A Statements Regarding Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |       |                                       | - N                                              | - 1 81 -                                         |
| 1a  | a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | e or intervene   | ın    |                                       | Ye                                               |                                                  |
|     | any political campaign?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |       | 1 <u>a</u>                            |                                                  | X                                                |
| b   | b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  | ition | <u>1b</u>                             | <del>.</del>                                     | X                                                |
|     | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | d or             |       |                                       |                                                  |                                                  |
|     | distributed by the foundation in connection with the activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |       | 1                                     |                                                  |                                                  |
| C   | c Did the foundation file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |       | <u>1c</u>                             | <u> </u>                                         | X                                                |
| d   | d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |       |                                       |                                                  | 1                                                |
|     | (1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers $\blacktriangleright$ \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.               |       |                                       |                                                  | ł                                                |
| е   | e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on four                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ndation          |       | ŀ                                     |                                                  | 1                                                |
|     | managers ▶ \$ 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |       | ļ                                     | •                                                | 1                                                |
| 2   | 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |       | 2                                     | }                                                | X                                                |
|     | If "Yes," attach a detailed description of the activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |       |                                       | 1                                                | T                                                |
| 3   | 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | corporation, o   | or    | F                                     |                                                  |                                                  |
|     | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |       | 3                                     | Ì                                                | X                                                |
| 12  | 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |       | 4a                                    |                                                  | X                                                |
|     | b If "Yes," has it filed a tax return on Form 990-T for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | N     | /A 4b                                 | +                                                | <del>                                     </del> |
|     | 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |       | 5                                     | <del>                                     </del> | X                                                |
| J   | If "Yes," attach the statement required by General Instruction T.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | •     |                                       | <u> </u>                                         | 1                                                |
| c   | 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |       | [                                     |                                                  |                                                  |
| 0   | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |       | ŀ                                     |                                                  | 1                                                |
|     | By language in the governing instrument, or      Description of the second of the governing instrument as that go mandatory directions that conflict                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | with the state   | . low | Ì                                     |                                                  |                                                  |
|     | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | with the state   | law   |                                       | v                                                |                                                  |
|     | remain in the governing instrument?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5                | •     | . 6                                   | X                                                | +                                                |
| 7   | 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Part XV          |       | 7                                     | -∤-^-                                            | <del> </del>                                     |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |       |                                       |                                                  | 1                                                |
| 88  | 8a Enter the states to which the foundation reports or with which it is registered. See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |       | †                                     |                                                  |                                                  |
|     | PA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |       |                                       |                                                  | 1                                                |
| t   | b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | gnate)           |       | ľ                                     |                                                  |                                                  |
|     | of each state as required by General Instruction G? If "No," attach explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |       | 8b                                    | <u> </u>                                         |                                                  |
| 9   | 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2(j)(5) for cale | endar |                                       |                                                  |                                                  |
|     | year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |       | 9                                     |                                                  | X                                                |
| 10  | O Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | dresses          |       | 10                                    |                                                  | <u> </u>                                         |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |       |                                       |                                                  | F (2018)                                         |

| огт | 1990-PF (2018) THE BARBARA SILVER LEVIN FOUNDATION, INC 23-2984                                                                                         | 801          |            | Page 5                                        |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|-----------------------------------------------|
| Pa  | rt VII-A Statements Regarding Activities (continued)                                                                                                    |              |            |                                               |
|     |                                                                                                                                                         | <u> </u>     | Yes        | No                                            |
| 11  | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of                                  |              |            |                                               |
|     | section 512(b)(13)? If "Yes," attach schedule. See instructions                                                                                         | 11           |            | X                                             |
| 12  | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?              | 1            |            |                                               |
|     | If "Yes," attach statement. See instructions                                                                                                            | 12           |            | X                                             |
| 13  | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?                                     | 13           | X          |                                               |
|     | Website address ► N/A                                                                                                                                   |              |            |                                               |
| 14  | The books are in care of ► ARNOLD LEVIN Telephone no ►215-59                                                                                            | 2-1          | <u>500</u> |                                               |
|     | Located at ► 510 WALNUT ST, #500, PHILADELPHIA, PA ZIP+4 ►19                                                                                            | 106          | <u>-36</u> | <u>97                                    </u> |
| 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                                                                         | N            | /A         |                                               |
| 16  | At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,                            |              | Yes        |                                               |
|     | securities, or other financial account in a foreign country?                                                                                            | 16           | Į          | X                                             |
|     | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the                                        | }            |            |                                               |
| -   | foreign country                                                                                                                                         | <u> </u>     |            |                                               |
| Pi  | art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required                                                                         | T            | V          | - N1 -                                        |
|     | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.                                                                 | <del> </del> | res        | No                                            |
| 1   | 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? Yes X No                                                         | ţ            |            | ŀ                                             |
|     | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)  a disqualified person?  Yes X No                               | •            |            |                                               |
|     |                                                                                                                                                         |              |            |                                               |
|     |                                                                                                                                                         | ŀ            |            |                                               |
|     | (1, 1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,                                                                                                        |              |            |                                               |
|     | (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)?  Yes X No |              |            | ļ                                             |
|     | 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 )  Yes X No                                                                            |              |            |                                               |
|     | b if any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations                                |              |            |                                               |
|     | section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions  N/A                                                        | 1b           |            | 1                                             |
|     | Organizations relying on a current notice regarding disaster assistance, check here                                                                     | <u> </u>     |            | <u> </u>                                      |
|     | 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 2018?                                                                                                 | 10           | į          | Х                                             |
| 2   | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation                        | 1            | ,, ,       |                                               |
| _   | defined in section 4942(j)(3) or 4942(j)(5))                                                                                                            |              |            | -                                             |
|     | a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning                  |              |            |                                               |
|     | before 2018? Yes X No                                                                                                                                   |              |            |                                               |
|     | If "Yes," list the years                                                                                                                                |              |            | ŀ                                             |
|     | b Are there any years listed in 2a for which the foundation is <b>not</b> 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 ) . N/A                                                                                                                    | 2b           |            | <u> </u>                                      |
|     | c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here                                       | [            |            |                                               |
|     | <b>&gt;</b>                                                                                                                                             | -            |            | t                                             |
| 3   | a 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 2018 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 2018 ) N/A                                                                    | 3b           | <u> </u>   | <u> </u>                                      |
|     | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                       | 4a           | ļ          | X                                             |
|     | b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that                | 1            |            |                                               |
|     | had not been removed from jeopardy before the first day of the tax year beginning in 2018?                                                              | 4b           |            | <u>X</u>                                      |
|     | Fo                                                                                                                                                      | rm <b>99</b> | 0-PF       | (2018)                                        |

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THE BARBARA SILVER LEVIN FOUNDATION, INC

23-2984801

| Part Ⅷ-B   Statements Regarding Activities for Which                                  | n Form 4720 May Be F                             | Required (contin                      | ued)                                                           |                           |                  |
|---------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------|----------------------------------------------------------------|---------------------------|------------------|
| 5a During the year, did the foundation pay or incur any amount to                     |                                                  |                                       |                                                                | Yes                       | No               |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (sect          | tion 4945(e))?                                   | . 🗀 Ye                                | es X No                                                        |                           | 1                |
| (2) Influence the outcome of any specific public election (see section 4955)          | ), or to carry on, directly or indire            |                                       |                                                                |                           | 1                |
| any voter registration drive?                                                         |                                                  |                                       | es X No                                                        |                           | 1                |
| (3) Provide a grant to an individual for travel, study, or other similar purpos       | es?                                              | . L Ye                                | es X No                                                        |                           | ł                |
| (4) Provide a grant to an organization other than a charitable, etc., organiza        | tion described in section                        |                                       | [                                                              |                           |                  |
| 4945(d)(4)(A)? See instructions                                                       |                                                  | L Ye                                  | es X No                                                        |                           | 1                |
| (5) Provide for any purpose other than religious, charitable, scientific, litera      | ry, or educational purposes, or 1                |                                       |                                                                |                           |                  |
| the prevention of cruelty to children or animals?                                     |                                                  | L Ye                                  | es X No                                                        |                           | 1                |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify t  | under the exceptions described i                 | n Regulations                         | /-                                                             |                           | 1                |
| section 53.4945 or in a current notice regarding disaster assistance? See in          | structions                                       |                                       | N/A                                                            | 5b                        | ļ                |
| Organizations relying on a current notice regarding disaster assistance, chec         |                                                  |                                       |                                                                | -                         |                  |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption       |                                                  |                                       | _ ;                                                            |                           | 1                |
| expenditure responsibility for the grant?                                             | N                                                | Ī/A .                                 | es L No                                                        |                           | 1                |
| If "Yes," attach the statement required by Regulations section 53 4945-5(d)           |                                                  |                                       | <u> </u>                                                       |                           | 1                |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly,    | to pay premiums on                               |                                       |                                                                |                           |                  |
| a personal benefit contract?                                                          |                                                  | . L Ye                                | es X No                                                        |                           |                  |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on       | a personal benefit contract?                     |                                       |                                                                | 6b                        | X                |
| If "Yes" to 6b, file Form 8870.                                                       |                                                  |                                       |                                                                |                           | 1                |
| 7a At any time during the tax year, was the foundation a party to a prohibited ta     |                                                  | Ye                                    | es X No                                                        |                           | <b></b>          |
| b If "Yes," did the foundation receive any proceeds or have any net income attr       |                                                  | •                                     | N/A                                                            | 7b                        | ļ                |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more tha         | n \$1,000,000 in remuneration o                  |                                       |                                                                |                           | 1                |
| excess parachute payment(s) during the year?                                          |                                                  |                                       | es X No                                                        |                           | 1                |
| Part VIII Information About Officers, Directors, True Paid Employees, and Contractors |                                                  | inagers, Highly                       | y<br>                                                          |                           |                  |
| List all officers, directors, trustees, and foundation managers and                   | d their compensation.                            | 1                                     |                                                                | ·                         |                  |
| (a) Name and address                                                                  | (b) Title, and average hours per week devoted    | (c) Compensation<br>(if not paid,     | (d) Contributions to<br>employee benefit plans<br>and deterred | (e) Ex                    | pense<br>t other |
| (a) Name and address                                                                  | to position                                      | enter -0-)                            | and deterred<br>compensation.                                  | allow                     | nces             |
| ARNOLD LEVIN                                                                          | _EXECUTIVE OFF                                   | ICER                                  |                                                                |                           |                  |
| 1820 RITTENHOUSE SQUARE #1202                                                         |                                                  | _                                     | _                                                              | 1                         |                  |
| PHILADELPHIA, PA 19103                                                                | 0.10                                             | 0.                                    | 0.                                                             |                           | 0.               |
| DANIEL LEVIN                                                                          | SEC, TREAS, I                                    | RUSTEE                                |                                                                |                           |                  |
| 731 E WYNNEWOOD AVE #30                                                               |                                                  |                                       |                                                                | }                         | •                |
| ARDMORE, PA 19003                                                                     | 0.10                                             | 0.                                    | 0.                                                             |                           | 0.               |
|                                                                                       | _                                                |                                       |                                                                | •                         |                  |
|                                                                                       |                                                  |                                       |                                                                |                           |                  |
|                                                                                       |                                                  |                                       |                                                                |                           |                  |
|                                                                                       | _                                                |                                       |                                                                | •                         |                  |
|                                                                                       | _                                                |                                       | ĺ                                                              | Í                         |                  |
| 2 Compensation of five highest-paid employees (other than those                       | included on line 1) If none                      | enter "NONE "                         | <u> </u>                                                       | <u>L </u>                 |                  |
| Odnipensation of live ingrest-paid employees totals than those                        | (b) Title, and average                           | The Trong                             | (d) Contributions to<br>employee benefit plans                 | (e) Ex                    | pense            |
| (a) Name and address of each employee paid more than \$50,000                         | hours per week devoted to position               | (c) Compensation                      | and deterred                                                   | (e) Ex<br>accoun<br>allow | t, other         |
| NONE                                                                                  | devoted to position                              |                                       | compensation                                                   | allowa                    | 111062           |
| NOME                                                                                  | $\dashv$                                         |                                       |                                                                |                           |                  |
|                                                                                       |                                                  | · · · · · · · · · · · · · · · · · · · |                                                                |                           |                  |
|                                                                                       | -                                                |                                       |                                                                |                           |                  |
|                                                                                       |                                                  | -                                     |                                                                |                           |                  |
|                                                                                       | _                                                |                                       |                                                                |                           |                  |
|                                                                                       |                                                  | <u> </u>                              |                                                                |                           |                  |
|                                                                                       | -                                                |                                       |                                                                | }                         |                  |
|                                                                                       | <del>                                     </del> |                                       |                                                                |                           |                  |
|                                                                                       | -                                                |                                       |                                                                |                           |                  |
| Total number of other employees paid over \$50,000                                    |                                                  | 1                                     | <u> </u>                                                       |                           | 0                |
| TOLON TRUTTURE OF UNITED CHIPTOYSES PAIN OVER \$30,000                                |                                                  |                                       | Form                                                           | 990-PF                    |                  |
|                                                                                       |                                                  |                                       | 1 (1111)                                                       | 1                         | 1-0.0            |

| orm 990-PF (20   | 18) THE BARBARA SILVER LEVIN FOUND                                                                                                                                           |                                         | 23-29848                              | 01 Page 7        |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|------------------|
| Part VIII        | Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)                                                                            |                                         | y<br>                                 |                  |
| 3 Five highes    | st-paid independent contractors for professional services. If none, e                                                                                                        |                                         | · · · · · · · · · · · · · · · · · · · |                  |
|                  | (a) Name and address of each person paid more than \$50,000                                                                                                                  | (b) Type of serv                        | rice                                  | (c) Compensation |
| N                | ONE                                                                                                                                                                          |                                         | · ·                                   |                  |
|                  |                                                                                                                                                                              |                                         |                                       |                  |
|                  |                                                                                                                                                                              |                                         |                                       |                  |
|                  |                                                                                                                                                                              |                                         |                                       | <u>-</u>         |
|                  |                                                                                                                                                                              | <del></del>                             | 1                                     |                  |
|                  |                                                                                                                                                                              |                                         |                                       | <del></del>      |
| <del> </del>     |                                                                                                                                                                              |                                         |                                       |                  |
|                  |                                                                                                                                                                              |                                         | <del>-</del>                          | <del></del>      |
| <del></del>      |                                                                                                                                                                              |                                         | 1                                     |                  |
| Total number o   | f others receiving over \$50,000 for professional services                                                                                                                   |                                         | <b>&gt;</b>                           | 0                |
| Part IX-A        | Summary of Direct Charitable Activities                                                                                                                                      |                                         |                                       |                  |
| List the foundar | tion's four largest direct charitable activities during the tax year. Include relevant s<br>inizations and other beneficiaries served, conferences convened, research papers | statistical information such as the     |                                       | Expenses         |
|                  | /A                                                                                                                                                                           | produced, etc                           |                                       |                  |
| 11               | / A                                                                                                                                                                          |                                         |                                       |                  |
|                  |                                                                                                                                                                              |                                         |                                       |                  |
| ·                |                                                                                                                                                                              |                                         |                                       |                  |
|                  |                                                                                                                                                                              |                                         |                                       |                  |
|                  |                                                                                                                                                                              |                                         |                                       |                  |
| 3                |                                                                                                                                                                              |                                         |                                       |                  |
|                  |                                                                                                                                                                              | ·                                       |                                       |                  |
|                  |                                                                                                                                                                              |                                         |                                       |                  |
| 4                |                                                                                                                                                                              |                                         |                                       |                  |
|                  |                                                                                                                                                                              |                                         |                                       |                  |
| Part IX-R        | Summary of Program-Related Investments                                                                                                                                       |                                         |                                       |                  |
| Describe the ty  | vo largest program-related investments made by the foundation during the tax year                                                                                            | ar on lines 1 and 2                     |                                       | Amount           |
|                  | /A                                                                                                                                                                           |                                         |                                       |                  |
|                  |                                                                                                                                                                              |                                         |                                       |                  |
|                  |                                                                                                                                                                              |                                         |                                       |                  |
| 2                |                                                                                                                                                                              |                                         |                                       |                  |
|                  |                                                                                                                                                                              |                                         |                                       |                  |
|                  |                                                                                                                                                                              | *************************************** |                                       |                  |
|                  | am-related investments. See instructions                                                                                                                                     |                                         |                                       |                  |
| 3                |                                                                                                                                                                              |                                         |                                       |                  |
|                  |                                                                                                                                                                              |                                         |                                       |                  |
|                  |                                                                                                                                                                              |                                         |                                       |                  |
|                  |                                                                                                                                                                              |                                         |                                       |                  |
|                  |                                                                                                                                                                              |                                         | ` _                                   |                  |
| Total. Add lin   | es 1 through 3                                                                                                                                                               |                                         | <b>&gt;</b>                           | 0.               |

3

4

a Suitability test (prior IRS approval required)

income Enter 1% of Part I, line 27b

Cash distribution test (attach the required schedule)

4940(e) reduction of tax in those years

Adjusted qualifying distributions. Subtract line 5 from line 4

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

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

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

23-2984801 THE BARBARA SILVER LEVIN FOUNDATION, INC Page 8 Form 990-PF (2018) Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1,051,329. a Average monthly fair market value of securities 1a 125,126. 1b b Average of monthly cash balances c Fair market value of all other assets .... 10 1,176,455. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 2 1,176,455. 3 Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 17,647. 4 1,158,808. 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 57,940. Minimum investment return. Enter 5% of line 5 Part Xt Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain foreign organizations, check here 
and do not complete this part ) 57,940. Minimum investment return from Part X, line 6 1 1,594 Tax on investment income for 2018 from Part VI, line 5 Income tax for 2018 (This does not include the tax from Part VI) 2b 1,594. 2¢ 56,346. Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 56,346. 5 5 Add lines 3 and 4 0. Deduction from distributable amount (see instructions) 6 56,346. 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see Instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 49,025. Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the

Form **990-PF** (2018)

49,025.

3a

3b

4

5 6 Form 990-PF (2018) THE BARBARA SILVER LEVIN FOUNDATION, INC 23-2984801 Page 9

|                                                                                                                                                                            | (a)<br>Corpus | (b)<br>Years prior to 2017              | (c)<br>2017                                       | (d)<br>2018                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------|---------------------------------------------------|---------------------------------------------------|
| 1 Distributable amount for 2018 from Part XI,                                                                                                                              |               |                                         |                                                   | 56,346.                                           |
| line 7                                                                                                                                                                     | 11            |                                         |                                                   |                                                   |
| 2 Undistributed income, if any, as of the end of 2018                                                                                                                      |               |                                         | 48,171.                                           |                                                   |
| a Enter amount for 2017 only                                                                                                                                               |               |                                         | 40/1/16                                           | ,                                                 |
| b Total for prior years                                                                                                                                                    |               | 0.                                      |                                                   |                                                   |
| 3 Excess distributions carryover, if any, to 2018                                                                                                                          | <u> </u>      |                                         | ., ,, , , , ,                                     |                                                   |
| a From 2013                                                                                                                                                                |               |                                         |                                                   |                                                   |
| b From 2014                                                                                                                                                                |               | ŧ                                       |                                                   |                                                   |
| c From 2015                                                                                                                                                                |               |                                         |                                                   |                                                   |
| d From 2016                                                                                                                                                                |               |                                         |                                                   |                                                   |
| e From 2017                                                                                                                                                                |               |                                         |                                                   |                                                   |
| f Total of lines 3a through e                                                                                                                                              | 0.            | , , , , , , , , , , , , , , , , , , , , | , , , , , , , , , , , , , , , , , , , ,           | , , , , , , , , , , , , , , , , , , , ,           |
| 4 Qualifying distributions for 2018 from                                                                                                                                   |               |                                         |                                                   |                                                   |
| Part XII, line $4 \triangleright \$$ 49,025.                                                                                                                               |               | 1                                       |                                                   | ļ                                                 |
| a Applied to 2017, but not more than line 2a                                                                                                                               |               |                                         | 48,171.                                           |                                                   |
| <b>b</b> Applied to undistributed income of prior                                                                                                                          | ,,            |                                         |                                                   |                                                   |
| years (Election required - see instructions)                                                                                                                               |               | 0.                                      |                                                   | :.'                                               |
| c Treated as distributions out of corpus                                                                                                                                   | _             |                                         |                                                   |                                                   |
| (Election required - see instructions)                                                                                                                                     | 0.            |                                         |                                                   |                                                   |
| d Applied to 2018 distributable amount                                                                                                                                     |               |                                         |                                                   | 854.                                              |
| e Remaining amount distributed out of corpus                                                                                                                               | 0.            | arran n nume mann                       | Ang ninamanan amanan an                           | remitted from the control of the                  |
| 5 Excess distributions carryover applied to 2018                                                                                                                           | 0.            |                                         |                                                   | 0.                                                |
| (If an amount appears in column (4), the same anount<br>must be shown in column (4) )                                                                                      | ,             | Ti dhidi mima 77 ;                      | or, , women mornanten                             |                                                   |
| 6 Enter the net total of each column às indicated below:                                                                                                                   |               |                                         |                                                   | (*,**;**,**;**,**,**,**,**,**                     |
| a Corpus Add lines 3f, 4c, and 4c. Subtract line 5                                                                                                                         | 0.            | · · · · · · · · · · · · · · · · · · ·   |                                                   | <u> </u>                                          |
| b Prior years' undistributed income. Subtract                                                                                                                              |               |                                         |                                                   |                                                   |
| line 4b from line 2b                                                                                                                                                       |               | 0.                                      |                                                   |                                                   |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |               | 0.                                      |                                                   |                                                   |
| d Subtract line 6c from line 6b Taxable                                                                                                                                    |               |                                         |                                                   | 1                                                 |
| amount - see instructions                                                                                                                                                  |               | 0.                                      |                                                   |                                                   |
| e Undistributed income for 2017 Subtract line                                                                                                                              |               |                                         |                                                   | ŧ                                                 |
| 4a from line 2a Taxable amount - see instr                                                                                                                                 |               |                                         | 0.                                                |                                                   |
| f Undistributed income for 2018 Subtract                                                                                                                                   |               |                                         |                                                   |                                                   |
| lines 4d and 5 from line 1. This amount must                                                                                                                               |               |                                         |                                                   | EE 402                                            |
| be distributed in 2019                                                                                                                                                     |               |                                         | , ,                                               | 55,492.                                           |
| 7 Amounts treated as distributions out of                                                                                                                                  |               |                                         |                                                   |                                                   |
| corpus to satisfy requirements imposed by                                                                                                                                  |               |                                         |                                                   |                                                   |
| section 170(b)(1)(F) or 4942(g)(3) (Election                                                                                                                               | 0.            |                                         |                                                   |                                                   |
| may be required - see instructions)                                                                                                                                        |               | · · · · · · · · · · · · · · · · · · ·   | <del>                                      </del> | <del>, , , , , , , , , , , , , , , , , , , </del> |
| 8 Excess distributions carryover from 2013                                                                                                                                 | 0.            |                                         |                                                   |                                                   |
| not applied on line 5 or line 7                                                                                                                                            |               | · · · · · · · · · · · · · · · · · · ·   |                                                   |                                                   |
| 9 Excess distributions carryover to 2019.                                                                                                                                  | 0.            |                                         |                                                   |                                                   |
| Subtract lines 7 and 8 from line 6a                                                                                                                                        |               | · · · · · · · · · · · · · · · · · · ·   | , ,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,            |                                                   |
| 10 Analysis of line 9                                                                                                                                                      |               |                                         |                                                   | }                                                 |
| a Excess from 2014                                                                                                                                                         |               |                                         |                                                   |                                                   |
| b Excess from 2015                                                                                                                                                         |               |                                         |                                                   | }                                                 |
| c Excess from 2016<br>d Excess from 2017                                                                                                                                   |               |                                         | ,                                                 |                                                   |
| e Excess from 2018                                                                                                                                                         |               |                                         |                                                   |                                                   |
| 823581 12.11.18                                                                                                                                                            |               |                                         | ······································            | Form <b>990-PF</b> (2018)                         |

| Form 990-PF (2018) THE BAR Part XIV Private Operating F       | BARA SILVER               |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C 23-29                      | 84801 Page 10      |
|---------------------------------------------------------------|---------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------|
| L                                                             |                           |                             | II-A, question 9)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | N/A                          |                    |
| 1 a If the foundation has received a ruling of                |                           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |
| foundation, and the ruling is effective fo                    |                           | -                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 40 404 100                 |                    |
| b Check box to indicate whether the found                     |                           | ng foundation described     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4942(j)(3) or 494            | 42( <u>J)(5)</u>   |
| 2 a Enter the lesser of the adjusted net                      | Tax year                  | (b) 2017                    | Prior 3 years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              | (a) Tatal          |
| income from Part I or the minimum                             | (a) 2018                  | (b) 2017                    | (c) 2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (d) 2015                     | (e) Total          |
| investment return from Part X for                             |                           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |
| each year listed                                              |                           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |
| <b>b</b> 85% of line 2a .                                     | <u></u>                   |                             | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                    |
| c Qualifying distributions from Part XII,                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |
| line 4 for each year listed                                   |                           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |
| d Amounts included in line 2c not                             |                           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |
| used directly for active conduct of                           |                           | ļ                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |
| exempt activities                                             |                           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | <u></u>            |
| e Qualifying distributions made directly                      |                           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |
| for active conduct of exempt activities                       | }                         | j                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |
| Subtract line 2d from line 2c                                 |                           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |
| 3 Complete 3a, b, or c for the atternative test relied upon   |                           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |
| a "Assets" alternative test - enter                           |                           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |
| (1) Value of all assets                                       |                           |                             | <i>A</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                    |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) |                           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |
| b "Endowment" alternative test - enter                        |                           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |
| 2/3 of minimum investment return                              |                           |                             | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                    |
| 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                                 | 1                         | 1                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |
| securities loans (section<br>512(a)(5)), or royalties)        |                           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |
| (2) Support from general public                               |                           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |
| and 5 or more exempt                                          |                           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |
| organizations as provided in<br>section 4942(j)(3)(B)(iii)    |                           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |
| (3) Largest amount of support from                            |                           |                             | +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                    |
| an exempt organization                                        |                           | •                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |
| • •                                                           |                           |                             | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              | <del></del>        |
| (4) Gross investment income  Part XV   Supplementary Info     | ormation (Comple          | te this part only           | if the foundation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | had \$5 000 or mo            | re in assets       |
| at any time during                                            |                           |                             | ii tiio ioaiidatioi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              | ic iii assets      |
| 1 Information Regarding Foundation                            |                           | _ <del></del>               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |
| a List any managers of the foundation wh                      |                           | than 2% of the total cor    | itributions received by the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | e foundation before the clos | e of any tay       |
| year (but only if they have contributed i                     |                           |                             | and a second |                              | o or any tax       |
| ARNOLD LEVIN                                                  |                           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |
| b List any managers of the foundation wh                      | no own 10% or more of th  | e stock of a corneration    | (or an equally large port                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ion of the ownership of a na | rtnership or       |
| other entity) of which the foundation ha                      |                           |                             | (or an equally large port                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ion of the ownership of a pa | ittlership of      |
| NONE                                                          | •                         |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |
| 2 Information Regarding Contribut                             | tion Grant Gift Loan      | Scholarship etc.            | Programs:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                    |
| Check here ► X If the foundation                              |                           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | not accept unsolicited requi | acts for funds If  |
| the foundation makes gifts, grants, etc                       |                           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | 33(3 10) 101103 11 |
| a The name, address, and telephone num                        |                           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |
| 4 The name, address, and telephone non                        | ibei di eman addiess di t | ile person to whom appr     | ications should be addres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 53eu                         |                    |
|                                                               |                           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |
| h The form or which analysis are about                        | be authorited and informa | transport and there         | hould include                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                    |
| <b>b</b> The form in which applications should                | oe submideo and intorma   | uon ano materiais trey !    | modia nicidae                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                    |
| c Any submission deadlines                                    |                           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |
|                                                               |                           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |
| d Any restrictions or limitations on award                    | is, such as by geographic | al areas, charitable fields | , kinds of institutions, or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | other factors                |                    |
|                                                               |                           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                    |

706354 2829

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THE BARBARA SILVER LEVIN FOUNDATION, INC 23-2984801

| Part XV Supplementary Information 3 Grants and Contributions Paid During the |                                                         |                     |                                  |        |
|------------------------------------------------------------------------------|---------------------------------------------------------|---------------------|----------------------------------|--------|
| Recipient                                                                    | If recipient is an individual, show any relationship to | Foundation          | Purpose of grant or contribution | Amount |
| Name and address (home or business)                                          | any foundation manager<br>or substantial contributor    | status of recipient | Contribution                     | Amount |
|                                                                              |                                                         |                     |                                  |        |
| SIFT OF LIFE TRANSPLANT HOUSE                                                |                                                         | •                   | CHARITABLE                       |        |
| 05 SECOND ST SW                                                              | ļ                                                       |                     |                                  |        |
| ROCHESTER, MN 55902                                                          |                                                         |                     |                                  | 2,500  |
|                                                                              |                                                         |                     |                                  |        |
| JCHAI                                                                        |                                                         |                     | CHARITABLE                       |        |
| 274 S BRYN MAWR AVE                                                          |                                                         |                     | 1                                | 500    |
| BALA CYNWYD, PA 19010                                                        |                                                         |                     |                                  | 300    |
| LEUKEMIA AND LYMPHOMA SOCIETY                                                |                                                         |                     | CHARITABLE                       |        |
| PO BOX 9026                                                                  |                                                         |                     |                                  |        |
| PITTSFIELD, MA 01202                                                         |                                                         |                     |                                  | 150    |
|                                                                              |                                                         |                     |                                  |        |
| LIPEPATH INC                                                                 |                                                         |                     | CHARITABLE                       |        |
| 2014 CITY LINE RD                                                            |                                                         |                     |                                  |        |
| BETHLEHEM, PA 18017                                                          |                                                         |                     |                                  | 5,000  |
|                                                                              |                                                         |                     |                                  |        |
| LIVING BEYOND BREAST CANCER                                                  |                                                         |                     | CHARITABLE                       |        |
| 354 W LANCASTER AVE #224                                                     |                                                         |                     |                                  |        |
| HAVERFORD, PA 19041                                                          |                                                         |                     |                                  | 100    |
|                                                                              |                                                         |                     |                                  |        |
| MAIN LINE REFORM TEMPLE                                                      |                                                         |                     | RELIGIOUS                        |        |
| 410 MONTGOMERY AVE                                                           |                                                         |                     |                                  |        |
| WYNNEWOOD, PA 19096                                                          |                                                         |                     |                                  | 2,800  |
|                                                                              |                                                         |                     |                                  |        |
| MELMARK HOME                                                                 |                                                         |                     | CHARITABLE                       |        |
| 2600 WAYLAND RD BERWYN, PA 19312                                             |                                                         |                     | _                                | 350    |
|                                                                              |                                                         |                     |                                  |        |
| MEMORIAL SLOAN-KETTERING CANCER                                              |                                                         |                     | CHARITABLE                       |        |
| P.O. BOX 750                                                                 |                                                         |                     |                                  |        |
| NEW YORK, NY 10131                                                           |                                                         |                     |                                  | 1,500  |
|                                                                              |                                                         |                     |                                  |        |
| MULTIPLE SCLEROSIS FOUNDATION                                                |                                                         |                     | CHARITABLE                       |        |
| 6520 N ANDREWS AVE                                                           |                                                         |                     |                                  |        |
| FT LAUDERDALE, FL 33309                                                      |                                                         |                     |                                  | 25     |
|                                                                              |                                                         |                     |                                  |        |
| NATIONAL BREAST CANCER COALITION                                             |                                                         |                     | CHARITABLE                       |        |
| P.O. BOX 98114                                                               |                                                         |                     |                                  | 6,000  |
| WASHINGTON, DC 20077  Total from continuation sheets .                       |                                                         | <u> </u>            |                                  | 33,825 |

706354 2829 87
THE BARBARA SILVER LEVIN FOUNDATION, INC 23-2984801

| 3 Grants and Contributions Paid During the |                                                         |                                       |                     |        |
|--------------------------------------------|---------------------------------------------------------|---------------------------------------|---------------------|--------|
| Recipient                                  | If recipient is an individual, show any relationship to | Foundation                            | Purpose of grant or | Amount |
| Name and address (home or business)        | any foundation manager<br>or substantial contributor    | status of<br>recipient                | contribution        | Amount |
| PAWS                                       |                                                         |                                       | CHARITABLE          |        |
| 100 N. SECOND ST                           |                                                         |                                       | ·                   |        |
| PHILADELPHIA, PA 19106                     |                                                         |                                       |                     | 100    |
| SIDNEY KIMMEL CANCER CENTER                |                                                         |                                       | CHARITABLE          |        |
| 125 s. 9TH ST #600                         |                                                         |                                       |                     |        |
| PHILADELPHIA, PA 19107                     |                                                         |                                       |                     | 200    |
| ST. VINCENT COLLEGE                        |                                                         |                                       | CHARITABLE          |        |
| 300 FRASER PURCHASE RD                     |                                                         |                                       |                     |        |
| LATROBE, PA 15650                          |                                                         |                                       |                     | 100    |
| SUSAN G. KOMEN BREAST CANCER               |                                                         |                                       | CHARITABLE          |        |
| FOUNDATION                                 |                                                         |                                       |                     | !      |
| 5005 LBJ FREEWAY #250 DALLAS, TX 75244     |                                                         |                                       |                     | 2,000  |
|                                            |                                                         | · · · · · · · · · · · · · · · · · · · |                     |        |
| SUSAN MORGAN CENTER                        |                                                         |                                       | CHARITABLE          |        |
| CHAMOUNIX DR, W FAIRMONT PARK              |                                                         |                                       | CHARTIABLE          |        |
| PHILADELPHIA, PA 19131                     |                                                         |                                       |                     | 2,500  |
|                                            |                                                         |                                       |                     |        |
| TEMPLE LAW SCHOOL                          |                                                         |                                       | EDUCATIONAL         |        |
| 1719 NORTH BROAD ST                        |                                                         |                                       | :                   |        |
| PHILADELPHIA, PA 19122                     |                                                         |                                       |                     | 5,000  |
| UNIVERSITY OF PENNSYLVANIA MEDICAL         |                                                         |                                       | CHARITABLE          |        |
| CENTER PO BOX 41790                        |                                                         |                                       |                     |        |
| PHILADELPHIA PA 19101                      |                                                         |                                       |                     | 5,000  |
|                                            |                                                         |                                       |                     |        |
|                                            |                                                         |                                       |                     |        |
|                                            |                                                         |                                       |                     |        |
|                                            |                                                         |                                       |                     |        |
|                                            |                                                         |                                       |                     |        |
|                                            |                                                         |                                       |                     |        |
|                                            |                                                         |                                       |                     |        |
|                                            |                                                         |                                       |                     | i      |
|                                            |                                                         |                                       |                     |        |
| Total from continuation sheets             | <del></del>                                             |                                       |                     |        |

THE BARBARA SILVER LEVIN FOUNDATION, INC. 23-2984801 Form 990-PF (2018) Page 11 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to status of **Amount** any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year ANTI-DEFAMATION LEAGUE CHARITABLE 1500 MARKET ST, WEST TOWER #2415 PHILADELPHIA, PA 19102 3,000. CHILDREN'S HOSPITAL OF PHILADELPHIA CHARITABLE 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 19104 100. CHARITABLE CLAY STUDIO 137-139 NORTH SECOND ST PHILADELPHIA, PA 19106 10,000. CROHN'S AND COLITIS FOUNDATION OF CHARITABLE AMERICA 150 MONUMENT RD #402 BALA CYNWYD, PA 19004 100. FOX CHASE CANCER CENTER CHARITABLE P.O. BOX 42630 PHILADELPHIA, PA 19161 2,000. SEE CONTINUATION SHEET(S) ▶ 3a Total 49,025. b Approved for future payment NONE Total

823621 12-11-18

Form 990-PF (2018) THE BARBARA SILVER LEVIN FOUNDATION, INC

23-2984801 Page 12

| er gross amounts unless otherwise indicated                                                                                                                                                                                             | Unrelated               | d business income | Exclud                 | fed by section 512, 513, or 514 | (e)                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------|------------------------|---------------------------------|---------------------------------------|
| Program service revenue                                                                                                                                                                                                                 | (a)<br>Business<br>code | (b)<br>Amount     | Exclu-<br>sion<br>code | (d)<br>Amount                   | Related or exempt function income     |
| a                                                                                                                                                                                                                                       | 1001                    |                   |                        |                                 | <del></del>                           |
|                                                                                                                                                                                                                                         |                         |                   |                        |                                 |                                       |
|                                                                                                                                                                                                                                         |                         |                   |                        |                                 |                                       |
|                                                                                                                                                                                                                                         |                         |                   |                        |                                 |                                       |
|                                                                                                                                                                                                                                         |                         |                   |                        |                                 |                                       |
|                                                                                                                                                                                                                                         |                         |                   |                        |                                 |                                       |
| Fees and contracts from government agencies                                                                                                                                                                                             |                         |                   |                        |                                 |                                       |
| Membership dues and assessments                                                                                                                                                                                                         |                         |                   |                        |                                 |                                       |
| nterest on savings and temporary cash                                                                                                                                                                                                   |                         |                   |                        |                                 |                                       |
| nvestments                                                                                                                                                                                                                              | - {                     |                   | 14                     | 205.                            |                                       |
| Dividends and interest from securities                                                                                                                                                                                                  |                         |                   | 14                     | 20,464.                         |                                       |
| let rental income or (loss) from real estate:                                                                                                                                                                                           | 1                       |                   | 1                      |                                 | , , , , , , , , , , , , , , , , , , , |
| Debt-financed property                                                                                                                                                                                                                  |                         |                   |                        |                                 |                                       |
| Not debt-financed property                                                                                                                                                                                                              |                         |                   |                        |                                 |                                       |
| let rental income or (loss) from personal                                                                                                                                                                                               |                         |                   |                        |                                 | ,                                     |
| roperty                                                                                                                                                                                                                                 |                         |                   |                        |                                 |                                       |
| Other investment income                                                                                                                                                                                                                 |                         |                   |                        |                                 |                                       |
| Gain or (loss) from sales of assets other                                                                                                                                                                                               |                         |                   |                        |                                 |                                       |
| nan inventory                                                                                                                                                                                                                           |                         |                   | 14                     | 63,671.                         |                                       |
| let income or (loss) from special events                                                                                                                                                                                                |                         |                   |                        |                                 |                                       |
| ross profit or (loss) from sales of inventory                                                                                                                                                                                           |                         |                   |                        |                                 |                                       |
| ther revenue                                                                                                                                                                                                                            |                         |                   |                        |                                 |                                       |
|                                                                                                                                                                                                                                         |                         | . <u></u> .       |                        |                                 |                                       |
|                                                                                                                                                                                                                                         |                         |                   |                        |                                 |                                       |
|                                                                                                                                                                                                                                         |                         |                   |                        |                                 |                                       |
|                                                                                                                                                                                                                                         | 1 1                     |                   |                        |                                 |                                       |
| 1                                                                                                                                                                                                                                       |                         |                   | -                      |                                 |                                       |
| •                                                                                                                                                                                                                                       |                         |                   |                        |                                 |                                       |
|                                                                                                                                                                                                                                         |                         | 0.                | ,                      | 84,340.                         |                                       |
| subtotal Add columns (b), (d), and (e)<br>otal. Add line 12, columns (b), (d), and (e)                                                                                                                                                  |                         | 0.                | ,                      | 84,340.                         | 84,3                                  |
| ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie                                                          | s)<br>es to the Acco    | omplishment of E  | xemp                   | 13<br>t Purposes                |                                       |
| ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie                                                         | es to the Acco          | omplishment of Ex | xemp                   | 13<br>t Purposes                |                                       |
| ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie e No. Explain below how each activity for which          | es to the Acco          | omplishment of Ex | xemp                   | 13<br>t Purposes                |                                       |
| ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie e No. Explain below how each activity for which          | es to the Acco          | omplishment of Ex | xemp                   | 13<br>t Purposes                |                                       |
| ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie e No. Explain below how each activity for which          | es to the Acco          | omplishment of Ex | xemp                   | 13<br>t Purposes                |                                       |
| ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie e No. Explain below how each activity for which          | es to the Acco          | omplishment of Ex | xemp                   | 13<br>t Purposes                |                                       |
| ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie e No. Explain below how each activity for which          | es to the Acco          | omplishment of Ex | xemp                   | 13<br>t Purposes                |                                       |
| ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie e No. Explain below how each activity for which          | es to the Acco          | omplishment of Ex | xemp                   | 13<br>t Purposes                |                                       |
| ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie e No. Explain below how each activity for which          | es to the Acco          | omplishment of Ex | xemp                   | 13<br>t Purposes                |                                       |
| ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie e No. Explain below how each activity for which          | es to the Acco          | omplishment of Ex | xemp                   | 13<br>t Purposes                |                                       |
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| ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie e No. Explain below how each activity for which         | es to the Acco          | omplishment of Ex | xemp                   | 13<br>t Purposes                |                                       |
| institution and columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  art XVI-B Relationship of Activitie  e No. Explain below how each activity for which | es to the Acco          | omplishment of Ex | xemp                   | 13<br>t Purposes                |                                       |
| Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  Relationship of Activitie  No. Explain below how each activity for which               | es to the Acco          | omplishment of Ex | xemp                   | 13<br>t Purposes                |                                       |
| Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  Relationship of Activitie  No. Explain below how each activity for which               | es to the Acco          | omplishment of Ex | xemp                   | 13<br>t Purposes                |                                       |
| Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions to verify calculations  Relationship of Activities  E No. Explain below how each activity for which          | es to the Acco          | omplishment of Ex | xemp                   | 13<br>t Purposes                |                                       |
| Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions to verify calculations  Relationship of Activities  E No. Explain below how each activity for which          | es to the Acco          | omplishment of Ex | xemp                   | 13<br>t Purposes                |                                       |
| Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  Relationship of Activitie  No. Explain below how each activity for which               | es to the Acco          | omplishment of Ex | xemp                   | 13<br>t Purposes                |                                       |
| Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions to verify calculations  Relationship of Activities  E No. Explain below how each activity for which          | es to the Acco          | omplishment of Ex | xemp                   | 13<br>t Purposes                |                                       |

| Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations  1                                                                                                                                                                       | No<br>X<br>X |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| (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                                                                                    | x            |
| a Transfers from the reporting foundation to a noncharitable exempt organization of  (1) Cash                                                                                                                                                                                          |              |
| (1) Cash                                                                                                                                                                                                                                                                               |              |
| (2) Other assets                                                                                                                                                                                                                                                                       |              |
| b Other transactions:                                                                                                                                                                                                                                                                  | X            |
|                                                                                                                                                                                                                                                                                        |              |
| (1) Sales of assets to a noncharitable exempt organization                                                                                                                                                                                                                             |              |
|                                                                                                                                                                                                                                                                                        | X            |
| (2) Purchases of assets from a noncharitable exempt organization                                                                                                                                                                                                                       | X            |
| (3) Rental of facilities, equipment, or other assets                                                                                                                                                                                                                                   | X            |
| (4) Reimbursement arrangements                                                                                                                                                                                                                                                         | X            |
| (5) Loans or loan guarantees                                                                                                                                                                                                                                                           | X            |
| (6) Performance of services or membership or fundraising solicitations                                                                                                                                                                                                                 | X            |
| c Shanng of facilities, equipment, mailing lists, other assets, or paid employees                                                                                                                                                                                                      | X            |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets,                                                                                                                         |              |
| or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in                                                                                                                               |              |
| column (d) the value of the goods, other assets, or services received                                                                                                                                                                                                                  |              |
| (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement                                                                                                                                      | its          |
| N/A                                                                                                                                                                                                                                                                                    |              |
|                                                                                                                                                                                                                                                                                        |              |
|                                                                                                                                                                                                                                                                                        |              |
|                                                                                                                                                                                                                                                                                        |              |
|                                                                                                                                                                                                                                                                                        |              |
|                                                                                                                                                                                                                                                                                        |              |
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|                                                                                                                                                                                                                                                                                        |              |
|                                                                                                                                                                                                                                                                                        |              |
|                                                                                                                                                                                                                                                                                        |              |
|                                                                                                                                                                                                                                                                                        |              |
|                                                                                                                                                                                                                                                                                        |              |
|                                                                                                                                                                                                                                                                                        |              |
|                                                                                                                                                                                                                                                                                        |              |
| 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                                                                                  | ماما         |
|                                                                                                                                                                                                                                                                                        | 1 1/10       |
| b If 'Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship                                                                                                                                                       |              |
| N/A                                                                                                                                                                                                                                                                                    |              |
| N/A                                                                                                                                                                                                                                                                                    |              |
|                                                                                                                                                                                                                                                                                        |              |
|                                                                                                                                                                                                                                                                                        |              |
|                                                                                                                                                                                                                                                                                        |              |
| Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge                                                                                                                               | _            |
| Sign 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.  May the IRS discuss the return with the preparer shown below? See in the property of the preparer has any knowledge. | r            |
| Here OFFICER Shown below? See ins                                                                                                                                                                                                                                                      | No           |
| Signature of officer or thystee Date Title                                                                                                                                                                                                                                             |              |
| Print/Type preparer's name Preparer's signature Date Check fr PTIN                                                                                                                                                                                                                     |              |
|                                                                                                                                                                                                                                                                                        |              |
| Paid BRIAN L. ALPERT Sugn A 3/27/19 self-employed P00295415                                                                                                                                                                                                                            |              |
| Preparer Firm's name ► SILVER, FREEDMAN, TAFF & TIERNAN LLP Firm's EIN ► 46-4107791                                                                                                                                                                                                    |              |
| Use Only                                                                                                                                                                                                                                                                               |              |
| Firm's address ▶ 3299 K STREET - NW, SUITE 100                                                                                                                                                                                                                                         |              |
| WASHINGTON, DC 20007 Phone no (202)295-4500                                                                                                                                                                                                                                            | )            |
| Form 990-PF (                                                                                                                                                                                                                                                                          |              |

706354 2829

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

2018

| Name of the organization                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Employer identification number                       |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| T                                                      | HE BARBARA SILVER LEVIN FOUNDATION, INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 23-2984801                                           |
| Organization type (check o                             | one):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                      |
| Filers of:                                             | Section:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                      |
| Form 990 or 990-EZ                                     | 501(c)( ) (enter number) organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                      |
|                                                        | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
|                                                        | 527 political organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                      |
| Form 990-PF                                            | X 501(c)(3) exempt private foundation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                      |
|                                                        | 4947(a)(1) nonexempt charitable trust treated as a private foundation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                      |
|                                                        | 501(c)(3) taxable private foundation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      |
| Note: Only a section 501(c                             | is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (10) organization can check boxes for both the General Rule and a Special Rule.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                      |
|                                                        | y one contributor. Complete Parts I and II. See instructions for determining a contributor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ·                                                    |
| Special Rules                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |
| sections 509(a)(1)<br>any one contribut                | on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount, line 1. Complete Parts I and II.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | or 16b, and that received from                       |
| year, total contrib                                    | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the column (c) instead ( | ational purposes, or for the                         |
| year, contribution is checked, enter purpose. Don't co | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, chantable, etc., purposes, but no such contributions totaled makers the total contributions that were received during the year for an exclusively religious simplete any of the parts unless the <b>General Rule</b> applies to this organization because it like, etc., contributions totaling \$5,000 or more during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ore than \$1,000. If this box<br>s, chantable, etc , |
| but it must answer "No" or                             | hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fin Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fithe filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | •                                                    |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |

| 1 | Page | 2 |
|---|------|---|
|   |      |   |

| Sci | nedule | В | (Form | 990, | 990 | ·EZ, ‹ | or! | 990- | PF) | (201) | 8) |
|-----|--------|---|-------|------|-----|--------|-----|------|-----|-------|----|
|     |        |   |       |      |     |        |     |      |     |       |    |

Name of organization

Employer identification number

THE BARBARA SILVER LEVIN FOUNDATION, INC

23-2984801

| Pan i                    | Contributors (see instructions). Use duplicate copies of Part II | ir additional space is needed. |                                                                      |
|--------------------------|------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------|
| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4                                | (c)<br>Total contributions     | (d) Type of contribution                                             |
| 1                        | ARNOLD LEVIN  510 WALNUT ST # 500  PHILADELPHIA, PA 19106        | \$300,000.                     | Person X Payroll                                                     |
| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4                                | (c)<br>Total contributions     | (d)<br>Type of contribution                                          |
|                          |                                                                  | <b>\$</b>                      | Person Payroll Oncash Complete Part II for noncash contributions.)   |
| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4                                | (c)<br>Total contributions     | (d)<br>Type of contribution                                          |
|                          |                                                                  | \$                             | Person Payroll Oncash Complete Part II for noncash contributions )   |
| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4                                | (c)<br>Total contributions     | (d)<br>Type of contribution                                          |
|                          |                                                                  | \$                             | Person Payroll Omnicash Complete Part II for noncash contributions.) |
| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4                                | (c)<br>Total contributions     | (d)<br>Type of contribution                                          |
|                          | -                                                                | \$                             | Person Payroll Complete Part II for noncash contributions.)          |
| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4                                | (c)<br>Total contributions     | (d)<br>Type of contribution                                          |
|                          |                                                                  | <b>\$</b>                      | Person Payroll Complete Part II for noncash contributions.           |
| 823450 11 <sub>-</sub> 0 | 18-18                                                            | Schedule B (Form               | 990-990-FZ, or 990-PF) (2018)                                        |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 3

Name of organization

**Employer identification number** 

## THE BARBARA SILVER LEVIN FOUNDATION, INC

23-2984801

| art II                       | Noncash Property (see instructions). Use duplicate copies of P | art II if additional space is needed.     |                        |
|------------------------------|----------------------------------------------------------------|-------------------------------------------|------------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c) FMV (or estimate) (See Instructions.) | (d)<br>Date received   |
|                              |                                                                | <br> <br>\$                               |                        |
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given                      | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received   |
|                              |                                                                | <b>\$</b>                                 |                        |
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given                      | (c) FMV (or estimate) (See Instructions.) | (d)<br>Date received   |
|                              |                                                                | \$                                        |                        |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c) FMV (or estimate) (See instructions)  | (d)<br>Date received   |
|                              |                                                                | \$                                        |                        |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c) FMV (or estimate) (See instructions.) | . (d)<br>Date received |
|                              |                                                                | \$                                        |                        |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received   |
| ·                            |                                                                | <b></b>                                   |                        |

| Schedule E                | 3 (Form 990, 990-EZ, or 990-PF) (2018)                                                                                                                                                                                        |                                                                                            | Page 4                                                                                                                                 |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| lame of or                | ganization                                                                                                                                                                                                                    |                                                                                            | Employer identification number                                                                                                         |
| CHE BA                    | ARBARA SILVER LEVIN FOUN                                                                                                                                                                                                      | DATION, INC                                                                                | 23-2984801                                                                                                                             |
| Part III                  | Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) to completing Part III, enter the total of exclusively religious, chart Use duplicate copies of Part III if additional s | through (e) and the following line entry<br>antable, etc., contributions of \$1,000 or les | tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year<br>For organizations<br>is for the year (Enter this info once.) |
| (a) No.<br>from           | (b) Purpose of gift                                                                                                                                                                                                           | (c) Use of gift                                                                            | (d) Description of how gift is held                                                                                                    |
| Part I                    | (b) Furpose or gift                                                                                                                                                                                                           | (c) Use of gift                                                                            | (a) Description of now gift is need                                                                                                    |
|                           |                                                                                                                                                                                                                               | (e) Transfer of gift                                                                       |                                                                                                                                        |
| Ī                         | Transferee's name, address, and                                                                                                                                                                                               | d ZIP + 4                                                                                  | Relationship of transferor to transferee                                                                                               |
| (a) No.<br>from<br>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, an                                                                                                                                                                                                | d ZIP + 4                                                                                  | Relationship of transferor to transferee                                                                                               |
| (a) No.<br>from<br>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, an                                                                                                                                                                                                | d ZIP + 4                                                                                  | Relationship of transferor to transferee                                                                                               |
| (a) No.<br>from<br>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, an                                                                                                                                                                                                | d ZIP + 4                                                                                  | Relationship of transferor to transferee                                                                                               |
|                           |                                                                                                                                                                                                                               |                                                                                            |                                                                                                                                        |

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| ORM 990-PF INTERE              | ST ON SAVI      | NGS AND TEM                  | PORARY (               | CASH IN               | VESTMENTS                       | STATEMENT 1                     |
|--------------------------------|-----------------|------------------------------|------------------------|-----------------------|---------------------------------|---------------------------------|
| 3OURCE                         |                 | (A<br>REVE<br>PER B          | NUE                    |                       | (B)<br>VESTMENT<br>COME         | (C)<br>ADJUSTED<br>NET INCOME   |
| JPL FINANCIAL                  |                 |                              | 205.                   |                       | 205.                            |                                 |
| COTAL TO PART I, LI            |                 | 205.                         |                        | 205.                  |                                 |                                 |
| FORM 990-PF                    | DIVIDEND        | S AND INTER                  | EST FROI               | M SECUR               | ITIES                           | STATEMENT 2                     |
| SOURCE                         | GROSS<br>AMOUNT | CAPITAL<br>GAINS<br>DIVIDEND | RE                     | (A)<br>VENUE<br>BOOKS | (B)<br>NET INVEST<br>MENT INCOL |                                 |
| LPL FINANCIAL                  | 84,135          | 63,67                        | 1.                     | 20,464.               | 20,46                           | 4.                              |
| TO PART I, LINE 4              | 84,135          | 63,67                        | 1.                     | 20,464.               | 20,46                           | 4.                              |
| FORM 990-PF                    |                 | LEGAL                        | FEES                   |                       |                                 | STATEMENT 3                     |
| DESCRIPTION                    |                 | (A)<br>EXPENSES<br>PER BOOKS | (B<br>NET IN<br>MENT I | VEST-                 | (C)<br>ADJUSTED<br>NET INCOM    | (D)<br>CHARITABLE<br>E PURPOSES |
| LEGAL FEES                     | _               | 4,629.                       |                        | 4,629.                |                                 | 0.                              |
| TO FM 990-PF, PG 1,            | LN 16A          | 4,629.                       |                        | 4,629.                |                                 | 0.                              |
| FORM 990-PF                    |                 | TAX                          | ES                     | <del></del>           |                                 | STATEMENT 4                     |
| DESCRIPTION                    |                 | (A)<br>EXPENSES<br>PER BOOKS | (B<br>NET IN<br>MENT I | VEST-                 | (C)<br>ADJUSTED<br>NET INCOM    | (D)<br>CHARITABLE<br>E PURPOSES |
| EXCISE TAX-ESTIMATE EXCISE TAX | D               | 1,768.<br>1,542.             |                        | 0.                    |                                 | 0.                              |
| TO FORM 990-PF, PG             | 1, LN 18        | 3,310.                       |                        | 0.                    | <del></del> -                   | 0.                              |

| FORM 9'90~PF OTHER                  | R INVESTMENTS       |            | STATEMENT            | 5<br> |
|-------------------------------------|---------------------|------------|----------------------|-------|
| DESCRIPTION                         | VALUATION<br>METHOD | BOOK VALUE | FAIR MARKET<br>VALUE |       |
| LPL FINANCIAL                       | COST                | 951,762.   | 969,57               | 72.   |
| TOTAL TO FORM 990-PF, PART II, LINE | 13                  | 951,762.   | 969,57               | 72.   |