



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2012

Open to public inspection

For calendar year 2012 or tax year beginning

, and ending

| | | |
|---|--|--|
| Name of foundation ABNER & MILDRED LEVINE FAMILY FOUNDATION | | A Employer identification number 13-6172502 |
| Number and street (or P.O. box number if mail is not delivered to street address) 16858 RIVER BIRCH CIRCLE | | B Telephone number (561)-498-1500 |
| City or town, state, and ZIP code DELRAY BEACH, FL 33445 | | C If exemption application is pending, check here <input type="checkbox"/> |
| G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change | | D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 2,075,933. (Part I, column (d) must be on cash basis.) | | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |
| J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ | | |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|--|------------------------------------|---------------------------|-------------------------|---|
| 1 Contributions, gifts, grants, etc., received | | 205,000. | | N/A | |
| 2 Check <input type="checkbox"/> If the foundation is not required to attach Sch. B | | | | | |
| 3 Interest on savings and temporary cash investments | | 709. | 709. | | STATEMENT 1 |
| 4 Dividends and interest from securities | | | | | |
| 5a Gross rents | | 31,377. | 31,377. | | STATEMENT 2 |
| b Net rental income or (loss) -2,596. | | | | | STATEMENT 3 |
| 6a Net gain or (loss) from sale of assets not on line 10 | | | | | |
| b Gross sales price for all assets on line 6a | | | | | |
| 7 Capital gain net income (from Part IV, line 2) | | | 0. | | |
| 8 Net short-term capital gain | | | | | |
| 9 Income modifications | | | | | |
| 10a Gross sales less returns and allowances | | | | | |
| b Less Cost of goods sold | | | | | |
| c Gross profit or (loss) | | | | | |
| 11 Other income | | 62,423. | 58,000. | | STATEMENT 4 |
| 12 Total. Add lines 1 through 11 | | 299,509. | 90,086. | | |
| 13 Compensation of officers, directors, trustees, etc | | 0. | 0. | | 0. |
| 14 Other employee salaries and wages | | | | | |
| 15 Pension plans, employee benefits | | | | | |
| 16a Legal fees | | | | | |
| b Accounting fees | | | | | |
| c Other professional fees | | | | | |
| 17 Interest | | | | | |
| 18 Taxes STMT 5 | | 2,500. | 0. | | 0. |
| 19 Depreciation and depletion | | | | | |
| 20 Occupancy | | | | | |
| 21 Travel, conferences, and meetings | | | | | |
| 22 Printing and publications | | | | | |
| 23 Other expenses STMT 6 | | 34,029. | 33,973. | | 0. |
| 24 Total operating and administrative expenses. Add lines 13 through 23 | | 36,529. | 33,973. | | 0. |
| 25 Contributions, gifts, grants paid | | 265,753. | | | 265,753. |
| 26 Total expenses and disbursements. Add lines 24 and 25 | | 302,282. | 33,973. | | 265,753. |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements | | -2,773. | | | |
| b Net investment income (if negative, enter -0-) | | | 56,113. | | |
| c Adjusted net income (if negative, enter -0-) | | | | N/A | |

SCANNED AUG 30 2013

SCANNED AUG 29 2013

9918

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only

| | | Beginning of year | End of year | |
|--|---|-------------------|----------------|-----------------------|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 Cash - non-interest-bearing | 951,795. | 976,580. | 976,580. |
| | 2 Savings and temporary cash investments | | | |
| | 3 Accounts receivable ▶ | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| | 4 Pledges receivable ▶ | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons | | | |
| | 7 Other notes and loans receivable ▶ | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | | | |
| | 10a Investments - U.S. and state government obligations | | | |
| | b Investments - corporate stock | | | |
| | c Investments - corporate bonds | | | |
| 11 Investments - land, buildings, and equipment: basis ▶ | | | | |
| Less: accumulated depreciation ▶ | | | | |
| 12 Investments - mortgage loans | | | | |
| 13 Investments - other STMT 7 | 242,457. | 217,495. | 217,495. | |
| 14 Land, buildings, and equipment: basis ▶ 875,000. | 875,000. | 875,000. | 875,000. | |
| Less: accumulated depreciation ▶ | | | | |
| 15 Other assets (describe ▶ STATEMENT 8) | 9,454. | 6,858. | 6,858. | |
| 16 Total assets (to be completed by all filers) | 2,078,706. | 2,075,933. | 2,075,933. | |
| Liabilities | 17 Accounts payable and accrued expenses | | | |
| | 18 Grants payable | | | |
| | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable | | | |
| | 22 Other liabilities (describe ▶) | | | |
| | 23 Total liabilities (add lines 17 through 22) | 0. | 0. | |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶ <input type="checkbox"/> | | | |
| | 24 Unrestricted | | | |
| | 25 Temporarily restricted | | | |
| | 26 Permanently restricted | | | |
| | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input checked="" type="checkbox"/> | | | |
| | 27 Capital stock, trust principal, or current funds | 0. | 0. | |
| | 28 Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| | 29 Retained earnings, accumulated income, endowment, or other funds | 2,078,706. | 2,075,933. | |
| 30 Total net assets or fund balances | 2,078,706. | 2,075,933. | | |
| 31 Total liabilities and net assets/fund balances | 2,078,706. | 2,075,933. | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | |
|---|---|------------|
| 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 2,078,706. |
| 2 Enter amount from Part I, line 27a | 2 | -2,773. |
| 3 Other increases not included in line 2 (itemize) ▶ | 3 | 0. |
| 4 Add lines 1, 2, and 3 | 4 | 2,075,933. |
| 5 Decreases not included in line 2 (itemize) ▶ | 5 | 0. |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 2,075,933. |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|--|------|--|--------------------------------------|----------------------------------|
| 1a | | | | |
| b | NONE | | | |
| c | | | | |
| d | | | | |
| e | | | | |

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |
|---------------------------|--------------------------------------|---|---|
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

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

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

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

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

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

☐ Yes ☒ No

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

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

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col. (b) divided by col. (c)) |
|--|--|--|---|
| 2011 | 320,321. | 1,818,440. | .176152 |
| 2010 | 317,582. | 1,767,709. | .179657 |
| 2009 | 81,721. | 1,533,980. | .053274 |
| 2008 | 1,389,173. | 2,355,060. | .589867 |
| 2007 | 694,972. | 4,109,043. | .169132 |

| | | |
|--|---|------------|
| 2 Total of line 1, column (d) | 2 | 1.168082 |
| 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | 3 | .233616 |
| 4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5 | 4 | 1,597,741. |
| 5 Multiply line 4 by line 3 | 5 | 373,258. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 561. |
| 7 Add lines 5 and 6 | 7 | 373,819. |
| 8 Enter qualifying distributions from Part XII, line 4 | 8 | 265,753. |

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

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

| | | | |
|--|--|----|--------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions) | | 1 | 1,122. |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b | | 2 | 0. |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | 3 | 1,122. |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 4 | 0. |
| 3 Add lines 1 and 2 | | 5 | 1,122. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 6a | 6,509. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | 6b | |
| 6 Credits/Payments: | | 6c | |
| a 2012 estimated tax payments and 2011 overpayment credited to 2012 | | 6d | |
| b Exempt foreign organizations - tax withheld at source | | 7 | 6,509. |
| c Tax paid with application for extension of time to file (Form 8868) | | 8 | |
| d Backup withholding erroneously withheld | | 9 | |
| 7 Total credits and payments. Add lines 6a through 6d | | 10 | 5,387. |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached | | 11 | 0. |
| 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | | | |
| 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | |
| 11 Enter the amount of line 10 to be: Credited to 2013 estimated tax 5,387. Refunded | | | |

Part VII-A Statements Regarding Activities

| | Yes | No |
|---|-----|----|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. | | X |
| c Did the foundation file Form 1120-POL for this year? | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0. | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0. | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. | | X |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T. | | X |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | | X |
| 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. | X | |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) NY | | |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation | X | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV | | X |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 9 | X | |

Form 990-PF (2012)

Part VII-A Statements Regarding Activities (continued)

| | | | | |
|----|--|----|---|---|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A | 13 | X | |
| 14 | The books are in care of ABNER LEVINE Telephone no. 561-498-1500 Located at 16858 RIVER BIRCH CIRCLE, DELRAY BEACH, FL ZIP+4 33445 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year 15 N/A | | | |
| 16 | At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country N/A | 16 | | X |

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

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

| | Yes | No |
|--|---|----|
| 1a During the year did the foundation (either directly or indirectly): | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here N/A | | 1b |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012? | | 1c |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | |
| a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? If "Yes," list the years N/A | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A | | 2b |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. N/A | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b If "Yes," did it have excess business holdings in 2012 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 2012.) N/A | | 3b |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | 4a |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012? | | 4b |

Form 990-PF (2012)

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

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ 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

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

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

1 List all officers, directors, trustees, foundation managers and their compensation.

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|---|---|---|---------------------------------------|
| SEE STATEMENT 10 | | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

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

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

0

Form 990-PF (2012)

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

| | | | |
|---|---|----|------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 12,462. |
| b | Average of monthly cash balances | 1b | 979,610. |
| c | Fair market value of all other assets | 1c | 630,000. |
| d | Total (add lines 1a, b, and c) | 1d | 1,622,072. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | 0. |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 1,622,072. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 24,331. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 1,597,741. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 79,887. |

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

| | | | |
|----|--|----|---------|
| 1 | Minimum investment return from Part X, line 6 | 1 | 79,887. |
| 2a | Tax on investment income for 2012 from Part VI, line 5 | 2a | 1,122. |
| b | Income tax for 2012. (This does not include the tax from Part VI.) | 2b | |
| c | Add lines 2a and 2b | 2c | 1,122. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 78,765. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 78,765. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 78,765. |

Part XII Qualifying Distributions (see instructions)

| | | | |
|---|---|----|----------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 | 1a | 265,753. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 265,753. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 265,753. |

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

Form 990-PF (2012)

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2011 | (c) 2011 | (d) 2012 |
|---|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2012 from Part XI, line 7 | | | | 78,765. |
| 2 Undistributed income, if any, as of the end of 2012 | | | | |
| a Enter amount for 2011 only | | | 0. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2012: | | | | |
| a From 2007 | 508,104. | | | |
| b From 2008 | 1,271,420. | | | |
| c From 2009 | 20,646. | | | |
| d From 2010 | 234,742. | | | |
| e From 2011 | 230,490. | | | |
| f Total of lines 3a through e | 2,265,402. | | | |
| 4 Qualifying distributions for 2012 from Part XII, line 4: ▶ \$ | 265,753. | | | |
| a Applied to 2011, but not more than line 2a | | | 0. | |
| 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 2012 distributable amount | | | | 78,765. |
| e Remaining amount distributed out of corpus | 186,988. | | | |
| 5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 2,452,390. | | | |
| 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 amount - see instructions | | 0. | | |
| e Undistributed income for 2011. Subtract line 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013 | | | | 0. |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2007 not applied on line 5 or line 7 | 508,104. | | | |
| 9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a | 1,944,286. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2008 | 1,271,420. | | | |
| b Excess from 2009 | 20,646. | | | |
| c Excess from 2010 | 234,742. | | | |
| d Excess from 2011 | 230,490. | | | |
| e Excess from 2012 | 186,988. | | | |

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

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|--|-----------------|
| a Paid during the year | | | | |
| 5 TOWNS COMMUNITY CHEST 1004 CENTRAL AVE WOODMERE, NY 11598 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 50. |
| AARP 601 E MAIN ST WASHINGTON, DC 20049 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 16. |
| AM FRIENDS OF HEBREW UNIV 60 WEST HUNTER AVE BOCA RATON, FL 33432 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 3,000. |
| AMERICAN CANCER SOCIETY 7280 WEST PALMETTO PARK ROAD OKLAHOMA CITY, OK 33433 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 25. |
| AMERICAN HEART ASSOC PO BOX 22718 DALLAS, TX 73123 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 2,500. |
| Total | SEE CONTINUATION SHEET(S) | | | 265,753. |
| b Approved for future payment | | | | |
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | 0. |

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of:

- (1) Cash
- (2) Other assets

| | |
|-------|---|
| 1a(1) | X |
|-------|---|

| | | |
|-------|--|---|
| 1a(2) | | X |
|-------|--|---|

b Other transactions:

- (1) Sales of assets to a noncharitable exempt organization
- (2) Purchases of assets from a noncharitable exempt organization
- (3) Rental of facilities, equipment, or other assets
- (4) Reimbursement arrangements
- (5) Loans or loan guarantees
- (6) Performance of services or membership or fundraising solicitations

| | |
|-------|---|
| 1b(1) | X |
|-------|---|

| | | |
|-------|--|---|
| 1b(2) | | X |
|-------|--|---|

| | |
|-------|---|
| 1b(3) | X |
|-------|---|

| | | |
|-------|--|---|
| 1b(4) | | X |
|-------|--|---|

| | | |
|-------|--|---|
| 1b(5) | | X |
|-------|--|---|

| | | |
|-------|--|---|
| 1b(6) | | X |
|-------|--|---|

| | | |
|----|--|---|
| 1c | | X |
|----|--|---|

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. 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.

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

☐ Yes ☒ No

b If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
| N/A | | |
| | | |
| | | |
| | | |
| | | |

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.



Signature of officer or trustee

Date _____

DIRECTOR

Title

May the IRS discuss this return with the preparer shown below: (see part 1)

☒ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name

STEVEN R. TUBBS

Preparer's signature

Date

Check ☐ self-employed

| |
|------|
| PTIN |
|------|

P00964386

Firm's name ▶ TUBBS & BARTNICK, P.L.

Firm's EIN ▶ 65-0385759

Firm's address ► 2101 NW CORPORATE BLVD. SUITE 317
BOCA RATON, FL 33431

Phone no. 561-361-0330

Form **990-PF** (2012)

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.

OMB No 1545-0047

2012

Name of the organization

Employer identification number

ABNER & MILDRED LEVINE FAMILY FOUNDATION**13-6172502**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

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) (2012)

Name of organization

Employer identification number

ABNER & MILDRED LEVINE FAMILY FOUNDATION**13-6172502****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|--|
| <u>1</u> | <u>ABNER & MILDRED LEVINE</u> <u>16858 RIVER BIRCH CIRCLE</u> <u>DELRAY BEACH, FL 33445</u> | \$ <u>205,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Employer identification number

13-6172502

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed.

[illegible]

Name of organization

Employer identification number

ABNER & MILDRED LEVINE FAMILY FOUNDATION**13-6172502****Part III**

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) ► \$

Use duplicate copies of Part III if additional space is needed.

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

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|--|-----------------|
| ANTI DEFAMATION LEAGUE 605 THIRD AVE NEW YORK, NY 10158 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 1,200. |
| ARTHRITIS FDN PO BOX 7669 ATLANTA, GA 30357 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 20. |
| B'NAI TORAH 6261 SW 18TH ST BOCA RATON, FL 33433 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 250. |
| B'NAI TORAH 6261 SW 18TH ST BOCA RATON, FL 33433 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 378. |
| B'NAI TORAH 6261 SW 18TH ST BOCA RATON, FL 33433 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 360. |
| B'NAI TORAH 6261 SW 18TH ST BOCA RATON, FL 33433 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 76. |
| B'NAI TORAH 6261 SW 18TH ST BOCA RATON, FL 33433 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 1,000. |
| B'NAI TORAH 6261 SW 18TH ST BOCA RATON, FL 33433 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 5,000. |
| B'NAI TORAH 6261 SW 18TH ST BOCA RATON, FL 33433 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 10,314. |
| B'NAI TORAH 6261 SW 18TH ST BOCA RATON, FL 33433 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 1,000. |
| Total from continuation sheets | | | | 260,162. |

Part XV Supplementary Information**3** Grants and Contributions Paid During the Year (Continuation)

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|--|---------|
| BOCA RATON HIGH SCHOOL - LAX 1501 NW 15TH CT BOCA RATON, FL 33433 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 500. |
| BOCA RATON REGIONAL HOSPITAL FDN 745 MEADOWS ROAD BOCA RATON, FL 33486 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 50,000. |
| BOCA RATON REGIONAL HOSPITAL FDN 745 MEADOWS ROAD BOCA RATON, FL 33486 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 100. |
| BRAIN AND BEHAVIOR RESEARCH FDN 60 CUTTER MILL ROAD GREAT NECK, NY 11021 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 108. |
| BOCA RATON REGIONAL HOSPITAL FDN 745 MEADOWS ROAD BOCA RATON, FL 33486 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 50. |
| BOCA RATON REGIONAL HOSPITAL FDN 745 MEADOWS ROAD BOCA RATON, FL 33486 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 10,000. |
| CARE PO BOX 7039 MERRIFIELD, VA 22116 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 50. |
| CONGREGATION SHAARI KODESH 19785 HAMPTON DRIVE STE 4 BOCA RATON, FL 33434 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 540. |
| EDWARD AND ROSE BERNMAN HILLEL 777 GLADES ROAD BOCA RATON, FL 33431 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 720. |
| EVERETT JEWISH LIFE CENTER 777 GLADES ROAD BOCA RATON, FL 33431 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 108. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information**3** Grants and Contributions Paid During the Year (Continuation)

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|--|---------|
| FAU FDN, INC. 777 GLADES ROAD BOCA RATON, FL 33431 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 1,800. |
| FL HIGHWAY PATROL PO BOX 181089 TALLAHASSEE, FL 32318 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 50. |
| FL HIGHWAY PATROL PO BOX 181089 TALLAHASSEE, FL 32318 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 25. |
| FRIEDBERG JCC 15 NEIL COURT OCEANSIDE, NY 11572 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 108. |
| GAN MAH TOV PREESCHOOL 3778 PARK BLVD OAKLAND, CA 94610 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 540. |
| GO PINK CANCER 175 E 74TH ST NEW YORK, NY 10021 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 150. |
| HADASSAH 777 GLADES ROAD BOCA RATON, FL 33431 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 18,000. |
| HANDS ON TZEDAKAH 2901 CLINT MOORE RD BOCA RATON, FL 33496 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 540. |
| HILLEL BROWARD 777 GLADES ROAD BOCA RATON, FL 33431 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 10,000. |
| HILLEL BROWARD 777 GLADES ROAD BOCA RATON, FL 33431 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 26,000. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|--|--------|
| HILLEL BROWARD 777 GLADES ROAD BOCA RATON, FL 33431 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 1,000. |
| HILLEL BROWARD 777 GLADES ROAD BOCA RATON, FL 33431 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 180. |
| HORSES AND THE HANDICAPPED PO BOX 237542 BOCA RATON, FL 33431 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 180. |
| ISRAEL CHILDREN CANCER FDN 141 WASHINGTON AVE. STE.205 LAWRENCE, NY 11559 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 150. |
| ISRAEL CHILDREN CANCER FDN 141 WASHINGTON AVE. STE.205 LAWRENCE, NY 11559 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 440. |
| ISRAEL CHILDREN CANCER FDN 141 WASHINGTON AVE. STE.205 LAWRENCE, NY 11559 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 50. |
| JARC 21160 95TH AVE SOUTH BOCA RATON, FL 33428 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 2,500. |
| JARC 21160 95TH AVE SOUTH BOCA RATON, FL 33428 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 2,500. |
| JEWISH FEDERATION OF SPBC 9901 DONNA KLEIN BLVD BOCA RATON, FL 33428 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 100. |
| JEWISH FEDERATION OF SPBC 9901 DONNA KLEIN BLVD BOCA RATON, FL 33428 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 390. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information**3** Grants and Contributions Paid During the Year (Continuation)

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|--|--------|
| LEUKEMIA & LYMPHOMA SOCIETY 366 PEARSALL AVE CEDARHURST, NY 11516 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 30. |
| LEVIS JEWISH COMM CENTER 9801 DONNA KLEIN BLVD BOCA RATON, FL 33428 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 500. |
| LEVIS JEWISH COMM CENTER 9801 DONNA KLEIN BLVD BOCA RATON, FL 33428 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 1,800. |
| LYNN UNIVERSITY 3601 N MILITARY TRAIL BOCA RATON, FL 33428 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 2,500. |
| ORCAS LAND TRUST 286 ENCHANTED FOREST ROAD EASTSOUND, WA 98245 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 360. |
| RUTH RALES JEWISH FAMILY SERVICES 21300 RUTH AND BARON COLEMAN BLVD BOCA RATON, FL 33428 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 200. |
| RUTH RALES JEWISH FAMILY SERVICES 21300 RUTH AND BARON COLEMAN BLVD BOCA RATON, FL 33428 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 500. |
| SAMUEL WAXMAN CANCER RESEARCH FOUNDATION 420 LEXINGTON AVE NEW YORK, NY 10170 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 307. |
| SAMUEL WAXMAN CANCER RESEARCH FOUNDATION 420 LEXINGTON AVE NEW YORK, NY 10170 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 180. |
| SAMUEL WAXMAN CANCER RESEARCH FOUNDATION 420 LEXINGTON AVE NEW YORK, NY 10170 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 1,800. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|--|--------|
| SCHEPENS EYE RESEARCH 800 HUNTINGTON AVE BOSTON, MA 02115 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 108. |
| SOUP KITCHEN 321 AVE N BROOKLYN, NY 11230 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 180. |
| SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 1,080. |
| STAND AMONG FRIENDS 777 GLADES ROAD BOCA RATON, FL 33445 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 100. |
| STARLIGHT CHILDRENS FUND 2049 CENTUARY PARK EAST LOS ANGELES, CA 90067 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 2,500. |
| STARLIGHT CHILDRENS FUND 2049 CENTUARY PARK EAST LOS ANGELES, CA 90067 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 180. |
| TEMPLE BETH EL - NY PO BOX 413 CEDARHURST, NY 11516 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 500. |
| TEMPLE BETH EL - NY PO BOX 413 CEDARHURST, NY 11516 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 540. |
| TEMPLE BETH EL - NY PO BOX 413 CEDARHURST, NY 11516 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 108. |
| TEMPLE BETH EL - NY PO BOX 413 CEDARHURST, NY 11516 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 36. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|--|--------|
| THE AVE N JEWISH CENTER 321 AVE N BROOKLYN, NY 11230 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 18. |
| TORAH FUND - JTS 475 RIVERSIDE DRIVE NEW YORK, NY 10115 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 1,200. |
| US HOLOCAUST MEMORIAL 100 RAOUL WALLENBERG PLACE WASHINGTON, DC 20024 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 108. |
| VALENCIA PALM CANCER RESEARCH 1192 EAST NEWPORT DRIVE DEERFIELD BEACH, FL 33431 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 180. |
| WAXMAN CANCER RESEARCH 420 LEXINGTON AVE NEW YORK, NY 10170 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 3,500. |
| WPBT 2 PO BOX 610002 MIAMI, FL 33261 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 55. |
| ADLER APHASIA CENTER 60 WEST HUNTER AVE MAYWOOD, NJ 07607 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 500. |
| ALDERSON HOSPITALITY HOUSE 203 HIGH STREET ALDERSON, WV 24910 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 100. |
| ALVIN DILEY DANCE FDN 405 WEST 55TH STREET NEW YORK, NY 10019 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 1,250. |
| APPL S FOLKLIFE CENTER PO BOX 10 PIPESTEM, WV 25979 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 50. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|--|--------|
| BARRE HISTORICAL SOCIETY 46 GRANITE ST BARRE, VT 05641 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 250. |
| BETH JACOB SYN 10 HARRISON AVE MONTPELIER, VT 05602 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 1,000. |
| BETH JACOB SYN 10 HARRISON AVE MONTPELIER, VT 05602 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 1,200. |
| BLUEFIELD STATE UNIVERSITY 219 ROCK ST. BLUEFIELD, WV 24901 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 1,000. |
| BLUEFIELD STATE UNIVERSITY 219 ROCK ST. BLUEFIELD, WV 24901 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 1,000. |
| BOCA RATON REGIONAL HOSPITAL FDN 800 MEADOWS ROAD BOCA RATON, FL 33486 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 100. |
| BURLINGTON DISCOVER JAZZ FESTIVAL 156 COLLEGE ST BURLINGTON, VT 05401 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 100. |
| CARNEGIE HALL WV 105 CHURCH ST LEWISBURG, WV 24901 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 100. |
| CARNEGIE HALL WV 105 CHURCH ST LEWISBURG, WV 24901 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 1,500. |
| CARNEGIE HALL WV 105 CHURCH ST LEWISBURG, WV 24901 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 1,500. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|--|--------|
| COMMUNITIES IN SCHOOLS GRNBR PO BOX 1188 LEWISBURG, WV 24901 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 300. |
| CONCORD UNIVERSITY PO BOX 1000 ATHENS, WV 24712 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 1,000. |
| CONG B'NAI YISRAEL 2 BANKSVILLE ROAD ARMOK, NY 10504 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 2,040. |
| CONS LAW FDN 62 SUMMER ST. BOSTON, MA 02110 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 2,000. |
| DOTTYWOOD INC. 412 EDGAR AVE RONCEVERTE, WV 24970 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 150. |
| EARTH ISLAND INST. 2150 ALLSTON WAY BERKELEY, CA 94704 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 500. |
| FAMILY REFUGE CENTER 213 S. JEFFERSON ST LEWISBURG, WV 24901 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 25. |
| FAMILY REFUGE CENTER 213 S. JEFFERSON ST LEWISBURG, WV 24901 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 50. |
| FELLOWSHIP OF RECONCILIATION PO BOX 277 NYACK, NY 10960 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 100. |
| FINCA 216 W WATER ST. WASHINGTON, DC 20005 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 200. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|--|--------|
| FRIENDS OF LOWER GRNBR 122 N COURT ST BOCA RATON, FL 24901 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 100. |
| FRIENDS OF LOWER GRNBR 122 N COURT ST BOCA RATON, FL 24901 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 100. |
| FRIENDS OF WVPB 216 W WATER ST. BROOKLYN, NY 22902 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 120. |
| GREENBRIAR COUNTY LIBRARY 152 ROBERT MCCORMICK DRIVE MONTGOMERY, AL 24901 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 100. |
| GREENBRIAR RIVER WATERSHED ASSOCIATION PO BOX 1419 MONTGOMERY, AL 24901 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 100. |
| GREENBRIAR VALLEY CHORALE 113 E WASHINGTON ST. LEWISBURG, WV 24901 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 1,000. |
| GREENBRIAR VALLEY THEATRE 113 E WASHINGTON ST. LEWISBURG, WV 24901 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 50. |
| GRN MOUNTAIN UNITED WAY 963 PAINE TURNPIKE MONTPELIER, VT 05401 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 2,000. |
| GRNBR CTY LIBRARY 152 ROBERT MCCORMICK DRIVE LEWISBURG, WV 24901 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 500. |
| HABITAT FOR HUMANITY 202 N MAIN ST. FRANKLIN, WV 26807 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 150. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

| <div>Recipient</div> <div>Name and address (home or business)</div> | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|--|--------|
| HABITAT FOR HUMANITY 202 N MAIN ST. FRANKLIN, WV 26807 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 100. |
| HAND IN HAND PO BOX 80812 PORTLAND, OR 97280 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 100. |
| HAVE JUSTICE - WILL TRAVEL 9580 VERMONT ROUTE 113 VERSHIRE, VT 05079 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 250. |
| HEARTWOOD DANCE CTR RT 1 BOX 61 BIG BEND, WV 26136 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 100. |
| HUDSON VALLEY WOODWIND ENSEMBLE 786 NEIGHBORHOOD RD LAKE KATRINE, NY 12449 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 1,800. |
| INTERFAITH PEACE BLDGS 1628 16TH STREET NW WASHINGTON, DC 20009 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 100. |
| INT'L RESCUE COMM 122 EAST 42ND STREET NEW YORK, NY 10168 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 1,000. |
| JCCRP 1525 CENTRAL AVENUE FAR ROCKAWAY, NY 11691 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 5,000. |
| JEWISH FUNDS FOR JUSTICE 330 7TH AVE NEW YORK, NY 10001 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 100. |
| LOAVES AND FISHES 207 TEMPLE ST HINTON, WV 25951 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 300. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

| <div>Recipient</div> <div>Name and address (home or business)</div> | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|--|---------|
| LOAVES & FISHES 207 TEMPLE ST HINTON, WV 25951 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 200. |
| MARSHALL UNIVERSITY ONE JOHN MARSHALL DRIVE HUNTINGTON, WV 25951 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 1,000. |
| MUSIC MAKER RELIEF FDN PO BOX 1358 HILLSBOROUGH, NC 27278 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 100. |
| PEOPLE'S WELLNESS CLINIC 553 N MAIN ST. #5 BARRE, VT 05641 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 500. |
| PJ LIBRARY 380 UNION ST. WEST SPRINGFIELD, MA 01089 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 180. |
| REACHH 411 TEMPLE ST. HINTON, WV 25951 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 7,500. |
| BOCA RATON REGIONAL HOSPITAL FDN 800 MEADOWS ROAD BOCA RATON, FL 33486 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 50,000. |
| SAMUEL WAXMAN CANCER RESEARCH FOUNDATION 420 LEXINGTON AVE NEW YORK, NY 10170 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 3,000. |
| SUMMERS CO HUMANE SOC PO BOX 236 HINTON, WV 25951 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 100. |
| THREE RIVERS AVIAN CENTER HC 74 BOX 279 BROOKS, WV 25951 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 50. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|--|--------|
| TRILLIUM COLLECTIVE LTD 115 N COURT ST LEWISBURG, WV 24901 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 500. |
| VPIRG EDUCATION FUND 141 MAIN STREET MONTPELIER, VT 05602 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 250. |
| VT FOOD BANK 33 PARKER ROAD BARRE, VT 05641 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 1,000. |
| VT LAND TRUST 365 TROY AVE COLCHESTER, VT 05446 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 300. |
| VT NATIONAL RESOURCES COUNCIL 9 BAILEY AVE MONTPELIER, VT 05602 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 50. |
| WVU 216 W WATER ST. BRONX, NY 10458 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 100. |
| WV CAEF 1500 DIXIE ST CHARLESTON, WV 25387 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 50. |
| WV CAEF 1701 5TH AVE CHARLESTON, WV 25387 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 50. |
| WV CITIZEN ACTION 1500 DIXIE ST CHARLESTON, WV 25387 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 100. |
| WV WESLEYAN UNIVERSITY 59 COLLEGE AVE BUCHANON, WV 26201 | | | TO FURTHER THE CHARITABLE FUNCTION OF THE FOUNDATION | 1,000. |
| Total from continuation sheets | | | | |

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

| SOURCE | AMOUNT |
|--|--------|
| INTEREST INCOME | 644. |
| LEMTAG SCHEDULE K-1 EIN # 65-0439942 | 65. |
| TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A | 709. |

FORM 990-PF RENTAL INCOME STATEMENT 2

| KIND AND LOCATION OF PROPERTY | ACTIVITY NUMBER | GROSS RENTAL INCOME |
|---------------------------------------|--------------------|------------------------|
| SCARSDALE APARTMENT | 1 | 31,377. |
| TOTAL TO FORM 990-PF, PART I, LINE 5A | | 31,377. |

FORM 990-PF RENTAL EXPENSES STATEMENT 3

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
|---|--------------------|---------|---------|
| MAINTENANCE EXPENSE (INCLUDES REAL ESTATE TAXES AND MORTGAGE INTEREST) | | 33,973. | |
| - SUBTOTAL - | 1 | | 33,973. |
| TOTAL RENTAL EXPENSES | | | 33,973. |
| NET RENTAL INCOME TO FORM 990-PF, PART I, LINE 5B | | | -2,596. |

FORM 990-PF OTHER INCOME STATEMENT 4

| DESCRIPTION | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
|---|-----------------------------|-----------------------------------|-------------------------------|
| NET INCOME FROM PARTNERSHIP EIN #13-3061318 | 4,697. | 0. | |
| CHASE DYNASTY TRUST/ANNUITY LOSS FROM PARTNERSHIP EIN #65-0439942 | 58,000. | 58,000. | |
| | -274. | 0. | |
| TOTAL TO FORM 990-PF, PART I, LINE 11 | 62,423. | 58,000. | |

| | | | |
|-------------|-------|-----------|---|
| FORM 990-PF | TAXES | STATEMENT | 5 |
|-------------|-------|-----------|---|

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| NEW YORK STATE DEPT OF LAW | 500. | 0. | | 0. |
| FEDERAL INCOME TAX | 2,000. | 0. | | 0. |
| TO FORM 990-PF, PG 1, LN 18 | 2,500. | 0. | | 0. |

| | | | |
|-------------|----------------|-----------|---|
| FORM 990-PF | OTHER EXPENSES | STATEMENT | 6 |
|-------------|----------------|-----------|---|

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|--|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| OFFICE EXPENSE | 33. | 0. | | 0. |
| BANK CHARGES | 23. | 0. | | 0. |
| MAINTENANCE EXPENSE (INCLUDES REAL ESTATE TAXES AND MORTGAGE INTEREST) | 33,973. | 33,973. | | 0. |
| TO FORM 990-PF, PG 1, LN 23 | 34,029. | 33,973. | | 0. |

| | | | |
|-------------|-------------------|-----------|---|
| FORM 990-PF | OTHER INVESTMENTS | STATEMENT | 7 |
|-------------|-------------------|-----------|---|

| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
|--|---------------------|------------|----------------------|
| INVESTMENT IN PARTNERSHIPS | COST | 217,495. | 217,495. |
| INVESTMENTS - STATE OF ISRAEL BONDS | COST | 0. | 0. |
| TOTAL TO FORM 990-PF, PART II, LINE 13 | | 217,495. | 217,495. |

| | | | |
|-------------|--------------|-----------|---|
| FORM 990-PF | OTHER ASSETS | STATEMENT | 8 |
|-------------|--------------|-----------|---|

| DESCRIPTION | BEGINNING OF YR BOOK VALUE | END OF YEAR BOOK VALUE | FAIR MARKET VALUE |
|----------------------------------|-------------------------------|---------------------------|----------------------|
| DUE TO/FROM MANAGEMENT COMPANY | 9,454. | 6,858. | 6,858. |
| TO FORM 990-PF, PART II, LINE 15 | 9,454. | 6,858. | 6,858. |

| | | | |
|-------------|---|-----------|---|
| FORM 990-PF | LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10 | STATEMENT | 9 |
|-------------|---|-----------|---|

| NAME OF CONTRIBUTOR | ADDRESS |
|------------------------|--|
| ABNER & MILDRED LEVINE | 16858 RIVER BIRCH CIRCLE DELRAY BEACH, FL 33435 |

| | | | |
|-------------|---|-----------|----|
| FORM 990-PF | PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS | STATEMENT | 10 |
|-------------|---|-----------|----|

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|--|--------------------------|-------------------|---------------------------------|--------------------|
| ABNER LEVINE 16858 RIVER BIRCH CIRCLE DELRAY BEACH, FL 33445 | DIRECTOR 2.00 | 0. | 0. | 0. |
| MILDRED LEVINE 16858 RIVER BIRCH CIRCLE DELRAY BEACH, FL 33445 | DIRECTOR 2.00 | 0. | 0. | 0. |
| ELLEN K. MILLER 16858 RIVER BIRCH CIRCLE DELRAY BEACH, FL 33445 | DIRECTOR 2.00 | 0. | 0. | 0. |
| LAWRENCE I. LEVINE 16858 RIVER BIRCH CIRCLE DELRAY BEACH, FL 33445 | DIRECTOR 2.00 | 0. | 0. | 0. |
| MICHAEL F. LEVINE 16858 RIVER BIRCH CIRCLE DELRAY BEACH, FL 33445 | DIRECTOR 2.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII | | 0. | 0. | 0. |

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

| Type or print | Enter filer's identifying number, see instructions | |
|---|--|--|
| Name of exempt organization or other filer, see instructions | Employer identification number (EIN) or | |
| ABNER & MILDRED LEVINE FAMILY FOUNDATION | 13-6172502 | |
| Number, street, and room or suite no. If a P O box, see instructions. | Social security number (SSN) | |
| 16858 RIVER BIRCH CIRCLE | | |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions | | |
| DELRAY BEACH, FL 33445 | | |

Enter the Return code for the return that this application is for (file a separate application for each return)

04

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------|-------------|
| Form 990 or Form 990-EZ | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

ABNER LEVINE

- The books are in the care of **16858 RIVER BIRCH CIRCLE - DELRAY BEACH, FL 33445**

Telephone No **561-498-1500**

FAX No

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2013.**

5 For calendar year **2012**, or other tax year beginning ☐ , and ending ☐

6 If the tax year entered in line 5 is for less than 12 months, check reason. ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

ENTITY IS WAITING FOR THIRD PARTY INFORMATION WHICH IS NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

| | | | |
|---|----|----|--------|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | \$ | 6,509. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ | 6,509. |
| c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | \$ | 0. |

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☐

Title **DIRECTOR**

Date ☐

Form 8868 (Rev. 1-2013)

May 08 13 11:47a

561-498-1559

561-498-1559

p.2

3122224015

07-28:55 p.m. 01-30-2013

1 / 1

LEGAL NOTICE

The Annual Report of the Abner and Mildred Levine Family Foundation for the year ended 12/31/2012 is available at its principal office located 14858 River Birch Circle, Delray Beach, Florida for inspection during regular business hours by any citizen who request within 180 days hereof. Principal manager of the Foundation is Abner Levine.
February 4, 2013

SUN SENTINEL PROOF

Customer: LEVINE FAMILY FOUNDATION Contact: ABNER LEVINE Phone: 5614981500
Ad Number: 14145305
Insert Dates: 02/04/2013

Section: CL Class: 745; 11745 MISCELLANEOUS Size: 1 x 13.00
Printed By: CH15 Date: 01/30/2013
Price: 30.55

Signature of Approval: _____ Date: _____