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Form **990-PF****Return of Private Foundation**

OMB No 1545-0052

Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.**2015**

Open to Public Inspection

For calendar year 2015 or tax year beginning

, and ending

Name of foundation

A Employer identification number

LEVIN FAMILY FOUNDATION

31-1327847

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

Room/suite

7812 MCEWEN ROAD

100

B Telephone number

937-223-1669

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

DAYTON, OH 45459

C If exemption application is pending, check here ☐

Check all that apply.

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name changeD 1. Foreign organizations, check here ☐2. Foreign organizations meeting the 85% test, check here and attach computation ☐Check type of organization: ☒ Section 501(c)(3) exempt private foundationE If private foundation status was terminated under section 507(b)(1)(A), check here ☐☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundationF If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐Fair market value of all assets at end of year ☐ Accounting method ☒ Cash ☐ Accrual

(from Part II, col. (c), line 16)

☐ Other (specify) _____

\$ 20,858,298. (Part I, column (d) must be on cash basis.)

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)

Revenue	1 Contributions, gifts, grants, etc., received	27,986.		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				
	4 Dividends and interest from securities	647,527.	647,527.		STATEMENT 1
	5a Gross rents	133,168.	77,603.		STATEMENT 2
	b Net rental income or (loss) -36,882.				STATEMENT 3
	6a Net gain or (loss) from sale of assets not on line 10	645,085.			
	b Gross sales price for all assets on line 6a 1,457,899.				
	7 Capital gain net income (from Part IV, line 2)		645,085.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	-54.	-54.		STATEMENT 4
	12 Total. Add lines 1 through 11	1,453,712.	1,370,161.		
	13 Compensation of officers, directors, trustees, etc	213,500.	55,500.		146,500.
	14 Other employee salaries and wages	94,796.	0.		94,796.
	15 Pension plans, employee benefits	47,585.	11,408.		33,814.
	16a Legal fees STMT 5	7,545.	783.		6,331.
	b Accounting fees STMT 6	25,924.	0.		25,924.
	c Other professional fees STMT 7	50,106.	50,106.		0.
	17 Interest				
	18 Taxes STMT 8	27,114.	418.		200.
	19 Depreciation and depletion	70,455.	18,106.		
	20 Occupancy	167,039.	61,914.		62,023.
	21 Travel, conferences, and meetings	40,326.	0.		40,326.
	22 Printing and publications				
	23 Other expenses STMT 9	186,306.	5,220.		180,988.
	24 Total operating and administrative expenses. Add lines 13 through 23	930,696.	203,455.		590,902.
	25 Contributions, gifts, grants paid	616,375.			616,375.
	26 Total expenses and disbursements. Add lines 24 and 25	1,547,071.	203,455.		1,207,277.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-93,359.			
	b Net investment income (if negative, enter -0-)		1,166,706.		
	c Adjusted net income (if negative, enter -0-)			N/A	

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LHA For Paperwork Reduction Act Notice, see instructions.

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		75,162.	91,792.	91,792.
	2	Savings and temporary cash investments		495,135.	445,095.	445,095.
	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		1,900.	1,800.	1,800.
	10a	Investments - U.S. and state government obligations				
	b	Investments - corporate stock	STMT 10	9,015,158.	9,147,027.	12,178,563.
	c	Investments - corporate bonds	STMT 11	3,454,763.	3,364,409.	3,280,225.
	11	Investments - land, buildings, and equipment basis	1,357,391.			
	Less: accumulated depreciation	STMT 12	141,380.	1,247,725.	1,216,011.	
12	Investments - mortgage loans					
13	Investments - other	STMT 13	2,205,534.	2,105,135.	2,581,141.	
14	Land, buildings, and equipment basis	1,185,670.				
	Less: accumulated depreciation	STMT 14	350,699.	842,281.	834,971.	
15	Other assets (describe ARTWORK)		24,215.	24,215.	24,215.	
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		17,361,873.	17,230,455.	20,858,298.	
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		1,154,607.	1,116,305.	
	22	Other liabilities (describe STATEMENT 15)		13,151.	13,394.	
23	Total liabilities (add lines 17 through 22)		1,167,758.	1,129,699.		
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		16,194,115.	16,100,756.	
	28	Paid-in or capital surplus, or land, bldg., and equipment fund		0.	0.	
	29	Retained earnings, accumulated income, endowment, or other funds		0.	0.	
30	Total net assets or fund balances		16,194,115.	16,100,756.		
31	Total liabilities and net assets/fund balances		17,361,873.	17,230,455.		

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	16,194,115.
2	Enter amount from Part I, line 27a	2	-93,359.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	16,100,756.
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	16,100,756.

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 SEE ATTACHED STATEMENT				
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 1,457,899.		812,678.	645,085.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(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	
a			
b			
c			
d			
e			645,085.

2 Capital gain net income or (net capital loss)	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	2	645,085.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6).	<div> <div>If gain, also enter in Part I, line 8, column (c)</div> <div>If (loss), enter -0- in Part I, line 8</div> </div>	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))
2014	1,282,553.	22,417,818.	.057211
2013	1,063,722.	21,539,880.	.049384
2012	938,278.	19,871,050.	.047218
2011	968,881.	20,007,033.	.048427
2010	834,383.	20,334,668.	.041033

2 Total of line 1, column (d)	2	.243273
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	.048655
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	21,351,030.
5 Multiply line 4 by line 3	5	1,038,834.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	11,667.
7 Add lines 5 and 6	7	1,050,501.
8 Enter qualifying distributions from Part XII, line 4	8	1,207,277.

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)			
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	11,667.
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	11,667.
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	11,667.
6 Credits/Payments:			
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a	40,000.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	10,000.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	50,000.	
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" 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	38,333.	
11 Enter the amount of line 10 to be Credited to 2016 estimated tax	11	0.	

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 the 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?	X	
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) OH		
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 2015 or the taxable year beginning in 2015 (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		X

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Part VII-A Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		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)		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.LEVINFAMILYFOUNDATION.ORG	X	
14 The books are in care of KAREN LEVIN Telephone no. 937-223-1669 Located at 7812 MCEWEN ROAD, DAYTON, OH ZIP+4 45459		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year		N/A
16 At any time during calendar year 2015, 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. If "Yes," enter the name of the foreign country		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 checked="" type="checkbox"/> Yes <input 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"/>	1b	X
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 2015?	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(j)(3) or 4942(j)(5)):		
a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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.) 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 2015 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 2015.) N/A	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	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 2015?	4b	X

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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:

- (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 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

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

6b

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

7b

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

N/A

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 16		213,500.	6,700.	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
DEBRA S FOX - 7812 MCEWEN ROAD, STE 100, DAYTON, OH 45459	GRANT MANAGER 40.00	79,100.	3,585.	0.

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	
SEE STATEMENT 17	76,521.
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 N/A	
2	
All other program-related investments See instructions.	
3	
Total. Add lines 1 through 3	0.

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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	18,593,389.
b	Average of monthly cash balances	1b	553,592.
c	Fair market value of all other assets	1c	2,529,192.
d	Total (add lines 1a, b, and c)	1d	21,676,173.
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	21,676,173.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	325,143.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	21,351,030.
6	Minimum investment return. Enter 5% of line 5	6	1,067,552.

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	1,067,552.
2a	Tax on investment income for 2015 from Part VI, line 5	2a	11,667.
b	Income tax for 2015 (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	11,667.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,055,885.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,055,885.
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	1,055,885.

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	1,207,277.
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	1,207,277.
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	11,667.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,195,610.

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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				1,055,885.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2015				
a From 2010				
b From 2011				
c From 2012				
d From 2013				18,550.
e From 2014				197,562.
f Total of lines 3a through e	216,112.			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 1,207,277.				
a Applied to 2014, 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 2015 distributable amount				1,055,885.
e Remaining amount distributed out of corpus	151,392.			
5 Excess distributions carryover applied to 2015 (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.	367,504.			
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 2014. Subtract line 4a from line 2a. Taxable amount - see instructions.			0.	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016.				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 2010 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	367,504.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				18,550.
d Excess from 2014				197,562.
e Excess from 2015				151,392.

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				
SEE STATEMENT # 20	NONE	PUBLIC CHARITY	GENERAL FUNDING	616,375.
Total			3a	616,375.
b Approved for future payment				
NONE				
Total			3b	0.

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.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Name of the organization

LEVIN FAMILY FOUNDATION

Employer identification number

31-1327847

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that 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 its Form 990-PF, Part I, line 2, 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) (2015)

Name of organization	Employer identification number
LEVIN FAMILY FOUNDATION	31-1327847

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LCNB 2705 FAR HILLS AVENUE DAYTON, OH 45419	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CARE SOURCE 230 N MAIN STREET DAYTON, OH 45402	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ANTHEM BS/BS (FOUNDATION & SOCIAL RESPONSIBILITY) 4241 IRWIN SIMPSON RD MASON, OH 45040	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

LEVIN FAMILY FOUNDATION

31-1327847

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

LEVIN FAMILY FOUNDATION

31-1327847

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info. 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
	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
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	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<div style="border-bottom: 1px solid black; height: 15px;"></div>		<div style="border-bottom: 1px solid black; height: 15px;"></div>	
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(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
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(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
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(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
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FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT 18

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

KAREN LEVIN
7812 MCEWEN ROAD, STE 100
DAYTON, OH 45459

TELEPHONE NUMBER

937-223-1669

FORM AND CONTENT OF APPLICATIONS

OBTAIN A GRANT APPLICATION. SUBMIT WITH NARRATIVE DESCRIPTION OF HOW THE FUNDS WILL BE USED AND ATTACH FINANCIAL INFORMATION (AUDITED STATEMENTS, FORM 990 PROJECT BUDGET) AND IRS DETERMINATION LETTER. REFER TO THE GRANT APPLICATION FOR A DETAILED DESCRIPTION OF THESE REQUIREMENTS. PREFERENCE IS GIVEN TO APPLICATIONS FOR FUNDS THAT WILL BE USED FOR OPERATING EXPENSES, SPECIAL PROJECTS AND BUILDING IMPROVEMENTS.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

PREFERENCE IS GIVEN TO ORGANIZATIONS IN THE DAYTON/MONTGOMERY COUNTY OHIO AREA. OUR PRIMARY FOCUS IS ON SOCIAL SERVICES AND EDUCATION WITH PARTICULAR EMPHASIS ON THE HOMELESS, THE HUNGRY, THE MEDICALLY UNDERSERVED, CHILDREN AND WOMEN AT RISK. CULTURAL ARTS ORGANIZATIONS AND OTHER NON PROFIT ORGANIZATIONS ARE ALSO CONSIDERED.

KAREN LEVIN
7812 MCEWEN ROAD, SUITE 100
DAYTON, OH 45459

EXECUTIVE DIRECTOR/SECRETARY

40.00 134,000. 6,700. 0.

HOWARD MICHAELS
7812 MCEWEN ROAD, SUITE 100
DAYTON, OH 45459

TRUSTEE

1.00 10,000. 0. 0.

AL LELAND
7812 MCEWEN ROAD, SUITE 100
DAYTON, OH 45459

TRUSTEE

1.00 10,000. 0. 0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

213,500. 6,700. 0.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 17

ACTIVITY ONE

CELEBRATING LIFE & HEALTH EVENT IS HELD IN THE SPRING
PROVIDING SEVERAL THOUSAND POOR AND MEDICALLY UNDERSERVED
WITH A FREE TURKEY DINNER AND HEALTH SCREENINGS AND
EDUCATION

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

76,521.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 14

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND, BUILDING, EQUIPMENT, ETC	1,185,670.	350,699.	834,971.
TOTAL TO FM 990-PF, PART II, LN 14	1,185,670.	350,699.	834,971.

FORM 990-PF OTHER LIABILITIES STATEMENT 15

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
PAYROLL TAX WITHHOLDINGS	2,782.	3,025.
SECURITY DEPOSIT	10,369.	10,369.
TOTAL TO FORM 990-PF, PART II, LINE 22	13,151.	13,394.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS STATEMENT 16

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JACOB A MYERS 18 WEST FIRST STREET SUITE 200 DAYTON, OH 45402	TRUSTEE 1.00	17,000.	0.	0.
ALLEN LEVIN 7812 MCEWEN ROAD, SUITE 100 DAYTON, OH 45459	PRESIDENT 1.00	10,000.	0.	0.
LOUIS LEVIN 7812 MCEWEN ROAD, SUITE 100 DAYTON, OH 45459	VICE PRESIDENT/TREASURER 1.00	10,000.	0.	0.
RYAN LEVIN 7812 MCEWEN ROAD, SUITE 100 DAYTON, OH 45459	TRUSTEE 1.00	12,500.	0.	0.
PETER WELLS 7812 MCEWEN ROAD, SUITE 100 DAYTON, OH 45459	TRUSTEE 1.00	10,000.	0.	0.

FORM 990-PF	CORPORATE STOCK	STATEMENT 10
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
SCHWAB EQUITY FUNDS-SEE STMT #21	6,913,473.	9,443,180.
JP MORGAN EXCH TRADED NT-SEE STMT #21	501,775.	333,155.
AMERITRADE-STOCK-SEE STMT #19	1,725,488.	2,393,190.
SOUTHERN NATL BANCOR	6,291.	9,038.
TOTAL TO FORM 990-PF, PART II, LINE 10B	9,147,027.	12,178,563.

FORM 990-PF	CORPORATE BONDS	STATEMENT 11
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
SCHWAB MUTUAL BOND FUNDS-SEE STMT #21	3,134,446.	2,997,823.
AMERITRADE-MUTUAL FUNDS-SEE STMT #19	117,104.	171,227.
AMERITRADE-BONDS-SEE STMT # 19	112,859.	111,175.
TOTAL TO FORM 990-PF, PART II, LINE 10C	3,364,409.	3,280,225.

FORM 990-PF	DEPRECIATION OF ASSETS HELD FOR INVESTMENT	STATEMENT 12
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE CONDO	1,089,345.	141,380.	947,965.
LAND	268,046.	0.	268,046.
TOTAL TO FM 990-PF, PART II, LN 11	1,357,391.	141,380.	1,216,011.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT 13
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ISRAEL BONDS	COST	625,000.	625,000.
LIMITED PARTNERSHIP	COST	130,135.	230,272.
FEG-ABSOLUTE ACCESS FUND	COST	1,350,000.	1,725,869.
TOTAL TO FORM 990-PF, PART II, LINE 13		2,105,135.	2,581,141.

FORM 990-PF

OTHER EXPENSES

STATEMENT 9

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PASS THRU-DEDUCTIONS	5,089.	5,089.		0.
CELEBRATING LIFE AND HEALTH	76,521.	0.		76,521.
CABLE TV	445.	0.		445.
COMPUTER MAINTENANCE	6,398.	0.		6,398.
PARKING	37.	0.		37.
MILEAGE REIMBURSEMENT	301.	0.		301.
MEETING REGISTRATIONS	50.	0.		50.
POSTAGE AND DELIVERY	1,405.	0.		1,405.
DUES AND SUBSCRIPTIONS	3,182.	0.		3,182.
DRY CLEANING OF TABLECLOTHS FOR CHARITY PURPOSES	948.	0.		948.
COMPUTER SUPPLIES	1,368.	0.		1,368.
MAGAZINE SUBSCRIPTIONS	282.	0.		282.
CONTRACT LABOR-OFFICE HELP	150.	0.		150.
OTHER GENERAL USE EXPENSES (RENTALS,SUPPLIES)	11,377.	0.		11,377.
INSURANCE	5,153.	0.		5,153.
OFFICE SUPPLIES	8,850.	0.		8,850.
TELEPHONE	14,615.	0.		14,615.
PROPOLIS PROJECT	17,234.	0.		17,234.
MISCELLANEOUS EXPENSES	23,836.	0.		23,836.
XEROX COPIER MAINTENANCE, SUPPLIES	2,889.	0.		2,889.
OTHER EQUIPMENT REPAIRS	1,304.	0.		1,304.
PHOTOGRAPHY	409.	0.		409.
COMPUTER SOFTWARE-ANNUAL	4,234.	0.		4,234.
OFFICE SUPPLIES	0.	0.		0.
OFFICE SUPPLIES/EXPENSE	0.	0.		0.
BANK FEES	24.	14.		0.
OTHER EXPENSES	105.	60.		0.
AMORTIZATION	100.	57.		0.
TO FORM 990-PF, PG 1, LN 23	186,306.	5,220.		180,988.

FORM 990-PF	ACCOUNTING FEES	STATEMENT	6
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	25,924.	0.		25,924.
TO FORM 990-PF, PG 1, LN 16B	25,924.	0.		25,924.

FORM 990-PF	OTHER PROFESSIONAL FEES	STATEMENT	7
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL SERVICE FEES	0.	0.		0.
ASSET MANAGEMENT FEES	50,000.	50,000.		0.
INVESTMENT EXPENSES	106.	106.		0.
TO FORM 990-PF, PG 1, LN 16C	50,106.	50,106.		0.

FORM 990-PF	TAXES	STATEMENT	8
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAX PAID-PER 1099	418.	418.		0.
STATE ANNUAL FILING FEE	200.	0.		200.
CURRENT YEAR ESTIMATES	0.	0.		0.
PRIOR YEAR EXTENSION				
PAYMENT	40,000.	0.		0.
PRIOR YEAR FEDERAL REFUND	-13,504.	0.		0.
TO FORM 990-PF, PG 1, LN 18	27,114.	418.		200.

DEPRECIATION			31,714.	
OFFICER COMPENSATION			26,800.	
OFFICER BENEFITS			5,508.	
INSURANCE			5,028.	
PROFESSIONAL FEES			667.	
OFFICE SUPPLIES/EXPENSE			0.	
AMORTIZATION			100.	
BANK FEES			24.	
OTHER EXPENSES			105.	
	- SUBTOTAL -	1		164,699.
REAL ESTATE TAXES			3,806.	
INSURANCE			762.	
LEGAL			783.	
	- SUBTOTAL -	2		5,351.
TOTAL RENTAL EXPENSES				170,050.
NET RENTAL INCOME TO FORM 990-PF, PART I, LINE 5B				-36,882.

FORM 990-PF	OTHER INCOME	STATEMENT	4
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DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
ORDINARY INCOME FROM PASSTHRU	-54.	-54.	
TOTAL TO FORM 990-PF, PART I, LINE 11	-54.	-54.	

FORM 990-PF	LEGAL FEES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	6,331.	0.		6,331.
LEGAL FEES	431.	0.		0.
LEGAL	783.	783.		0.
TO FM 990-PF, PG 1, LN 16A	7,545.	783.		6,331.

FORM 990-PF

DIVIDENDS AND INTEREST FROM SECURITIES

STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
AMERITRADE - INTEREST	4,136.	0.	4,136.	4,136.	
AMERITRADE-DIVS & CAP GAIN					
DISTRIBUTIONS	59,713.	0.	59,713.	59,713.	
AMERITRADE-US GOVT DIVIDEND INCOME	2,050.	0.	2,050.	2,050.	
FROM PASSTHROUGH	1,409.	0.	1,409.	1,409.	
INTEREST INCOME	386.	0.	386.	386.	
INTEREST INCOME FROM PASSTHROUGH	1.	0.	1.	1.	
ISRAEL BONDS	17,741.	0.	17,741.	17,741.	
SCHWAB-INTEREST & DIVIDENDS	562,091.	0.	562,091.	562,091.	
TO PART I, LINE 4	647,527.	0.	647,527.	647,527.	

FORM 990-PF

RENTAL INCOME

STATEMENT 2

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
OFFICE CONDO	1	129,493.
LAND RENTAL	2	3,675.
TOTAL TO FORM 990-PF, PART I, LINE 5A		133,168.

FORM 990-PF

RENTAL EXPENSES

STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST EXPENSE-MORTGAGE		21,121.	
CLEANING		1,299.	
MAINTENANCE		2,002.	
REAL ESTATE TAXES		27,189.	
OFFICE SUPPLIES		0.	
COMMON AREA SHARED EXPENSES		43,142.	

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	DISPOSITIONS						0.			0.	0.	0.			
	ENDING BALANCE						1,185,671.			1,971.	1,183,700.	309,987.			
	ENDING ACCUM DEPR											350,699.			
	ENDING BOOK VALUE											834,972.			

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Asset No.	Description	Date Acquired	Method	Life	C O Y	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
57	CEILING	11/06/09	SL	7.00		16	12,050.				12,050.	8,892.		1,721.	10,613.
58	FLOORING	11/06/09	SL	7.00		16	38,005.				38,005.	28,050.		5,429.	33,479.
76	OUTSIDE SIGNAGE	10/12/10	SL	15.00		16	2,948.				2,948.	837.		197.	1,034.
77	BUILDING-STE 100/500	01/01/10	SL	39.00	MM	16	35,889.				35,889.	4,600.		920.	5,520.
	* 990-PF PG 1 TOTAL OTHER						757,256.				757,256.	133,246.		26,128.	159,374.
	* 990-PF PG 1 TOTAL - SUITE 100/500						757,256.				757,256.	133,246.		26,128.	159,374.
	OTHER														
62	COMMON AREA IMPROVEMENTS	11/16/09	SL	39.00	MM	16	23,483.				23,483.	3,060.		602.	3,662.
73	COOLING TOWER	09/29/10	SL	39.00	MM	16	35,389.				35,389.	3,855.		907.	4,762.
91	BACKFLOW PREVENTER	01/19/12	SL	39.00	MM	17	1,580.				1,580.	121.		41.	162.
104	BOILER REPLACEMENT	01/19/15	SL	39.00	MM	19	26,011.				26,011.			639.	639.
	* 990-PF PG 1 TOTAL OTHER						86,463.				86,463.	7,036.		2,189.	9,225.
	* 990-PF PG 1 TOTAL - SUITE 100/500						86,463.				86,463.	7,036.		2,189.	9,225.
	* GRAND TOTAL 990-PF PG 1 DEPR & AMORT						1,185,671.			1,971.	1,183,700.	309,987.		38,741.	348,728.
	CURRENT ACTIVITY														
	BEGINNING BALANCE						1,154,239.			1,971.	1,152,268.	309,987.			
	ACQUISITIONS						31,432.			0.	31,432.	0.			

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
102	SURFACE PRO 3	02/10/15	SL	5.00		16	2,048.				2,048.			375.	375.
103	SURFACE PRO 3 * 990-PF PG 1 TOTAL MACHINERY & EQUIPMENT * 990-PF PG 1 TOTAL ~ BUILDING IMPROVEMENTS FURNITURE & FIXTURES	02/10/15	SL	5.00		16	2,048. 29,178. 154,056.			1,971. 1,971.	2,048. 27,207. 152,085.	22,166. 22,166. 135,333.		375. 1,127. 3,702.	375. 23,293. 139,035.
55	CABINETS APPLIANCES: RANGE,	11/16/09	SL	7.00		16	18,835.				18,835.	13,679.		2,591.	16,370.
59	REFRIGERATOR, DISHWASHER, ICE	11/06/09	SL	7.00		16	10,606.				10,606.	7,828.		1,515.	9,343.
60	TELEPHONE SYSTEM	11/06/09	SL	7.00		16	6,291.				6,291.	4,645.		899.	5,544.
61	SECURITY SYSTEM * 990-PF PG 1 TOTAL FURNITURE & FIXTURES	11/16/09	SL	7.00		16	11,317. 47,049.				11,317. 47,049.	8,220. 34,372.		1,617. 6,722.	9,837. 41,094.
70	LAND-STE 100/500 * 990-PF PG 1 TOTAL OTHER * 990-PF PG 1 TOTAL ~ BUILDING IMPROVEMENTS SUITE 100/500 OTHER	11/16/09	L				140,847. 140,847. 187,896.				140,847. 140,847. 187,896.	0. 0. 34,372.		0. 0. 6,722.	0. 0. 41,094.
54	BUILDING-STE 100/500	11/16/09	SL	39.00	MM	16	662,191.				662,191.	86,310.		16,979.	103,289.
56	GRANITE TOPS/FIREPLACE	11/06/09	SL	7.00		16	6,173.				6,173.	4,557.		882.	5,439.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
63	XEROX COPIER	01/06/09	SL	7.00		16	4,299.				4,299.	3,684.		615.	4,299.
87	TV	10/05/11	SL	7.00		16	2,807.				2,807.	1,303.		404.	1,704.
88	AUDIO SET UP	11/15/11	SL	7.00		16	830.				830.	377.		119.	496.
89	CABINET	11/17/11	SL	7.00		16	700.				700.	308.		100.	408.
90	CABINET-LEA	12/12/11	SL	7.00		16	700.				700.	308.		100.	408.
100	XONICA COPIER	07/23/14	SL	7.00		16	7,465.				7,465.	444.		1,065.	1,510.
106	SHADES-DEB'S AND INTERN'S OFFICE	01/29/15	SL	7.00		16	1,325.				1,325.			174.	174.
	* 990-PF PG 1 TOTAL FURNITURE & FIXTURES						124,878.				124,878.	113,167.		2,575.	115,742.
	MACHINERY & EQUIPMENT														
29	COMPUTER	01/28/05	SL	5.00		16	3,557.				3,557.	3,557.		0.	3,557.
45	COMPUTER EQUIPMENT	02/08/07	SL	5.00		16	3,882.				3,882.	3,882.		0.	3,882.
46	COMPUTER EQUIPMENT	07/31/07	SL	5.00		16	3,627.				3,627.	3,627.		0.	3,627.
47	COMPUTER EQUIPMENT	10/01/07	SL	5.00		16	1,170.				1,170.	1,170.		0.	1,170.
53	COMPUTER EQUIPMENT	07/01/08	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.
64	COMPUTERS	01/20/09	SL	5.00		16	7,405.				7,405.	7,405.		0.	7,405.
97	IPAD-DEB AND KAREN'S	02/13/13	200DB	5.00		HY17	1,160.			580.	580.	302.		111.	413.
98	IPADS	03/05/13	200DB	5.00		HY17	1,900.			950.	950.	494.		182.	676.
99	KAREN'S LAPTOP	06/07/13	200DB	5.00		HY17	881.			441.	440.	229.		84.	313.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
4	TABLE	05/09/01	SL	7.00		16	234.				234.	231.		0.	231.
6	AIR PURIFIER	08/23/01	SL	7.00		16	100.				100.	100.		0.	100.
12	AED	10/03/03	SL	7.00		16	2,500.				2,500.	2,500.		0.	2,500.
13	OFFICE FURNITURE	09/09/03	SL	7.00		16	5,600.				5,600.	5,600.		0.	5,600.
16	CAMERA	06/28/03	SL	5.00		16	1,396.				1,396.	1,396.		0.	1,396.
20	APPLIANCES	05/16/04	SL	7.00		16	1,200.				1,200.	1,197.		0.	1,197.
22	OFFICE FURNITURE	07/01/04	SL	7.00		16	49,775.				49,775.	49,775.		0.	49,775.
32	OFFICE FURNITURE	07/01/05	SL	7.00		16	5,219.				5,219.	5,219.		0.	5,219.
33	OFFICE FURNITURE	01/06/05	SL	7.00		16	1,820.				1,820.	1,820.		0.	1,820.
36	CAMERA	03/01/06	SL	5.00		16	2,275.				2,275.	2,275.		0.	2,275.
41	OFFICE FURNITURE	07/06/06	SL	7.00		16	3,829.				3,829.	3,829.		0.	3,829.
42	OFFICE FURNITURE	08/21/06	SL	7.00		16	9,765.				9,765.	9,765.		0.	9,765.
43	OFFICE FURNITURE	10/17/06	SL	7.00		16	5,145.				5,145.	5,145.		0.	5,145.
44	OFFICE FURNITURE	12/21/06	SL	7.00		16	8,765.				8,765.	8,765.		0.	8,765.
49	EQUIPMENT	02/23/07	SL	5.00		16	857.				857.	857.		0.	857.
50	FURNITURE	02/23/07	SL	7.00		16	1,000.				1,000.	1,000.		0.	1,000.
52	EQUIPMENT	06/01/08	SL	5.00		16	7,269.				7,269.	7,269.		0.	7,269.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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 SHORT TERM GAIN/LOSS PER K-1				
b CASH LIQUIDATION-SECURITIES		P		
c LONG TERM GAIN/LOSS PER K-1				
d PUBLICLY TRADED SECURITIES-SCHWAB				
e DISTRIBUTION IN EXCESS OF BASIS		P		
f CAPITAL GAIN DISTRIBUTIONS		P		
g PUBLICLY TRADED SECURITIES-AMERITRADE		P		
h				
i				
j				
k				
l				
m				
n				
o				

(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			3,004.
b 1,901.			1,901.
c			-3,140.
d 1,385,000.		774,838.	610,162.
e 698.			698.
f 2,172.			2,172.
g 68,128.		37,840.	30,288.
h			
i			
j			
k			
l			
m			
n			
o			

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) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			3,004.
b			1,901.
c			-3,140.
d			610,162.
e			698.
f			2,172.
g			30,288.
h			
i			
j			
k			
l			
m			
n			
o			

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	645,085.
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


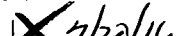
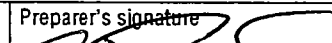
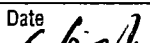
Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | | | | |
|---|--------------|------------|-----------|
| 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? | | Yes | No |
| a Transfers from the reporting foundation to a noncharitable exempt organization of: | | | |
| (1) Cash | 1a(1) | | X |
| (2) Other assets | 1a(2) | | X |
| b Other transactions | | | |
| (1) Sales of assets to a noncharitable exempt organization | 1b(1) | | X |
| (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | | X |
| (3) Rental of facilities, equipment, or other assets | 1b(3) | | X |
| (4) Reimbursement arrangements | 1b(4) | | X |
| (5) Loans or loan guarantees | 1b(5) | | X |
| (6) Performance of services or membership or fundraising solicitations | 1b(6) | | X |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | | X |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | | |

[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.					May the IRS discuss this return with the preparer shown below (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee 	Date 	Title EXECUTIVE / DIRECTOR / TRUSTEE			
Paid Preparer Use Only	Print/Type preparer's name EDELL T. BURRIS	Preparer's signature 	Date 	Check <input type="checkbox"/> if self-employed	PTIN P00015770	
	Firm's name ▶ BURRIS & COMPANY CPAS, INC.				Firm's EIN ▶ 31-1304859	
	Firm's address ▶ 4380 TONAWANDA TRAIL DAYTON, OH 45430				Phone no. 937-427-1000	

Form 990-PF (2015)