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

OMB No 1545-0052

Open to Public Inspection

Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

			ina enaing				
	me of four	EY B LEVIN CHARITABLE TRUST			A Emplo	oyer identification number	
		RT M & ELEANOR MEYERS, TRUSTE	TC		36.	-6800335	
		street (or P O box number if mail is not delivered to street address)	*	om/suite	·	hone number (see instructions	•\
		SEQUOIA LANE	l Ro	omsule		7-267-02 41	>)
		state or province, country, and ZIP or foreign postal code		•		7 207 0211	
		FIELD IL 60015			C If exer	mption application is pending,	check here
G	Check a		n of a former public ch	arıtv	D 1. Fo	reign organizations, check he	ere 🕨 🗍
•	Jiioon a	Final return Amended	•	y	1		
		Address change Name cha			1	reign organizations meeting t	
					l		, ,
	_	ype of organization X Section 501(c)(3) exempt private				ate foundation status was tern n 507(b)(1)(A), check here	ninated under
			e private foundation		ł		• 🗆
		ket value of all assets at J Accounting method	X Cash Acc	rual	1	foundation is in a 60-month te	.
	•	ear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check h	lere
	ne 16)	\$ 2,080,456 (Part I, column (d) must I	pe on cash basis)			T	
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and expenses per	(b) Net inv	vestment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	books	inco	me	ıncome	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)		¥	144	177. De v 8 1	* 3"
	2	Check X If the foundation is not required to attach Sch B				MADE OF	WED
	3	Interest on savings and temporary cash investments	18	15. Novemb - 400 - 15.	18	REUS	
	4	Dividends and interest from securities	40,303		40,303		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	5a	Gross rents	10,303	. .	10,505	[출] NOA 1	4 2014 9
						14	2 2 2
2014 Revenue	b	Net rental income or (loss)	52,546			0005	81 11T
2014 teven	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 216,014				 UGUE	
20 Sev	b	· · · · · · · · · · · · · · · · · · ·			52,546		
	7	Capital gain net income (from Part IV, line 2)		1	32,340	0	
	8	Net short-term capital gain		7 4000 38 9			
\geq	9	Income modifications		77 7			
NOV	10a	Gross sales less returns and allowances		\$ 4, 4, 4	, 5 20 6 "	1 7 7 7	
	b	Less Cost of goods sold	28 128 45 - 5 7 7 7 8 7 7 6 1				**************************************
	C	Gross profit or (loss) (attach schedule) Other income (attach schedule) STMT 1	-21,616	_	21,616		* * * * * * * * * * * * * * * * * * *
	11		71,251	†	71,251	0	
SCANNED	12	Total. Add lines 1 through 11	71,251		11,231	<u> </u>	<i>5</i> 2
Sa	13	Compensation of officers, directors, trustees, etc	0	.			
¥* SI	14	Other employee salaries and wages					
ad	15	Pension plans, employee benefits					
ŭ	16a	Legal fees (attach schedule) Accounting fees (attach schedule) STMT 2	3,100	<u> </u>		· · · · · · · · · · · · · · · · · · ·	3,100
Ş	b	Accounting fees (attach schedule) STMT 2 Other professional fees (attach schedule)	3,100				3,100
jį.	C	• •	673	-	673	1	
SC Operating and Administrative Expenses	17	Interest Taxes (attach schedule) (see instructions) STMT 3	6,174		6,174		
nis Si	18		0,1/4		0,1/4	1	· *
Ë	19	Depreciation (attach schedule) and depletion					***
Ad	20	Occupancy			• •		-
ğ	21	Travel, conferences, and meetings					
a	22	Printing and publications Other expenses (att. sch.) STMT 4	4,628		4,628		
ng	23	out on periods (and activ)	4,028		4,028		
ati	24	Total operating and administrative expenses.	14 575		11 475		3 100
Je.		Add lines 13 through 23	14,575	•	11,475		
ŏ	25	Contributions, gifts, grants paid	91,000			1".	91,000
	26	Total expenses and disbursements. Add lines 24 and 25	105,575	 	11,475	1	94,100
	27	Subtract line 26 from line 12	_34 334				A CONTRACTOR
	a	Excess of revenue over expenses and disbursements	-34,324	·	E0 776		* 23 AE^ X & D
	þ	Net investment income (if negative, enter -0-)			59,776		N S 45 4 5 5 5
	C	Adjusted net income (if negative, enter -0-)	1 3868 35	1 * * 3	1 1 1/2 2 2 3	1 0	ATH WASSE

Part IV Capital Gains a	nd Losses for Tax on Investment	Income				
	ribe the kind(s) of property sold (e.g., real estate, arehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date acq (mo , day,		(d) Date sold (mo , day, yr)
1a SEE WORKSHEET						
b						
С						
_ d			ļ			
е						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis ense of sale		(h) Gain (e) plus (f)	
a						
_b						
d d				<u> </u>		
e						
	g gain in column (h) and owned by the found	lation on 12/31/69	9	m.c	ana (Cal	(h)
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	ss of col (i) (j), if any	col (H		(h) gain minus ess than -0-) or om col (h))
а						
b						
С						
d						·
e						
2 Capital gain net income or (net c	apital loss) If gaɪn, also enter ın Pa If (loss), enter -0- ın Paı			2		52,546
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) and (6)	_				
• ,	, column (c) (see instructions) If (loss), enter	r -0- in				=4 00=
Part I, line 8 Part V Qualification U	nder Section 4940(e) for Reduced		<u> </u>	3		
If section 4940(d)(2) applies, leave the	foundations subject to the section 4940(a) this part blank tion 4942 tax on the distributable amount of lify under section 4940(e) Do not complete t	any year in the ba				Yes X No
1 Enter the appropriate amount in	each column for each year, see the instruction	ons before makin	g any entries			
(a) Base period years Calendar year (or tax year beginning ii	(b) Adjusted qualifying distributions	Net valu	(c) e of noncharitable-use assets			(d) ribution ratio livided by col. (c))
2012	64,9		1,557,6	503		0.041699
2011	74,9		1,541,3	365		0.048593
2010	63,8		1,380,8			0.046252
2009	73,3		1,133,6			0.064703
2008	79,3	386	1,545,5	988	·	0.051363
2 Total of line 1, column (d)				2		0.252610
-	5-year base period – divide the total on line has been in existence if less than 5 years	2 by 5, or by the		3		0.050522
4 Enter the net value of noncharita	ble-use assets for 2013 from Part X, line 5			4		1,784,385
5 Multiply line 4 by line 3				5		90,151
6 Enter 1% of net investment incom	me (1% of Part I, line 27b)			6		598
7 Add lines 5 and 6				7		90,749
8 Enter qualifying distributions from	n Part XII, line 4			8		94,100
If line 8 is equal to or greater that Part VI instructions	n line 7, check the box in Part VI, line 1b, an	nd complete that p	oart using a 1% tax rat	e See the	<u>. </u>	

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		B HEVIN CHARTTABLE TRUST		5600333			<u>Р</u>	age b
		Regarding Activities for Which Form	4720 May Be R	Required (cont	inued)			
5a	During the year did the foundat				()	4		
		herwise attempt to influence legislation (section	` ''	Y	res 🗓 No		\ \$	\$
		ny specific public election (see section 4955), or	to carry on,		. 🖼		14 34 ·	,
	directly or indirectly, any vo				res X No	2.5	* -	* 1
		dual for travel, study, or other similar purposes?		<u> </u>	res X No	x**	4 5	20 1
	•	ization other than a charitable, etc , organization	described in		. 🖼	.*	*	
), or section 4940(d)(2)? (see instructions)		Y	res 🗶 No			
		ner than religious, charitable, scientific, literary, o	r educational			á.		
_	• •	tion of cruelty to children or animals?			res X No			
b		(5), did any of the transactions fail to qualify und		scribed in	/-			1
	-	in a current notice regarding disaster assistance	,		N/A	5b		
		ent notice regarding disaster assistance check he			▶ 📑	*	`	1
С		on 5a(4), does the foundation claim exemption fro	om the tax	/- 🗆				- 4
	because it maintained expendit			N/A 📗 Y	′es ∐ No	12 · 🛊	8 ′&	·>>
_		equired by Regulations section 53 4945–5(d)				3 €. 4		į.
6a	_ ·	ear, receive any funds, directly or indirectly, to pa	ay premiums		()		,	
_	on a personal benefit contract?				res X No	-		
b		ear, pay premiums, directly or indirectly, on a pe	rsonal benefit contra	ct?		6b		X
_	If "Yes" to 6b, file Form 8870				••	, I		3 1
		was the foundation a party to a prohibited tax sh			res X No	<u> </u>		
		eive any proceeds or have any net income attribu			N/A	7b		L
Pi		bout Officers, Directors, Trustees, F	oundation Man	agers, Hignly	Paid Employ	ees,		
4 1	and Contracto		4141	4		· · ·		
<u> </u>	List all onicers, directors, trus	tees, foundation managers and their compen	sation (see instruc	tions).		,		
			(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(a) Evn	ense ad	count
	(a)	Name and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		allowa	
					compensation		-	
	BERT M MEYERS MD	DEERFIELD	TRUSTEE					
	0 SEQUOIA LANE	IL 60015	0.00	0	0			0
	EANOR MEYERS	DEERFIELD	TRUSTEE		_			
16	O SEQUOIA LANE	IL 60015	0.00	<u> </u>	0			0
		·						
_	O	4 - 14 1 - 1 - 1 - 1 - 1		1	L			
2	"NONE."	t-paid employees (other than those included	on line 1 – see ins	tructions). It non	e, enter			
	HORL.		 			Γ		
	(a) Name and address of each	th employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit	(e) Exp	ense ad	ccount,
	(a) Name and address of each	ar employee paid more than \$50,000	devoted to position	(c) compensation	plans and deferred compensation	other	r allowa	nces
	ONE			 	compensation	}-		
140	ME							
				 		 		
			+	 		\vdash		
				1				
			 					
						1		
	· · · · · · · · · · · · · · · · · · ·		·	 				
						1		
`ota	I number of other employees pa	id over \$50 000		<u> </u>	l		1	0
			· ·· ··			orm 99	U-DE	
					r	onn J J	√ -г г	(∠∪13)

Form 990-PF (2013) HARVEY B LEVIN CHARITABLE TRUST	36-6800335	Page 7
Part VIII Information About Officers, Directors, Trustees, Four and Contractors (continued)	ndation Managers, Highly Paid En	ployees,
3 Five highest-paid independent contractors for professional services (see ins	tructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		-
Total number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information organizations and other beneficiaries served, conferences convened, research papers produced, etc.	on such as the number of	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see inst	tructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
2		
All other program-related investments. See instructions	,	
3		

Total. Add lines 1 through 3

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94,100

93,502

598

3a

3b

4

5

3

b

4

5

6

Amounts set aside for specific charitable projects that satisfy the

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Suitability test (prior IRS approval required)

Enter 1% of Part I, line 27b (see instructions)

Cash distribution test (attach the required schedule)

Pa	rt XIII Undistributed Income (see instructions)	<u> </u>			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2013 from Part XI,	Corpus	Years prior to 2012	2012	2013
	line 7		2	- 1 % 1 1 1	88,621
2	Undistributed income, if any, as of the end of 2013			, ,	
	Enter amount for 2012 only			62,775	
b	Total for prior years 20 , 20 , 20			***	<u> </u>
3	Excess distributions carryover, if any, to 2013		, ,	, , ,	
а	From 2008		, ,	, , , , , , , , , , , , , , , , , , , ,	
b	From 2009	*, *	· .	, , , , , , , , , , , , , , , , , , , ,	
	From 2010	, , , , ,			
d	From 2011	, , ,			
	From 2012	,, ;; l i			
f	Total of lines 3a through e				
4	Qualifying distributions for 2013 from Part XII,				
	line 4. ▶ \$94,100			: 4: 111.5	
	Applied to 2012, but not more than line 2a			62,775	<u> </u>
b	Applied to undistributed income of prior years				· , , , , , , , , , , , , , , , , , , ,
	(Election required – see instructions)		**	~.4331	<u> </u>
С	Treated as distributions out of corpus (Election			1 7 1 3	
	required – see instructions)			, , , , , ,	
	Applied to 2013 distributable amount				31,325
е	Remaining amount distributed out of corpus				* *
5	Excess distributions carryover applied to 2013				33%
	(If an amount appears in column (d), the same				.
	amount must be shown in column (a))		· , ;		
6	Enter the net total of each column as				
	indicated below:	A V			` * * ;
	Corpus Add lines 3f, 4c, and 4e Subtract line 5			X 9 % &	· · · · · · · · · · · · · · · · · · ·
b	Prior years' undistributed income Subtract				
	line 4b from line 2b			, , , , , , , , , , , , , , , , , , , ,	31 **
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
ن د	tax has been previously assessed			-2-2-1157-4 -11888.	
a	Subtract line 6c from line 6b Taxable				
_	amount – see instructions) ă .	8 8 7	
е	Undistributed income for 2012 Subtract line				Ŷ.
	4a from line 2a Taxable amount – see instructions				4:
f	Undistributed income for 2013 Subtract lines			1, 19	***
•	4d and 5 from line 1 This amount must be	, ,			
	distributed in 2014				57,296
7	Amounts treated as distributions out of corpus				23 8 8
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2008 not				
•	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2014.			. 111111	3 2
•	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9		*	73 13 13 13 13 13 13 13 13 13 13 13 13 13	¥.
а	Excess from 2009				
b	Excess from 2010	1		2 4 2 4	
c	Excess from 2011				
d	Excess from 2012				1 3 % % 1
e	Excess from 2013			Minis Mil	

3 Grants and Contributions Paid During the	Year or Approved for F	uture Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year SEE STATEMENT 6				91,000
		1		<u> </u>
Total		1	▶ 3a	91,00
b Approved for future paymentN/A				
N/A				
Total			▶ 3b	
				000 DE

Enter gross amounts unless otherwise indicated	Unrelate	d business income	Excluded	by section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue					(000 1134 204013)
a		 			
b	-				
c					
d					
e	 				
a Food and contracts from accomment accoming					
g Fees and contracts from government agencies					
2 Membership dues and assessments	<u> </u>		14	18	
 Interest on savings and temporary cash investments Dividends and interest from securities 			14	40,303	
5 Net rental income or (loss) from real estate			+	40,303	
			1		
a Debt-financed property b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			15	3	
8 Gain or (loss) from sales of assets other than inventory			14	52,546	
9 Net income or (loss) from special events			+	32,310	
10 Gross profit or (loss) from sales of inventory		<u>.</u>			
11 Other revenue a	-				
b DRAKES LANDING (K-1) OTH LOSS			14	-21,512	
c DRAKES LANDING (K-1) RENTAL			14	27	
d DRAKES LANDING (K-1) OTH INC			14	104	
			14	-238	
e DRAKES LANDING TWO (K-1) OTH			_	E4 0E4	0
			0	/1,251	U
12 Subtotal Add columns (b), (d), and (e)			U _I	71,251	
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)			<u> </u>	13	71,251
12 Subtotal Add columns (b), (d), and (e)	complishm			13	
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)		ent of Exempt I	Purpose	13	
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income is accomplishment of the foundation's exempt purpose	s reported in co	ent of Exempt I	Purpose	13s ted importantly to the	71,251
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12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income is accomplishment of the foundation's exempt purpose	s reported in co	ent of Exempt I	Purpose	13s ted importantly to the	71,251
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income is accomplishment of the foundation's exempt purpose	s reported in co	ent of Exempt I	Purpose	13s ted importantly to the	71,251
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income is accomplishment of the foundation's exempt purpose	s reported in co	ent of Exempt I	Purpose	13s ted importantly to the	71,251
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income is accomplishment of the foundation's exempt purpose	s reported in co	ent of Exempt I	Purpose	13s ted importantly to the	71,251
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income is accomplishment of the foundation's exempt purpose	s reported in co	ent of Exempt I	Purpose	13s ted importantly to the	71,251
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income is accomplishment of the foundation's exempt purpose	s reported in co	ent of Exempt I	Purpose	13s ted importantly to the	71,251

		Exempt Organiza	ations							
1	Did the orga	nization directly or indi	rectly engage	n any of the follo	wing with any of	ther organization described		T 🐫 🗸	Yes	No
						ction 527, relating to political			%	
	organization	s?							*	
а	Transfers fro	om the reporting found	ation to a non	ncharitable exempt	t organization of					
	(1) Cash							1a(1)		X
	(2) Other as	ssets						1a(2)	L	X
b	Other transa	actions						a mo cap collection to the		
	(1) Sales of	fassets to a noncharita	able exempt o	organization				1b(1)		X
	(2) Purchas	ses of assets from a no	ncharitable e	xempt organizatio	n			1b(2)		X
	(3) Rental of	of facilities, equipment,	or other asse	ets				1b(3)		X
	(4) Reimbu	rsement arrangements	•					1b(4)		X
	(5) Loans o	r loan guarantees						1b(5)	ļ	X
	• •	ance of services or me	•	-				1b(6)		X
	•	acılıties, equipment, ma	-		• •			1c		X
d			-	_		nn (b) should always show the fair				
		-	_		_	he foundation received less than				
						the goods, other assets, or servic				
	a) Line no	(b) Amount involved	(c) Name	of noncharitable exemp	ot organization	(d) Description of transfers, tr	ansactions, and sharing a	rangeme	ents	
N/I	<u> </u>									
					-					
			-							
							••			
										
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				-						
										
										
			-		-	· · · · · · · · · · · · · · · · · · ·				
							.			
	•									
2a	Is the found	ation directly or indirec	tly affiliated w	vith, or related to, o	one or more tax-	exempt organizations				
	described in	section 501(c) of the	Code (other ti	han section 501(c))(3)) or in section	n 527?		Y	es X	No
b	If "Yes," con	nplete the following sch	nedule							
	<u>`</u>	a) Name of organization		(b) Type of o	rganization	(c) Descri	ption of relationship			
1	1/A									
	Linderne	solves of negure I dealers the	at I baya ayamına	ed this return including	aacompaniana sabaa	dules and statements, and to the best of my	knowledge and belief it	o to io		
						hich preparer has any knowledge			-	
C:	_						May the IRS disc with the prepared			
Sigr		VII	0.0		10%	, 2 a ć	(see instructions)? X	Yes	No
Here	T NV	Tobal 1	1////		المرابر	9/4 L TRUS				
	Sign	ature of officer or trustee	 			Title	7166			
	- 	•	/		Daniel Daniel		Deta		Т	
	Print/Ty	pe preparer's name	<i>'</i>		Preparer's signatu	nie.	Date		Check	\Box
Paid	PDTAI	N J. YAGODA					12/1 :	7/14	sen-en	ployed
Prep	arer	name DAVII	J. MI	LLER & AS	SOCIATE	S, LLP		089	6248	-
Use (Only			OOK RD ST		-,		-371		
	rimsa				5-5233			7-26		
-	<u> </u>				<u> </u>			Form 9		

Form 990-PF	Capital Gains and Los			ome 	2013
	For calendar year 2013, or tax year beginn	ng ,	and ending		Alfantic - No. 1
ame Harvey b lev	IN CHARITABLE TRUST			Employer Iden	itification Number
	ELEANOR MEYERS, TRUSTI	ES		36-6800	335
	st and describe the kind(s) of property sold, e.g., real est story brick warehouse, or common stock, 200 shs. MLC		How acquired P-Purchase	(C) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
VANGUARD E	EQUITY INCOME FUND ADM		D-Donation P	07/15/03	08/14/13
VANGUARD E			P	07/15/03	12/20/13
VANGUARD E		···	P	07/15/03	12/24/13
VANGUARD E			P	07/15/03	12/26/13
VANGUARD E	EQUITY INCOME FUND ADM		P	07/15/03	12/27/13
VANGUARD E			P	07/15/03	02/22/13
	INTL VALUE FUND		P	07/15/03	04/09/13
DRAKES LAN			P	12/31/13	12/31/13
DRAKES LAN			P	12/31/13	12/31/13
0) DRAKES LAN	NDING FD TWO (K-1) LT NUTUAL FUND CGD		P	12/31/13	12/31/13
1) VANGUARD N 2)	TOTOALL FOND CGD				
3)					
4)					
5)				<u></u>	
, , , , , , , , , , , , , , , , , , , ,	2 kg - 3	1.60	•	' } d :	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale		(h) Gain (e) plus (f)	or (loss) minus (g)
10,0	00	7,	335		2,665
10,0	00		168	-	2,832
10,0	00		115		2,885
10,0			075		2,925
10,0			064		2,936
10,0			081		1,919
50,0	100		565		4,435
102,7	03		065		74,065 02,703
$\frac{102,7}{0}$					1,425
1) 1,8					1,886
2)					2,000
3)					
4)					
5)					
· · · · · · · · · · · · · · · · · · ·	Professional Contraction of the	* ** ***	`	11	\$. <i>:</i> ;
(i) FMV as of 12/31/6	ets showing gain in column (h) and owned (j) Adjusted basis as of 12/31/69	y the foundation on 12/31/69 (k) Excess of column over col (i), if any	(1)	col (k), but not les	(h) gain minus s than -0-) Or
· · · · · · · · · · · · · · · · · · ·	as of 12/31/03	over cor (j), it aris		Losses (from	
)					2,665 2,832
)					2,885
)			-		2,925
)				•	2,936
)					1,919
)					4,435
)					74,065
)				1	02,703
0)					1,425
u)			The state of the s		1 00/
1)					1,886
1) 2)					1,886
0) 1) 2) 3)					1,886

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Feder	

36-6800335

Statement 1 - Form 990-PF, Part I, Line 11 - Other Income	
it 1.	Income
it 1.	Other
it 1.	•
it 1.	~
it 1.	_
it 1.	Line
it 1.	
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it 1.	990
it 1.	Form
Statement 1	ı
Statement	$\overline{}$
	Statement

Adjusted Net Income	\$ \$
Net Investment Income	\$ 3 -21,512 27 104 -238 \$ -21,616
Revenue per Books	\$ -21,512 27 27 104 -238 \$ -21,616
Description	DRAKES LANDING (K-1) ROYALTY DRAKES LANDING (K-1) OTH LOSS DRAKES LANDING (K-1) RENTAL DRAKES LANDING (K-1) OTH INC DRAKES LANDING TWO (K-1) OTH

Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Charitable Purpose		0
Adjusted Net	05	0
۱	ဟ	w.
Net Investment	83 11 40 6,040	6,174
<u>r</u>	ᡐ	တ က
Total	83 11 40 6,040	6,174
	ψ.	တ
Description	FOREIGN TAX WITHHELD (K-1) FOREIGN TAX WITHHELD (K-1) FOREIGN TAX WITHHELD FEDERAL EXCISE TAX	TOTAL

•	•	Charitable Purpose	0		Fair Market Value	1,201,449 7,312 141,660 8,424 36,505 212,408 212,408 466,332 2,074,661		Amount	3,500 3,500 5,000 12,000
	enses	Adjusted Net	w w	tments	Basis of Fa Valuation	COST COST COST COST COST COST COST COST	ons Paid During the	Purpose	BLE PURPOSES BLE PURPOSES BLE PURPOSES BLE PURPOSES
tatements	Part I, Line 23 - Other Expenses	Net Investment	\$ 4,263 365 \$ 4,628	t II, Line 13 - Other Investments	End of Year	\$ 919,250 14,614 70,958 6,776 28,652 139,073 328,235 \$ 1,508,124	- Grants and Contributions Paid During the ar		RITY GENERAL CHARITA E 1620 RITY GENERAL CHARITA E 1424 RITY GENERAL CHARITA E #24 RITY GENERAL CHARITA
Federal Statements	- Form 990-PF,	Total	\$ 4,263 365 \$ 4,628	t 5 - Form 990-PF, Part II, Line	Beginning of Year	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Part	Address Relationship Status	CIRCLE N PUBL (PUBL (PUBL (PUBL (PUBL (PUBL (ILWAUKEE PUBL (
36-6800335	Statement 4	Description	EXPENSES DRAKES LANDING (K-1) DRAKES LANDING FUND TWO (K-1) TOTAL	Statement 5 - For	Description	DRAKES LANDING PARTNERSHIP DRAKES LANDING INV FUND TWO LP 6632 SH VANGUARD DIVIDEND GROWTH FD 135 SH VANGUARD EQUITY INCOME FUND 977 SH VANGUARD INTERNATIONAL VALUE 7080 SH VANGUARD STRATEGIC EQUITY FD 53 SH VANGUARD ST FED INV FD 2737 SH VANGUARD 500 INDEX FD	Statement 6 - Form 990-PF	Name Address Re	036 N/A N/A 015 N/A

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36-6800335

Statement 6 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name	Ac	Address			
Address	Relationship	Status	Purpose	96	Amount
GOODMAN THEATRE	170 N DEARBORN	ORN			
CHICAGO IL 60601	N/A	PUBL CHARITY	PUBL CHARITY GENERAL CHARITABLE PURPOSES	URPOSES	2,500
READING POWER INC	736 N WESTE	IESTERN AVE STE 226	9		
LAKE FOREST IL 60045	N/A	PUBL CHARITY	PUBL CHARITY GENERAL CHARITABLE PURPOSES	URPOSES	4,000
STEPPENWOLF THEATER	758 W NORTH AVENUE	AVENUE			
CHICAGO IL 60610	N/A	PUBL CHARITY	PUBL CHARITY GENERAL CHARITABLE PURPOSES	URPOSES	1,500
TIMELINE THEATRE COMPANY	615 W WELLIGTON AVE	GTON AVE			
CHICAGO IL 60657	N/A	PUBL CHARITY	PUBL CHARITY GENERAL CHARITABLE PURPOSES	URPOSES	2,000
WORLD SECURITY INSTITUTE	1779 MASSAC	1779 MASSACHUSETTES AVE N	Z		
WASHINGTON DC 20036	N/A	PUBL CHARITY	PUBL CHARITY GENERAL CHARITABLE PURPOSES	URPOSES	20,000
WRITERS THEATRE	376 PARK AVE	띮			
GLENCOE IL 60022	N/A	PUBL CHARITY	PUBL CHARITY GENERAL CHARITABLE PURPOSES	VRPOSES	2,000
THEATER ASPEN	110 E HALLAM ST	M ST			
ASPEN CO 81611	N/A	PUBL CHARITY	PUBL CHARITY GENERAL CHARITABLE PURPOSES	URPOSES	5,000
TOTAL				1	91,000

Folm 88

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

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 If you are t 	filing for an Automatic 3-Month Extension, comple filing for an Additional (Not Automatic) 3-Month Ex	tension, co	mplete only Part II (on page			▶ X
Do not compl	lete Part II unless you have already been granted an	automatic 3	-month extension on a previo	usly filed Form 886	8	
Electronic fili	ing (e-file). You can electronically file Form 8868 if yo	u need a 3-r	month automatic extension of	time to file (6 mont	ns for	
a corporation i	required to file Form 990-T), or an additional (not auto	matic) 3-mo	nth extension of time. You cal	n electronically file I	Form	
3868 to reque	st an extension of time to file any of the forms listed in	Part I or Pa	rt II with the exception of Forr	n 8870, Information		
	nsfers Associated With Certain Personal Benefit Conf		•	•		
	For more details on the electronic filing of this form, vis				fits.	
Part I	Automatic 3-Month Extension of Time	. Only sub	mıt original (no copies i	needed)		
•	required to file Form 990-T and requesting an automa	itic 6-month	extension – check this box an	d complete		. \Box
Part I only						▶ 📙
•	orations (including 1120-C filers), partnerships, REMIC	cs, and trusts	s must use Form 7004 to requ	iest an extension of	time	
o file income t	tax returns		_			
			E			r, see instructions
Type or	Name of exempt organization or other filer, see inst			Employer identific	ation number	er (EIN) or
orint	HARVEY B LEVIN CHARITABLE			36-680033	25	
	ROBERT M & ELEANOR MEYERS		TEES			
ile by the lue date for	Number, street, and room or suite no If a PO box, 160 SEQUOIA LANE	see instruct	ions	Social security nu	mber (55N)	
iling your	City, town or post office, state, and ZIP code For a	foreign addr	oss socillatriations			
eturn See nstructions		60015	,			
istructions						
Enter the Retu	irn code for the return that this application is for (file a	separate ap	plication for each return)			04
Application		Return	Application			Return
ls For		Code	ls For			Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)			07
Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08						
Form 4720 ((individual)	03	Form 4720 (other than indi	vidual)		09
Form 990-PI	F	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
	ROBERT M MEYERS MD					
	160 SEQUOIA LANE					
 The books a 	are in the care of DEERFIELD				IL	60015
-	No ▶ 847-267-0241	FAX No				. \Box
J	nization does not have an office or place of business					▶ ⊔
	r a Group Return, enter the organization's four digit G			If this is		
	group, check this box	the group, c	heck this box	and attach		
	names and EINs of all members the extension is for					
	t an automatic 3-month (6 months for a corporation re $8/15/14$, to file the exempt organization retur					
	organization's return for	n for the org	anization named above The	extension is		
	calendar year 2013 or					
	Calefford year					
▶ 🗍 :	tax year beginning , and ending					
_	year entered in line 1 is for less than 12 months, che	ck reason	Initial return Fi	nal return		
_	hange in accounting period	ok reason		na retain		
	oplication is for Forms 990-BL, 990-PF, 990-T, 4720, o	or 6069, ente	er the tentative tax, less any			
	ndable credits See instructions	,	in the same same	3a	\$	2,533
	oplication is for Forms 990-PF, 990-T, 4720, or 6069,	enter any ref	undable credits and		1	
•	ed tax payments made Include any prior year overpay	•		3b	\$	2,533
	e due. Subtract line 3b from line 3a Include your payr					
EFTPS ((Electronic Federal Tax Payment System) See instru	ctions		3c	\$	0
	are going to make an electronic funds withdrawal (direct debit)		8868, see Form 8453-EO and Fo	rm 8879-EO for payme	nt instructions	

Form 8868 (R	ev 1-2014)						Page 2
	filing for an Additional (Not Automatic) 3-Month Ex	ctension, co	mplete only Part II and chec	k this box			▶ X
Note. Only co	mplete Part II if you have already been granted an au	tomatic 3-mo	onth extension on a previously	filed Form 886	8.		
If you are	filing for an Automatic 3-Month Extension, comple	ete only Part	I (on page 1)		<u></u>		
Part II	Additional (Not Automatic) 3-Month E	xtension o	of Time. Only file the or	riginal (no co	pies	needed).	
	 		E	nter filer's ide	ntifyi	ng number,	see instructions
Type or	Name of exempt organization or other filer, see ins			Employer ide	ntıfica	ation number	(EIN) or
print	HARVEY B LEVIN CHARITABLE					_	
File by the	ROBERT M & ELEANOR MEYERS	s, TRUS	TEES	36-680	<u> </u>	<u>5</u>	
due date for	Number, street, and room or suite no. If a P.O. box	, see instruct	tions	Social securi	ty nur	nber (SSN)	
filing your	160 SEQUOIA LANE					<u>.</u>	
return See instructions	City, town or post office, state, and ZIP code. For a						
	DEERFIELD II	60015)			 -	
Enter the Retu	urn code for the return that this application is for (file a	a separate ap	pplication for each return)				04
Application		Return	Application				Return
Application	'	Code	8 . `.`				
Is For	Form 990-EZ	01	Is For			- (1) 10 1	Code
Form 990-B		02	Form 1041-A	<u> </u>	<u>'</u>	" , jå;" k	08
Form 4720 (03	Form 4720 (other than indir	vidual)			09
Form 990-P		04	Form 5227	vidual)			10
	(sec. 401(a) or 408(a) trust)	05	Form 6069	_			11
	(trust other than above)	06	Form 8870				12
	t complete Part II if you were not already granted						<u></u>
• If this is for for the whole of list with the na 4 I reques 5 For cale 6 If the tax Character Character Character INFC	Inization does not have an office or place of business or a Group Return, enter the organization's four digit of group, check this box If it is for partitions and EINs of all members the extension is for the extension of time until Indian year 2013, or other tax year beginning a year entered in line 5 is for less than 12 months, checking in accounting period detail why you need the extension DRMATION NECESSARY TO FILE LIVED FROM THIRD PARTIES.	t of the group /17/14 eck reason:	, and ending	. If this is and attace		HAS N	OT BEEN
	oplication is for Form 990-BL, 990-PF, 990-T, 4720, ondable credits. See instructions	r 6069, enter	the tentative tax, less any		8a	s	2,533
	oplication is for Form 990-PF, 990-T, 4720, or 6069, e	enter any refu	indable credits and		0.1	<u> </u>	
estimate	ed tax payments made. Include any prior year overpay	yment allowe	d as a credit and any		- 1		
amount	paid previously with Form 8868				8b	\$	2,533
c Balance	e due. Subtract line 8b from line 8a. Include your pays	ment with thi	s form, if required, by using E	FTPS			
(Electro	nic Federal Tax Payment System) See instructions				8c	\$	0
	Signature and Verific	cation mu	st be completed for P	art II only.			
	es of perjury, I declare that I have examined this form, or being, it is true, correct, and complete, and that I an			statements, and	i to th	e best of my	
Signature >		Tr	tle CPA			Date Form	8868 (Rev 1/2014)