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EXTENDED TO AUGUST 17, 2015
Return of Private Foundation

OMB No. 1545-0052

Form **990-PF**

Department of the Treasury
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.

2014

Open to Public Inspection

For calendar year 2014 or tax year beginning

, and ending

Name of foundation

ELAINE GORBACH LEVINE
CHARITABLE FOUNDATION, INC

Number and street (or P O box number if mail is not delivered to street address)

C/O J. PECK 4996 WARREN ST., NW

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

WASHINGTON, DC 20016

G Check all that apply

| | | | |
|--------------------------|----------------|--------------------------|---|
| <input type="checkbox"/> | Initial return | <input type="checkbox"/> | Initial return of a former public charity |
| <input type="checkbox"/> | Final return | <input type="checkbox"/> | Amended return |
| <input type="checkbox"/> | Address change | <input type="checkbox"/> | Name change |

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 |

I Fair market value of all assets at end of year (from Part II, col. (c), line 16)

► \$ 200,311. (Part I, column (d) must be on cash basis.)

J Accounting method

Cash

Accrual

Other (specify)

A Employer identification number

13-4053212

B Telephone number

(202) 362-7325

C If exemption application is pending, check here ►

D 1. Foreign organizations, check here ►

2 Foreign organizations meeting the 85% test, check here and attach computation ►

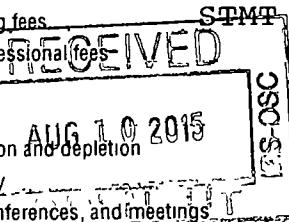
E If private foundation status was terminated under section 507(b)(1)(A), check here ►

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ►

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))

| Revenue | (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 | | | N/A | |
| 2 Check ► <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B | | | | |
| 3 Interest on savings and temporary cash investments | | | | |
| 4 Dividends and interest from securities | | | | |
| 5a Gross rents | | | | |
| b Net rental income or (loss) | | | | |
| 6a Net gain or (loss) from sale of assets not on line 10 | | | | |
| b Gross sales price for all assets on line 6a | 110,904. | | | |
| 7 Capital gain net income (from Part IV, line 2) | | | | |
| 8 Net short-term capital gain | | | | |
| 9 Income modifications | | | | |
| Gross sales less returns and allowances | | | | |
| b Less Cost of goods sold | | | | |
| c Gross profit or (loss) | | | | |
| 11 Other income | | | | |
| 12 Total. Add lines 1 through 11 | 23,947. | 23,947. | | |
| 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 | 7,828. | 7,828. | | |
| c Other professional fees | | | | |
| 17 Interest | | | | |
| 18 Taxes | | | | |
| 19 Depreciation and depletion | | | | |
| 20 Occupancy | | | | |
| 21 Travel, conferences, and meetings | | | | |
| 22 Printing and publications | | | | |
| 23 Other expenses | 7,016. | 7,016. | 0. | |
| 24 Total operating and administrative expenses. Add lines 13 through 23 | 14,844. | 14,844. | 0. | |
| 25 Contributions, gifts, grants paid | 65,000. | | | 65,000. |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 79,844. | 14,844. | | 65,000. |
| 27 Subtract line 26 from line 12 | -55,897. | | | |
| a Excess of revenue over expenses and disbursements | | | | |
| b Net investment income (if negative, enter -0-) | | 9,103. | | |
| c Adjusted net income (if negative, enter -0-) | | | N/A | |

SCANNED AUG 13 2015



| 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 | 9,684. | 6,902. | 6,902. | |
| | 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 | STMT 4 | 97,596. | 0. | 0. |
| Liabilities | 11 | Investments - land, buildings, and equipment basis ► | | | | |
| | | Less accumulated depreciation | | | | |
| | 12 | Investments - mortgage loans | | | | |
| | 13 | Investments - other | STMT 5 | 184,190. | 228,671. | 193,409. |
| | 14 | Land, buildings, and equipment basis ► | | | | |
| | | Less accumulated depreciation | | | | |
| | 15 | Other assets (describe ►) | | | | |
| | 16 | Total assets (to be completed by all filers - see the instructions Also, see page 1, item I) | | 291,470. | 235,573. | 200,311. |
| | 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 ► <input type="checkbox"/> | | | | | |
| | and complete lines 24 through 26 and lines 30 and 31. | | | | | |
| | 24 | Unrestricted | | | | |
| | 25 | Temporarily restricted | | | | |
| | 26 | Permanently restricted | | | | |
| | Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> | | | | | |
| | and complete lines 27 through 31. | | | | | |
| | 27 | Capital stock, trust principal, or current funds | | 41,281. | 41,281. | |
| | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | 0. | 0. | |
| | 29 | Retained earnings, accumulated income, endowment, or other funds | | 250,189. | 194,292. | |
| | 30 | Total net assets or fund balances | | 291,470. | 235,573. | |
| | 31 | Total liabilities and net assets/fund balances | | 291,470. | 235,573. | |

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 | 291,470. |
| 2 | Enter amount from Part I, line 27a | 2 | -55,897. |
| 3 | Other increases not included in line 2 (itemize) ► | 3 | 0. |
| 4 | Add lines 1, 2, and 3 | 4 | 235,573. |
| 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 | 235,573. |

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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 | MORGAN STANLEY - SEE ATTACHED | P | VARIOUS | VARIOUS |
| b | MORGAN STANLEY - SEE ATTACHED | P | VARIOUS | VARIOUS |
| c | MORGAN STANLEY - SEE ATTACHED | P | VARIOUS | VARIOUS |
| d | CAPITAL GAINS DIVIDENDS | | | |
| 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 | 14,081. | | 15,000. | -919. |
| b | 60,450. | | 46,831. | 13,619. |
| c | 30,604. | | 30,303. | 301. |
| d | 5,769. | | | 5,769. |
| e | | | | |
| | Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 |
| | | | | |
| 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 | 18,770. |
| 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 | N/A |

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)) |
|--|--|--|---|
| 2013 | 75,515. | 278,207. | .271435 |
| 2012 | 73,490. | 328,478. | .223729 |
| 2011 | 63,003. | 390,659. | .161274 |
| 2010 | 101,653. | 478,798. | .212309 |
| 2009 | 86,394. | 593,556. | .145553 |

2 Total of line 1, column (d)

2 1.014300

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 .202860

4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5

4 225,843.

5 Multiply line 4 by line 3

5 45,815.

6 Enter 1% of net investment income (1% of Part I, line 27b)

6 91.

7 Add lines 5 and 6

7 45,906.

8 Enter qualifying distributions from Part XII, line 4

8 65,000.

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

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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 | 1 | 91. |
| Date of ruling or determination letter | (attach copy of letter if necessary-see instructions) | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b | 1 | 91. |
| c | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | 0. |
| 3 | Add lines 1 and 2 | 3 | 91. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | 0. |
| 5 | Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0- | 5 | 91. |
| 6 | Credits/Payments | | |
| a | 2014 estimated tax payments and 2013 overpayment credited to 2014 | 6a | 175. |
| b | Exempt foreign organizations - tax withheld at source | 6b | 24. |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c | |
| d | Backup withholding erroneously withheld | 6d | |
| 7 | Total credits and payments Add lines 6a through 6d | 7 | 199. |
| 8 | Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached | 8 | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | 108. |
| 11 | Enter the amount of line 10 to be Credited to 2015 estimated tax ► | 108. | Refunded ► 11 0. |

Part VII-A | Statements Regarding Activities

| | | Yes | No |
|----|--|------|----|
| 1a | | X | |
| 1b | | X | |
| 1c | | X | |
| 2 | | X | |
| 3 | | X | |
| 4a | | X | |
| 4b | | | |
| 5 | | X | |
| 6 | | X | |
| 7 | | X | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) ► | NONE | |
| 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 | 8b | 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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV | 9 | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | 10 | X |

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Part VII-A Statements Regarding Activities (continued)

| | | |
|-----------------------|--|--|
| 11 | | X |
| 12 | | X |
| 13 | X | |
| Website address ► N/A | | |
| 14 | The books are in care of ► JOANNE C. PECK Located at ► 4996 WARREN ST., NW, WASHINGTON, DC | Telephone no ► 202-362-7325 ZIP+4 ► 20016 |
| 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 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If "Yes," enter the name of the foreign country ► | |

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

| File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | 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 ► <input type="checkbox"/> 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 2014? ► <input type="checkbox"/> N/A | 1c | X |
| 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(i)(3) or 4942(i)(5)) | | |
| a | At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | If "Yes," list the years ► _____ | | |
| 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) ► <input type="checkbox"/> 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 ► _____ | | |
| 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 2014 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 2014) ► <input type="checkbox"/> N/A | 3b | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? ► <input type="checkbox"/> 4a | | X |
| 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 2014? ► <input type="checkbox"/> 4b | | X |

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423541
11-24-14

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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

Yes No

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

Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes?
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)

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

►

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?

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 |
|---|---|---|---|---------------------------------------|
| JOANNE C. PECK 4996 WARREN ST., NW WASHINGTON, DC 20016 | DIRECTOR 1.00 | 0. | 0. | 0. |
| SHEILA G. FRIEDLAND 196 HILLAIR CIRCLE WHITE PLAINS, NY 10605 | DIRECTOR 1.00 | 0. | 0. | 0. |
| PHYLLIS SONNENSCHEIN 19 BERKELEY STREET CAMBRIDGE, MA 02138 | DIRECTOR 1.00 | 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

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

3 Five highest-paid independent contractors for professional services. 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



0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

Expenses

| | |
|--------|----|
| 1 NONE | |
| | 0. |
| 2 | |
| | |
| 3 | |
| | |
| 4 | |
| | |

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Amount

| | |
|---|------|
| 1 NONE | |
| | 0. |
| 2 | |
| | |
| All other program-related investments. See instructions | |
| 3 NONE | |
| | 0. |
| Total. Add lines 1 through 3 | ► 0. |

Form 990-PF (2014)

423561
11-24-14

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 | 216,905. |
| b | Average of monthly cash balances | 1b | 12,377. |
| c | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 229,282. |
| 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 | 229,282. |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 3,439. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 225,843. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 11,292. |

Part XI **Distributable Amount** (see instructions) (Section 4942(i)(3) and (i)(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 | 11,292. |
| 2a | Tax on investment income for 2014 from Part VI, line 5 | 2a | 91. |
| b | Income tax for 2014 (This does not include the tax from Part VI) | 2b | |
| c | Add lines 2a and 2b | 2c | 91. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 11,201. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 11,201. |
| 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 | 11,201. |

Part XII **Qualifying Distributions** (see instructions)

| | | | |
|---|--|----|---------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes | 1a | 65,000. |
| a | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | 1b | 0. |
| b | Program-related investments - total from Part IX-B | 2 | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes | 3a | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | 3b | |
| a | Suitability test (prior IRS approval required) | 4 | 65,000. |
| b | Cash distribution test (attach the required schedule) | 5 | 91. |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 6 | 64,909. |
| 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 | | |
| 6 | Adjusted qualifying distributions Subtract line 5 from line 4 | | |

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

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2013 | (c) 2013 | (d) 2014 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2014 from Part XI, line 7 | | | | 11,201. |
| 2 Undistributed income, if any, as of the end of 2014 | | | 0. | |
| a Enter amount for 2013 only | | | | |
| b Total for prior years | | 0. | | |
| 3 Excess distributions carryover, if any, to 2014 | | | | |
| a From 2009 | 56,794. | | | |
| b From 2010 | 77,893. | | | |
| c From 2011 | 43,630. | | | |
| d From 2012 | 57,186. | | | |
| e From 2013 | 61,775. | | | |
| f Total of lines 3a through e | 297,278. | | | |
| 4 Qualifying distributions for 2014 from Part XII, line 4 ► \$ 65,000. | | | 0. | |
| a Applied to 2013, but not more than line 2a | | | | |
| 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 2014 distributable amount | | | | 11,201. |
| e Remaining amount distributed out of corpus | | | | |
| 5 Excess distributions carryover applied to 2014 (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: | 351,077. | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | | 0. | | |
| 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 2013 Subtract line 4a from line 2a Taxable amount - see instr | | | 0. | |
| f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 | | | | 0. |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) | | 0. | | |
| 8 Excess distributions carryover from 2009 not applied on line 5 or line 7 | 56,794. | | | |
| 9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a | 294,283. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2010 | 77,893. | | | |
| b Excess from 2011 | 43,630. | | | |
| c Excess from 2012 | 57,186. | | | |
| d Excess from 2013 | 61,775. | | | |
| e Excess from 2014 | 53,799. | | | |

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

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--------------------------------------|---|--------------------------------|----------------------------------|---------|
| Name and address (home or business) | | | | |
| a Paid during the year | | | | |
| SEE ATTACHED SCHEDULE | | | | 65,000. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | ► 3a | 65,000. |
| b Approved for future payment | | | | |
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | ► 3b | 0. |

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

| Enter gross amounts unless otherwise indicated | | Unrelated business income | | (e) Related or exempt function income | |
|---|--|---------------------------|---------------|---|---------|
| | | (a) Business code | (b) Amount | | |
| 1 Program service revenue | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | |
| 4 Dividends and interest from securities | | | | 14 | 5,177. |
| 5 Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | | 18 | 18,770. |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal Add columns (b), (d), and (e) | | | 0. | 23,947. | 0. |
| 13 Total Add line 12, columns (b), (d), and (e) | | | | 13 | 23,947. |
| (See worksheet in line 13 instructions to verify calculations) | | | | | |

Relationship of Activities to the Accomplishment of Exempt Purposes

Part XVII 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

b Other transactions

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

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

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

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 and belief, it is true, correct, and complete Declaration of preparer

Signature of officer or trustee

18/11/15

DIRECTOR

May the IRS discuss this return with the preparer shown below (see instr.)?

| | | | | | |
|---|---|------|---|--------------------------------|---|
| Signature of officer or trustee | | Date | Date | Title | |
| Paid Preparer Use Only | Print/Type preparer's name | | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed |
| | ALAN S. HELFER | |  | 7/03/15 | PTIN |
| | Firm's name ► GINSBERG HELFER & BOYD, PLLC | | | Firm's EIN ► 52-1305787 | |
| Firm's address ► 1850 K STREET, NW, SUITE 675 WASHINGTON, DC 20006 | | | Phone no 202-223-5000 | | |

FORM 990-PF

DIVIDENDS AND INTEREST FROM SECURITIES

STATEMENT 1

| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDENDS | (A) REVENUE PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME |
|-------------------------------|----------------|-------------------------|-----------------------|---------------------------|-------------------------|
| MORGAN STANLEY | 5,451. | 0. | 5,451. | 5,451. | |
| MORGAN STANLEY | 5,769. | 5,769. | 0. | 0. | |
| MS:LESS ACCRUED INTEREST PAID | -274. | 0. | -274. | -274. | |
| TO PART I, LINE 4 | <u>10,946.</u> | <u>5,769.</u> | <u>5,177.</u> | <u>5,177.</u> | |

FORM 990-PF

ACCOUNTING FEES

STATEMENT 2

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|------------------------------|------------------------|---------------------------|-------------------------|-------------------------|
| ACCOUNTING FEES | 7,828. | 7,828. | | 0. |
| TO FORM 990-PF, PG 1, LN 16B | <u>7,828.</u> | <u>7,828.</u> | | 0. |

FORM 990-PF

OTHER EXPENSES

STATEMENT 3

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|-----------------------------|------------------------|---------------------------|-------------------------|-------------------------|
| MEETING EXPENSES | 6,575. | 6,575. | | 0. |
| INVESTMENT EXPENSES | 76. | 76. | | 0. |
| ANNUAL REGISTRATION | 365. | 365. | | 0. |
| TO FORM 990-PF, PG 1, LN 23 | <u>7,016.</u> | <u>7,016.</u> | | 0. |

FORM 990-PF

CORPORATE BONDS

STATEMENT 4

DESCRIPTION

BOOK VALUE

FAIR MARKET
VALUE

MORGAN STANLEY

0.

0.

TOTAL TO FORM 990-PF, PART II, LINE 10C

0.

0.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 5

DESCRIPTION

VALUATION
METHOD

BOOK VALUE

FAIR MARKET
VALUE

MORGAN STANLEY

COST

228,671.

193,409.

TOTAL TO FORM 990-PF, PART II, LINE 13

228,671.

193,409.

Gorbach Levine Charitable Foundation
2014 Donations

| Check to | Date | Amount |
|---|-------------|---------------|
| BBYO David Gettler,9397 Peter Roy Court,Burke, VA 22015 | 2/11/2014 | \$3,000.00 |
| Peace Players 901 New York Ave NW- Ste 550 E,Washington, DC 20001 | 3/18/2014 | \$1,000.00 |
| Project Kesher Sheila Freidland 196 Hillair Cir White Plains, NY 10605 | 4/25/2014 | \$7,500.00 |
| Yemin Orde (Smile Fund) 4340 East-West Hwy,Ste 202,Bethesda, MD 20814 | 6/4/2014 | \$10,000.00 |
| Children's Center of New Milford B. Shimlock & P. Cokin 134 Sherry Ln New Milford, CT 06776 | 6/4/2014 | \$1,000.00 |
| Village Center for the Arts B Shimlock & P Cokin 134 Sherry Ln New Milford, CT 06776 | 6/4/2014 | \$1,000.00 |
| Boys Club/Girls Club of Sthrn Maine Robert Levine 395 Spring Street Portland, Maine 04102-3644 | 6/4/2014 | \$500.00 |
| University of Maine School of Law Robert Levine 395 Spring Street Portland, Maine 04102-3644 | 6/4/2014 | \$500.00 |
| CampViva,Family Svcs of Winchester Sheila Friedland 196 Hillair Circle White Plains, NY 10605 | 6/10/2014 | \$2,400.00 |
| The Good People Fund Naomi Eisenberg,384 Wyoming Avenue,Milburn,NJ 07041-2127 | 6/17/2014 | \$12,500.00 |
| Congregation Adat Reyim David and Rachel Gettler,9397 Peter Roy Court,Burke, VA 22015 | 7/30/2014 | \$2,000.00 |
| ROOM TO GROW- BOSTON Phyllis Sonnenschein; 19 Berkley St. Cambridge, MA. 02138 | 9/3/2014 | \$2,500.00 |
| FAMILIES FIRST PARENTING PROGRAMS Phyllis Sonnenschein 19 Berkeley Street Cambridge, MA 02138 | 9/3/2014 | \$1,500.00 |
| NYU NF2 LANGONE CENTER ANDREA G GORBACH,23 WACCABUE RD,GOLDEN BRIDGE, NY 10526 | 9/3/2014 | \$4,500.00 |
| Leake and Watts Joshua Gettler New Strt Realty 419 Park Ave Ste 809 NY, NY 10016 | 9/8/2014 | \$1,000.00 |
| The Friendship Circle Dr. Samuel & Amy Gettler 60 Tall Oaks Court Stamford, CT 06903 | 9/15/2014 | \$1,000.00 |
| Camp Discover Dr. Samuel & Amy Gettler 60 Tall Oaks Court Stamford, CT 06903 | 9/15/2014 | \$1,000.00 |
| Aid for Orphans Relief Foundation Sheila Greenhouse 586 Stone Hill Drive Orange, CT 06477 | 9/15/2014 | \$500.00 |
| Long Wharf Theater Sheila Greenhouse 586 Stone Hill Drive Orange, CT 06477 | 9/15/2014 | \$500.00 |
| Solomon SchechterSchool of Wstchstr Jackie & Jason Friedland 108 Stonewall Ln Mamaroneck, NY 10543 | 9/15/2014 | \$2,000.00 |

Gorbach Levine Charitable Foundation
2014 Donations

| Check to | Date | Amount |
|--|-------------|---------------|
| Lolly's Locks Josh Gettler New Strt Realty Advisors 419 Park Ave-Ste 809 NY, NY 10016 | 11/5/2014 | \$250.00 |
| One Kid One World Josh Gettler New Strt Realty Advisors 419 Park Ave-Ste 809 NY, NY 10016 | 11/5/2014 | \$250.00 |
| Temple Israel of Hollywood Samantha Witman Friedland 840 S Cloverdale Ave Los Angeles, CA 90036 | 11/11/2014 | \$2,000.00 |
| Hephzibah Children's Association Lorenza Perelli 325 South Oak Park Ave Oak Park, IL 60302 | 11/14/2014 | \$1,000.00 |
| Beacon Academy Phyllis Sonnenschein 19 Berkeley Street Cambridge, MA 02138 | 11/14/2014 | \$1,600.00 |
| Bridge Fund of MA;Phyllis Sonnenschein 19 Berkeley St Cambridge, MA 02138 | 12/11/2014 | \$1,000.00 |
| Families First Parenting Programs; Phyllis Sonnenschein 19 Berkley St Cambridge, MA | 12/11/2014 | \$500.00 |
| Friends of Meali International Phyllis Sonnenschein 19 Berkeley Street Cambridge, MA 02138 | 12/11/2014 | \$500.00 |
| Mill River Collaborative Jeffrey and Marty Cokin 11 Ocean View Drive Stamford, CT 06902 | 12/11/2014 | \$1,000.00 |
| JDRF Jeffrey & Marty Cokin 11 Ocean View Drive Stamford, CT 06902 | 12/11/2014 | \$1,000.00 |

The information and data contained in this report are from sources considered reliable, but their accuracy and completeness is not guaranteed. This report has been prepared for illustrative purposes only and is not intended to be used as a substitute for monthly transaction statements you receive on a regular basis from Morgan Stanley Smith Barney Management LLC. Please compare the data on this document carefully with your monthly statement to verify its accuracy.

Morgan Stanley

Corporate Tax Statement Tax Year 2014

THE ELAINE GORBACH LEVINE CHAR FND
ATTENTION: JOANNE COHEN PECK
4996 WARREN ST NW
WASHINGTON DC 20016-4373

Morgan Stanley Smith Barney Holdings LLC
1 New York Plaza
8th Floor
New York, NY 10004

Identification Number: 26-4310632

Taxpayer ID Number: XX-XXX1803
Account Number: 661 035005 223

Customer Service: 866-324-6088

This information is NOT being furnished to the Internal Revenue Service. It is provided to you for informational purposes only.

1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS

Gross Proceeds less commissions and option premiums on stocks, bonds, etc. Consider the Net Proceeds box checked in IRS box 6 (Reported to IRS) for all option transactions

Short Term - Covered Securities (Consider Box 3 (Basis Reported to IRS) as being checked for this section These transactions should be reported on Form 8949 Part I with box A checked)

| DESCRIPTION (Box 1a) | QUANTITY | DATE ACQUIRED (Box 1b) | DATE SOLD (Box 1c) | PROCEEDS (Box 1d) | OTHER BASIS (Box 1e) | COST OR ADJUSTMENT/CODE (Box 1g)/(Box 1f) | GAIN/(LOSS) AMOUNT | FEDERAL INCOME TAX WITHHELD (Box 4) |
|--|------------------|---------------------------|-----------------------|----------------------|-------------------------|---|-----------------------|---|
| COLUMBIA EUROPEAN EQUITY C | CUSIP: 19766F746 | Symbol: REECX | | | | | | |
| | 706,295 | 04/22/14 | 08/28/14 | \$5,000.00 | \$5,299.51 | \$0.00 | (\$299.51) | \$0.00 |
| | 1,292,838 | 04/22/14 | 12/05/14 | \$9,080.86 | \$9,700.49 | \$0.00 | (\$619.63) | \$0.00 |
| Security Subtotal | 1,999,133 | | | \$14,080.86 | \$15,000.00 | \$0.00 | (\$919.14) | \$0.00 |
| Total Short Term Covered Securities | | | | \$14,080.86 | \$15,000.00 | \$0.00 | (\$919.14) | \$0.00 |

Morgan Stanley

Corporate Tax Statement Tax Year 2014

THE ELAINE GORBACH LEVINE CHAR FND
ATTENTION: JOANNE COHEN PECK
4996 WARREN ST NW
WASHINGTON DC 20016-4373

Morgan Stanley Smith Barney Holdings LLC
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New York, NY 10004

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Gross Proceeds less commissions and option premiums on stocks, bonds, etc. Consider the Net Proceeds box checked in IRS box 6 (Reported to IRS) for all option transactions

Long Term - Covered Securities (Consider Box 3 (Basis Reported to IRS) as being checked for this section These transactions should be reported on Form 8949 Part II with box D checked)

| DESCRIPTION (Box 1a) | QUANTITY (Box 1b) | DATE ACQUIRED (Box 1b) | DATE SOLD (Box 1c) | PROCEEDS (Box 1d) | OTHER BASIS (Box 1e) | COST OR ADJUSTMENTS/CODE (Box 1g)/(Box 1f) | GAIN/(LOSS) AMOUNT | FEDERAL INCOME TAX WITHHELD (Box 4) |
|---|----------------------|--|--|--|--|---|--|--|
| BLACKROCK EQUITY DIVIDEND C | CUSIP: 09251M306 | Symbol: MCDVX | | \$13,500.00 | \$10,593.33 | \$0.00 | \$2,906.67 | \$0.00 |
| JP MORGAN EQUITY INCOME C | CUSIP: 4812C0480 | Symbol. OINCX | | \$18,350.00 | \$13,848.88 | \$0.00 | \$4,501.12 | \$0.00 |
| Security Subtotal | 1,635.525 | 1,417.490 73.682 44.140 0.772 99.441 | 04/23/12 04/23/12 04/23/12 04/30/12 05/25/12 | 04/22/14 10/30/14 11/05/14 11/05/14 11/05/14 | \$1,000.00 \$611.56 \$10.70 \$1,377.74 \$21,350.00 | \$319.87 \$431.25 \$7.72 \$240.71 \$15,948.43 | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 | \$280.13 \$180.31 \$2.98 \$437.03 \$5,401.57 |
| PRUDENTIAL JENNISON EQ INC C | CUSIP: 74441L873 | Symbol. AGOCX | | \$18,000.00 | \$14,639.43 | \$0.00 | \$3,360.57 | \$0.00 |
| Security Subtotal | 1,576.966 | 1,126.110 27.736 268.156 154.964 | 04/23/12 04/23/12 05/25/12 05/25/12 | 04/22/14 09/10/14 09/10/14 11/07/14 | \$468.68 \$4,531.32 \$2,600.00 \$25,600.00 | \$3,360.57 \$3,351.95 \$1,937.05 \$20,289.00 | \$0.00 \$0.00 \$0.00 \$0.00 | \$108.11 \$1,179.37 \$662.95 \$5,311.00 |
| Total Long Term Covered Securities | | | | \$60,450.00 | \$46,830.76 | \$0.00 | \$13,619.24 | \$0.00 |

Morgan Stanley

Corporate Tax Statement Tax Year 2014

THE ELAINE GORBACH LEVINE CHAR FND
ATTENTION: JOANNE COHEN PECK
4996 WARREN ST NW
WASHINGTON DC 20016-4373

Morgan Stanley Smith Barney Holdings LLC
1 New York Plaza
8th Floor
New York, NY 10004

Identification Number 26-4310632
Taxpayer ID Number XX-XXX1803
Account Number 661 035005 223

Customer Service: 866-324-6088

This information is NOT being furnished to the Internal Revenue Service. It is provided to you for informational purposes only.

1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS

Gross Proceeds less commissions and option premiums on stocks, bonds, etc. Consider the Net Proceeds box checked in IRS box 6 (Reported to IRS) for all option transactions

Long Term - Noncovered Securities # (Consider Box 5 (Noncovered Security) as being checked and Box 3 (Basis Reported to IRS) as not being checked for this section. These transactions should be reported on Form 8949 Part II with box E checked)

| DESCRIPTION (Box 8) | QUANTITY | DATE ACQUIRED (Box 1b) | DATE SOLD (Box 1c) | PROCEEDS (Box 1d) | OTHER BASIS (Box 1e) | COST OR ADJUSTMENTS/CODE (Box 1g)/(Box 1f) | GAIN/(LOSS) AMOUNT (Box 1g) | FEDERAL INCOME TAX WITHHELD (Box 4) |
|---|------------|---------------------------|-----------------------|----------------------|-------------------------|--|-----------------------------------|---|
| GOLDMAN SACHS GP 5500 14NV15 | 10,000 000 | 07/08/10 | 03/18/14 | \$10,272 40 | \$10,132 82 | \$0.00 | \$139 58 | \$0.00 |
| JP MORGAN CHASE 5125 14SP15 | 10,000 000 | 07/08/10 | 03/18/14 | \$10,192 90 | \$10,102 18 | \$0.00 | \$90.72 | \$0.00 |
| WACHOVIA CORP 5250 14AU01 | 10,000 000 | 07/08/10 | 03/18/14 | \$10,139 00 | \$10,068 26 | \$0.00 | \$70 74 | \$0.00 |
| Total Long Term Noncovered Securities | | | | \$30,604.30 | \$30,303.26 | \$0.00 | \$301.04 | \$0.00 |
| Total Long Term Covered and Noncovered Securities | | | | \$91,054.30 | \$77,134.02 | \$0.00 | \$13,920.28 | \$0.00 |
| Total Short and Long Term, Covered and Noncovered Securities | | | | \$105,135.16 | \$92,134.02 | \$0.00 | \$13,001.14 | \$0.00 |
| Form 1099-B Total Reportable Amounts - Does not include cost basis or adjustment amounts for noncovered securities | | | | \$105,135.16 | | | | |
| Total IRS Reportable Proceeds (Box 1d) | | | | \$61,830.76 | | | | |
| Total IRS Reportable Cost or Other Basis for Covered Securities (Box 1e) | | | | \$0.00 | | | | |
| Total IRS Reportable Adjustments (Box 1g) | | | | | | | \$0.00 | |
| Total Fed Tax Withheld (Box 4) | | | | | | | | |

Noncovered securities are not subject to the IRS cost basis reporting regulations, therefore their date of acquisition, cost basis, short or long term designation and any adjustments resulting from a wash sale or market discount will not be reported to the IRS. The cost basis is provided for informational purposes only and may not reflect required adjustments under the applicable tax regulations. Please consult your tax advisor regarding any adjustments to your original cost basis

IMPORTANT TAX INFORMATION -- PLEASE RETAIN FOR YOUR RECORDS

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868

● If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
● If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).



Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete



Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number

| | | |
|---|--|--|
| Type or print | Name of exempt organization or other filer, see instructions. ELAINE GORBACH LEVINE CHARITABLE FOUNDATION, INC | Employer identification number (EIN) or 13-4053212 |
| File by the due date for filing your return. See instructions | Number, street, and room or suite no. If a P.O. box, see instructions. C/O J. PECK 4996 WARREN ST., NW | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions WASHINGTON, DC 20016 | |

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

0 4

| Application | Return Code | Application | Return Code |
|--|-------------|-----------------------------------|-------------|
| Is For | | Is For | |
| 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 individual) | 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 |

JOANNE C. PECK

● The books are in the care of ► **4996 WARREN ST., NW – WASHINGTON, DC 20016**

Telephone No. ► **202-362-7325** 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2015**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

► calendar year **2014** or

► tax year beginning , and ending .

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|--|----|----|-------------|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 3a | \$ | 91. |
| b If this application is for Forms 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. | 3b | \$ | 199. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.