

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



Department of the Treasury

Internal Revenue Service

#### DLN: 93491203004016

OMB No 1545-0052

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its instructions is at  $\underline{www.irs.gov/form990pf}$ .

Open to Public

For	cale	ndar year 2015, or tax y	year beginning 01-0	1-2015	, and ending 1		
	e of four E BAR-L	ndation EVAV FAMILY FOUNDATION			A Employer id	entification numbe	er
					38-3257742		
		street (or P O box number if mail is	not delivered to street address)	Room/suite	<b>B</b> Telephone nur	nber (see instruction	s)
29	600 NOR	THWESTERN HIGHWAY STE 100	(248) 353-0050	1			
		state or province, country, and ZIP of MI 48034	or foreign postal code	<u> </u>	<b>C</b> If exemption	application is pendin	g, check here 🕨 🦵
<b>G</b> CI	neck al	I that apply   Tinitial return	Initial return of a fo	ormer public charity	—  <b>5.1</b> 5		
		Final return Address chan	A mended return	,	2. Foreign o	ganizations, check he ganizations meeting k here and attach col	the 85%
		pe of organization 🔽 Section			E If private for	indation status was t 507(b)(1)(A), chec	erminated
		1947(a)(1) nonexempt charita	ble trust   Other taxable  JAccounting method				
of	year <i>(fr</i>	et value of all assets at end rom Part II, col. (c), \$ 3,488,664	Other (specify)  (Part I, column (d) must		F II the lounus	ition is in a 60-montl n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue a (The total of amounts in columns in necessarily equal the amounts in constructions)	(b), (c), and (d) may not column (a) (see	Revenue and expenses per (a) books	Net investment <b>(b)</b> income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)
	1	Contributions, gifts, grants, e					
	_	schedule)		22,580			
	2	Check F   If the foundation	is <b>not</b> required to attach				
	3	Sch B	porary cash investments				
	4	Dividends and interest from s		52,599	52,599	52,599	
	5a	Gross rents		02,033		02,055	
	Ь	Net rental income or (loss)					
Φ	6a	Net gain or (loss) from sale o	fassets not on line 10	100,338			
Revenue	ь	Gross sales price for all asse	ets on line 6a				
	7	<u>268,416</u> Capital gain net income (fron	n Part IV line 2)		118,416		
	8	Net short-term capital gain .			·		
	9	Income modifications					
	10a	Gross sales less returns and					
	Ь	allowances Less Cost of goods sold .					<u> </u> 
	°	Gross profit or (loss) (attach					
	11	Other income (attach schedu	•	-			
	12	Total.Add lines 1 through 11		175,517	171,015	52,599	
	13	Compensation of officers, dir		1,3,51,	1,1,010	02,033	
	14	Other employee salaries and					
ý.	15	Pension plans, employee ber					
Expenses	16a	Legal fees (attach schedule)					
₫	ь	Accounting fees (attach sch	edule)				
	_ c	Other professional fees (atta	ch schedule)				
Ĭ	17	Interest					
tra	18	Taxes (attach schedule) (see	e instructions)	493	473		20
and Administrative	19	Depreciation (attach schedu	le) and depletion				
튜	20	Occupancy					
A A	21	Travel, conferences, and mee	etings	7,372			7,372
	22	Printing and publications					
Ē	23	Other expenses (attach sche	edule)	100			100
rat	24	Total operating and administ	•				
Operating		Add lines 13 through 23.		7,965	473		7,492
U	25	Contributions, gifts, grants p		171,166			171,166
	26	<b>Total expenses and disburser</b> 25	ments.Add lines 24 and	179,131	473		178,658
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expe		-3,614			
	b	Net investment income (if ne			170,542		
	C	Adjusted net income(If negated	live, enter -0-)			52,599	

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	·
		should be for end-or-year amounts only (see instructions)	(a) Book Value	<b>(b)</b> Book Value 21,779	(c) Fair Market Value
	1	Cash—non-interest-bearing	27,859	21,779	21,779
	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 (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts 🟲			
2	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges			
ΑS	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)	265,621	101,021	89,627
	11	Investments—land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) -			
	15	O ther assets (describe 🟲)			
	16	Total assets(to be completed by all filers—see the			
		instructions Also, see page 1, item I)	3,177,965	3,174,349	3,488,664
	17	Accounts payable and accrued expenses			
'n	18	Grants payable			
bilities	19	Deferred revenue			
<u>=</u>	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe 🟲)			
	23	Total liabilities(add lines 17 through 22)		0	
S		Foundations that follow SFAS 117, check here 🕨 🔽			
Balance		and complete lines 24 through 26 and lines 30 and 31.			
lar.	24	Unrestricted	3,177,965	3,174,349	
Ba	25	Temporarily restricted			
Fund	26	Permanently restricted			
Fu		Foundations that do not follow SFAS 117, check here 🕨 🦵			
9		and complete lines 27 through 31.			
Assets	27	Capital stock, trust principal, or current funds			
SS	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
Net	30	Total net assets or fund balances(see instructions)	3,177,965	3,174,349	
	31	Total liabilities and net assets/fund balances(see instructions)	3,177,965	3,174,349	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		Total net assets or fund balances at beginning of year—Part II, column			
		with end-of-year figure reported on prior year's return)			3,177,965
2		Enter amount from Part I, line 27a			-3,614
3		Other increases not included in line 2 (itemize)			
4		Add lines 1, 2, and 3		4	3,174,351
5		Decreases not included in line 2 (itemize)			2
6		Total net assets or fund balances at end of year (line 4 minus line 5)—P	'art II, column (b), lı	ne 30 <b>.  6  </b>	3,174,349

Part IV Capital Gains	and Losses for Tax on Inve	stment Income						
	the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		How acquired P—Purchase <b>(b)</b> D—Donation	Date acquired	Date sold (d) (mo , day, yr )			
1a								
b								
С								
d								
e								
(e) Gross sales price	Depreciation allowe <b>(f)</b> (or allowable)		or other basis expense of sale		or (loss) (f) mınus (g)			
a								
b								
С								
d								
e								
Complete only for assets	showing gain in column (h) and owne				(h) gain minus			
(i) F M V as of 12/31/69	A djusted basis (j) as of 12/31/69		cess of col (ı) r col (j), ıf any		col (k), but not less than -0-) on  (I) Losses (from col (h))			
а								
b								
С								
d								
e								
3 Net short-term capit	me or (net capital loss)  al gain or (loss) as defined in sectio  Part I, line 8, column (c) (see instru		)	2	118,416			
<u> </u>	Under Section 4940(e) for R	Peduced Tay on	Net Investme	nt Income				
(For optional use by domestic   If section 4940(d)(2) applies,	private foundations subject to the se leave this part blank	ection 4940(a) tax	on net investment	ıncome )				
If "Yes," the foundation does n	e section 4942 tax on the distribut ot qualify under section 4940(e) Do	o not complete this	part		Γ Yes <b>Γ</b> No			
<b>1</b> Enter the appropriate amo	unt in each column for each year, s	ee instructions befo	ore making any ent	ries				
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of nonchai		<b>(d)</b> Distributio (col (b) divided	n ratio			
2014	160,358		3,439,639		0 046621			
2013	130,869		3,005,202		0 043547			
2012	117,724		2,511,870		0 046867			
2011	147,612		2,469,213		0 059781			
2010	106,274		2,280,074	<u>. T</u>	0 046610			
_ ,	n (d)			2	0 243426			
the number of years	ratio for the 5-year base period—dir the foundation has been in existence	e ıf less than 5 yeaı	rs	3	0 048685			
	f noncharitable-use assets for 201!	•	<b>⊢</b>	4	3,569,924			
• • • • • • • • • • • • • • • • • • • •	e 3		<u> </u>	5	173,802			
	stment income (1% of Part I, line 2	•		6	1,705			
7 Add lines 5 and 6.				7	175.507			

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

178,658

8

	990-PF (2015)  t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b),	4940(a)	or 4948—se	e nag	a 18 of	the inst	ructio		age <b>4</b>
	Exempt operating foundations described in section 4940(d)(2), check here			c pag	10 01	the mat	. ructio	,113)	
1a	and enter "N/A" on line 1	-1							
	Date of ruling or determination letter			- }					
	(attach copy of letter if necessary—see instructions)  Domestic foundations that meet the section 4940(e) requirements in Part \	V shock			4				1 705
b	here F and enter 1% of Part I, line 27b	v, check		)	1				705,1
c	'			•					
	All other domestic foundations enter 2% of line 27b Exempt foreign organic Part I, line 12, col (b)	zations e	enter 4 % of						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable for	undatıon	s only Othe	rs	2				
3	enter -0-) Add lines 1 and 2				3			<del></del>	 1,705
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable fo	· · · undation	 Is only Othe	rs	ب				1,703
•	enter -0-)				4				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less,	enter - 0		•	5			:	705,1
6	Credits/Payments	1 -	ı						
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a							
b	Exempt foreign organizations—tax withheld at source	6b							
C	Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld	6c 6d							
d 7	Total credits and payments Add lines 6a through 6d		<u> </u>		7				
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here  from		_	a a	8				40
9	Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed			<b>•</b>	9				1,745
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amou			<b>F</b>	10				- /
11	Enter the amount of line 10 to be Credited to 2015 estimated tax		Refunded	•	11				
Par	t VII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, sta	te, or loc	al legislatio	n or d	ıd			Yes	No
	ıt partıcıpate or ıntervene ın any political campaign?						1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for	r politica	l purposes (	see In	structi	ons			
	for definition)?					•	1b		No
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities	es and co	pies of any n	nateria	ls				
	published or distributed by the foundation in connection with the activities.						1c		No
d	Did the foundation file <b>Form 1120-POL</b> for this year?					•	10		NO
u	(1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers		- ,						
e	Enter the reimbursement (if any) paid by the foundation during the year for po				osed				
	on foundation managers 🕨 \$								
2	Has the foundation engaged in any activities that have not previously been r	eported	to the IRS?				2		No
	If "Yes," attach a detailed description of the activities.								
3	Has the foundation made any changes, not previously reported to the IRS, in	ıts gove	rnıng ınstruı	ment,	article	5			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a con	nformed o	copy of the cl	nanges			3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more	_					4a		No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?						4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction d	during the	e year?				5		No
•	If "Yes," attach the statement required by General Instruction T.	1045\	6	_					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4  • By language in the governing instrument, or	1943)5a	tisiled eithei						
	By state legislation that effectively amends the governing instrument so the state of the s	that no n	nandatory di	rectio	ns				
	that conflict with the state law remain in the governing instrument?						6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the yea					),			
	and Part XV.						7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered	l (see ins	tructions)						
	MI								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form (						0.1	<b>V</b> =	
9	General (or designate) of each state as required by General Instruction G? $I$ Is the foundation claiming status as a private operating foundation within the				/1\/2\		8b	Yes	
7	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015		_						
	If "Yes," complete Part XIV						9		No
10	Did any persons become substantial contributors during the tax year? If "Yes	s," attach	a schedule l	ıstıng	their n	ames			
	and addresses.						10		No

Par	Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of ►STEVEN J PLOTNIK CPA  Telephone no ►(248)	1443	-2440	
	Located at ►27313 SOUTHFIELD RD LATHRUP VILLAGE MI ZIP+4 ►48076	7		
			<u> </u>	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here	• •	-	
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
	Accounts (FBAR) If "Yes", enter the name of the foreign country 🟲			
Par	t 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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)? $ extstyle  ex$			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days ) Yes 🔽 No			
Ь	If any answer is "Yes" to $1a(1)$ –(6), did <b>any</b> 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)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	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		
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))			
а	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?			
b	If "Yes," list the years 20, 20, 20, 20 Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to allyears listed, answer "No" and attach statement—see instructions )	2b		
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
_	► 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
ь	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.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
ь	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		No

Ра	Statements Rega	arain	g Activities for	VV	iich Form 4/20	may	Be Required (Cont	inue	<i>a)</i>
5a	During the year did the foundatio	n pay	or incurany amoun	t to					
	(1) Carry on propaganda, or othe	rwise	attempt to influence	e leg	ıslatıon (section 494	45(e	)) <sup>?</sup>	No	
	(2) Influence the outcome of any	spec	ıfıc publıc electıon (	see	section 4955), or to	car	ry		
	on, directly or indirectly, any	voter	registration drive?.						
	(3) Provide a grant to an individu	ıal for	travel, study, or oth	ners	ımılar purposes?		「Yes ▽	No	
	(4) Provide a grant to an organization section 4945(d)(4)(A)? (s							- No	
	(5) Provide for any purpose other								
	educational purposes, or for t						<b>⊤</b> Yes <b>▽</b>	No	
b	If any answer is "Yes" to 5a(1)-		•						
	Regulations section 53 4945 or								5b
	Organizations relying on a currer						_	_	
c	If the answer is "Yes" to question								
	tax because it maintained expend							- No	
	If "Yes," attach the statement requ					-	,,		
6a	Did the foundation, during the year					nrer	milims on		
-	a personal benefit contract?	-	· ·	-		-		- No	
ь	Did the foundation, during the year						· ·		6b No
	If "Yes" to 6b, file Form 8870.	ui, pu	y premiums, ameeti,	011	manecary, on a perso	,,,,,,,,	benefit contract 1 1 1	•	ob   No
7a	At any time during the tax year, v	wac th	e foundation a party	, to a	a prohibited tay shelf	tar t	ransaction? <b>☐ Yes ▽</b>	- No	
/a b	If yes, did the foundation receive						·		7b
							n Managers, Highly		
Pa	rt VIII and Contractors	it Oii	icers, Directors	, "	ustees, i ouilua	11101	ii Managers, mgmy	Faiu	Lilipioyees,
1	List all officers, directors, trustee	s, fou	ndation managers a	nd t	heir compensation (s	see i	nstructions).		
			Title, and average	(6)	) Compensation( <b>If</b>		(d)		
	(a) Name and address	(b)	hours per week devoted to position	` `	not paid, enter -0-)		Contributions to mployee benefit plans I deferred compensation		Expense account, other allowances
LEOR	A BAR-LEVAV	PRE	SIDENT		0		0		0
250	22 CANTERBURY RD	1 00							
FRA	NKLIN,MI 48025								
PAME	ELA TORRACO	_	RETARY		0		0		0
	8 SILVERSIDE RD	1 00							
	TERFORD, MI 483281762	-							
	ON BAR-LEVAV	_	ASURER		0		0		0
YOR	O HUNTERBROOK RD RKTOWN HGTS NY, NY 10598	1 00							
	A BAR-LEVAV	_	ASURER		0		0		0
BET	11 BUCKWOOD LANE HESDA,MD 20852	1 00							
_2_	Compensation of five highest-paid	d emp	loyees (other than	thos	e included on line 1—	-see		nter "I	NONE."
	(a)		Title, and aver	age			Contributions to employee benefit	١,	Expense account,
Naı	me and address of each employee	paıd	hours per wee		(c) Compensatio	n	plans and deferred	l .	other allowances
	more than \$50,000		(b) devoted to posi	tion			(d) compensation		_
NON	NE								
								L	
Tata	number of other employees paid	0405 *	50.000		l		<u> </u>		
· Oca	··	2 4 C I 3	,50,000					ı	

Part VIII Information About Officers, Directors, Trus and Contractors (continued)	tees, Foundation Managers, Hi	ghly Paid Employees,
3 Five highest-paid independent contractors for professional services	(see instructions). If none, enter "NON	NE".
(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		<b>&gt;</b>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include re organizations and other beneficiaries served, conferences convened, research papers pro		er of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments	(see instructions)	
Describe the two largest program-related investments made by the foundation during	the tax year on lines 1 and 2	A mount
<b>1</b> N/A		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		<u></u>

Pa	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	<u>.,</u>	
	purposes		
а	A verage monthly fair market value of securities	1a	3,575,027
b	A verage of monthly cash balances	1b	49,261
c	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	3,624,288
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	3,624,288
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	54,364
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,569,924
6	Minimum investment return. Enter 5% of line 5	6	178,496
Pai	t XI  Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► □ and do not complete this part.)	taın f	oreign organizations
1	Minimum investment return from Part X, line 6	1	178,496
2a	Tax on investment income for 2015 from Part VI, line 5   2a   1,705		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	1,705
3	Distributable amount before adjustments Subtract line 2c from line 1	3	176,791
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	176,791
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	176,791
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	178,658
b	Program-related investments—total from Part IX-B	1b	
2	A mounts 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		
а	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	178,658
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 (see instructions)	5	1,705
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	176,953
	<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	foundation qualifies for

P	art XIII Undistributed Income (see insti	ructions)			
		(a) Corpus	(b) Years prior to 2014	<b>(c)</b> 2014	<b>(d)</b> 2015
1	Distributable amount for 2015 from Part XI, line 7				176,791
2	Undistributed income, if any, as of the end of 2015				
а	Enter amount for 2014 only			9,643	
ь	Total for prior years 20, 20, 20				
3	Excess distributions carryover, if any, to 2015				
а	From 2010				
b	From 2011				
c	From 2012				
	From 2013				
	From 2014				
	Total of lines 3a through e				
	Qualifying distributions for 2015 from Part				
•	XII, line 4 <b>&gt;</b> \$ 178,658				
а	Applied to 2014, but not more than line 2a			9,643	
	Applied to undistributed income of prior years			,	
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2015 distributable amount				169,015
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2015				
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
	Prior years' undistributed income Subtract				
	line 4b from line 2b				
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				
d	Subtract line 6c from line 6b Taxable amount —see instructions				
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see				
_	instructions				
Т	Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must				
	be distributed in 2015				7,776
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)				
8	Excess distributions carryover from 2010 not				
_	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2016.				
10	Subtract lines 7 and 8 from line 6a				
	Analysis of line 9				
	Excess from 2011 Excess from 2012				
	Excess from 2013 Excess from 2014				
е	Excess from 2015				

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of A mount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 171,166 **b** Approved for future payment

Form 990-PF (2015)  Part XVI-A Analysis of Income-Produc	ing Activitie	:S			Page <b>12</b>
Enter gross amounts unless otherwise indicated	Unrelated bu	ısıness income	Excluded by section	n 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	<b>(b)</b> A mount	(c) Exclusion code	(d) A mount	Related or exempt function income (See
-	Business code	Amount	Exclusion code	Amount	ınstructions )
a b					
c					
d					
e					
f					
<ul><li>g Fees and contracts from government agencies</li><li>2 Membership dues and assessments</li></ul>					
Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	52,599	
5 Net rental income or (loss) from real estate a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property					
<b>7</b> Other investment income					
Gain or (loss) from sales of assets other than inventory			14	118,416	-18,078
Net income or (loss) from special events     Gross profit or (loss) from sales of inventory					
1 Other revenue a					
b					
c					
d e					
Subtotal Add columns (b), (d), and (e).				171,015	-18,078
Total.Add line 12, columns (b), (d), and (e).			:	13	152,937
(See worksheet in line 13 instructions to verify a Part XVI-B Relationship of Activities to		plishment of I	Exempt Purpos	es	
Line No. Explain below how each activity for whithe accomplishment of the foundation's instructions )	ich income is re	ported in column i	(e) of Part XVI-A c	ontributed importa	

Part	: XVII	Information Re Noncharitable					sactions and I	Relationships	With			
		ganization directly or ii 01(c) of the Code (othe	ndırectly (	engage	ın any of t	the following wi					Yes	No
org	janızatı	ons?										
<b>a</b> Tra	ansfers	from the reporting four	dation to	a noncl	harıtable (	exempt organız	ation of					
(1)	Cash									1a(1)		No
(2)	Othe	rassets								1a(2)		No
<b>b</b> Otl	her trai	nsactions										
(1)	Sales	of assets to a noncha	rıtable ex	empt or	ganızatıoı	n				1b(1)		No
(2)	Purcl	nases of assets from a	noncharıt	able ex	empt orga	inization				1b(2)		No
(3)	Renta	al of facilities, equipme	nt, or othe	erasset	s					1b(3)		No
(4)	Reim	bursement arrangemen	ts							1b(4)		No
(5)	Loan	s or loan guarantees.								1b(5)		No
(6)	)P erfori	mance of services or m	embershi	p or fun	draising s	olicitations.				1b(6)		No
<b>c</b> Sha	aring o	f facılıtıes, equipment, i	mailing lis	ts, othe	er assets,	or paid employ	/ees			1c		No
of t	the goo any tra	wer to any of the above ds, other assets, or se nsaction or sharing arra (b) Amount involved	rvices giv angement	en by tl , show i	he reportı n column	ng foundation	If the foundation roof the goods, other	eceived less that assets, or servi	n fair marke ces receive	t value d		ıt.c
(a) Line	E NO	(b) Amount involved	(C) Name	OI HOHCH	iantable exe	empt organization	(d) Description	of transfers, transact	lions, and sna	illy allali	gemen	its
des	scribed	ndation directly or indii in section 501(c) of the complete the following s (a) Name of organization	ie Code (d schedule		an sectioi		in section 527?.		ption of relation		্ ্	No
Sign Here	the Info	er penalties of perjury, best of my knowledge a rmation of which prepar ******	nd belief, er has an	ıt ıs tru	ie, correct		Declaration of p		May the return with the below		ed on cuss the	all ıs ın
		Print/Type preparer's RONALD LEMMING		Prepa	rer's Sıgn	ature	Date 2016-07-08	Check if self- employed ►	PTIN PC	00149	29	
Use	arer	Firm's name PLOTNIK FEINBERG	& ASSOC	IATES	PC		1	Firm's EIN ► 3	8-243428	4		
Only		27313 SOUTHFIELD 48076	ROAD LA	ATHRUF	P VILLAG	E, MI		Phone no (248	3)443-244	0		

# Form 990PF Part XV Line 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	Foundation status of recipient	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
AMERICAN FRIENDS OF MAGENDAVID ADOM 831 NORWOOD AVE LONG BRANCH,NJ 077404651	NONE	TAX EXEMPT	CULTURAL	21,986
BIRTHRIGHT ISRAEL FOUNDATION PO BOX 5892 HICKSVILLE,NY 11802	NONE	TAX EXEMPT	CULTURAL	5,400
BRANDEIS UNIVERSITY 415 SOUTH STREET WALTHAM,MA 02453	NONE	TAX EXEMPT	EDUCATIONAL	500
CAMERA PO BOX 35040 BOSTON,MA 021350001	NONE	TAX EXEMPT	CULTURAL	1,000
CANTORIAL ASSEMBLY OF AMERICA 55 S MILLER RD FAIRLAWN,OH 44333	NONE	TAX EXEMPT	RELIGOUS	10,000
CHABAD OF YORKTOWN 2629 OLD YORKTOWN RD YORKTOWN HEIGHTS,NY 10598	NONE	TAX EXEMPT	RELIGOUS	180
CHARLES SMITH JEWISH DAY SCHOOL 1901 E JEFFERSON ST ROCKVILLE,MD 20852	NONE	TAX EXEMPT	EDUCATIONAL	1,000
CONGREGATION SHAAREY ZEDEK 27375 BELL RD SOUTHFIELD,MI 48034	NONE	TAX EXEMPT	RELIGOUS	1,800
CONGREGATION SONS OF ISRAEL 155 ELLIOTT AVE YONKERS,NY 10705	NONE	TAX EXEMPT	RELIGOUS	5,520
DETROIT INSTITUTES OF ART 5200 WOODWARD AVE DETROIT,MI 48202	NONE	TAX EXEMPT	CULTURAL	300
DETROIT PUBLIC TV 1 CLOVER COURT WIXOM,MI 483932247	NONE	TAX EXEMPT	CULTURAL	250
FRIENDS OF THE ISRAEL DEFENSE FORCE 60 EAST 42ND STREET NEW YORK,NY 10165	NONE	TAX EXEMPT	CULTURAL	1,180
GEORGE WASHINGTON UNIVERSITY 2121 EYE STREET NW WASHINGTON,DC 20052	NONE	TAX EXEMPT	EDUCATIONAL	500
HAMPSHIRE COLLEGE 893 WEST ST AMHERST,MA 01002	NONE	TAX EXEMPT	EDUCATIONAL	500
HEBREW FREE BURIAL ASSOC 224 WEST 35TH ST NEW YORK,NY 10001	NONE	TAX EXEMPT	CULTURAL	1,000
Total			▶ 3a	171,166

# Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
HEBREW FREE LOAN ASSOC 131 STEUART ST STE 425 SAN FRANCISCO,CA 94105	NONE	TAX EXEMPT	ANTI POVERTY	6,000
HILLEL DAY SCHOOL 32200 MIDDLEBELT RD FARMINGTON HILLS,MI 48334	NONE	TAX EXEMPT	EDUCATION	1,000
INSTITUTE FOR INDIVIDUAL AND GROUP PSYCHOTHERAPY 29600 NORTHWESTERN HWY SUITE 100A SOUTHFIELD,MI 48034	SAME DIRECTORS	TAX EXEMPT	RESEARCH	1,750
JEWISH FEDERATION OF METRO DETROIT 6735 TELEGRAPH RD BLOOMFIELD HILLS,MI 48301	NONE	TAX EXEMPT	CULTURAL	13,000
JEWISH FEDERATION OF WASHINGTON DC 6101 MONTROSE RD ROCKVILLE,MD 20852	NONE	TAX EXEMPT	CULTURAL	13,000
JEWISH NATIONAL FUND 42 EAST 69TH ST NEW YORK,NY 10021	NONE	TAX EXEMPT	RELIGOUS	10,000
JEWISH SENIOR LIFE 15000 W 10 MILE RD OAK PARK, MI 48237	NONE	TAX EXEMPT	CULTURAL	500
KOL SHALOM 10301 GROSVENOR PL L06 NORTH BETHESDA,MD 20852	NONE	TAX EXEMPT	RELIGOUS	14,600
MARET SCHOOL 3000 CATHEDRAL AVE NW WASHINGTON,DC 20008	NONE	TAX EXEMPT	EDUCATIONAL	250
MARYLAND UNIVERSITY OF INTEGRATIVE HEALTH 7750 MONTPELIER RD LAUREL, MD 20723	NONE	TAX EXEMPT	MEDICAL RESEARCH	5,000
MASORTI FOUNDATION 475 RIVERSIDE DRIVE STE 832 NEW YORK,NY 10115	NONE	TAX EXEMPT	RELIGOUS	5,000
MI OPERA THEATER 1526 BROADWAY ST DETROIT,MI 48226	NONE	TAX EXEMPT	CULTURAL	750
MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET SOUTH HADLEY,MA 01075	NONE	TAX EXEMPT	EDUCATIONAL	500
REED COLLEGE 3203 SE WOODSTOCK BLVD PORTLAND, OR 972028199	NONE	TAX EXEMPT	EDUCATIONAL	500
SHERIDAN SCHOOL 4400 36TH ST NW WASHINGTON,DC 20008	NONE	TAX EXEMPT	EDUCATIONAL	250
Total				171,166

# Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
THE KENNEDY CENTER 2700 F STREET NW WASHINGTON, DC 20566	NONE	TAX EXEMPT	CULTURAL	1,200
UJA FEDERATION OF NEW YORK 130 EAST 59TH STREET NEW YORK,NY 10022	NONE	TAX EXEMPT	CULTURAL	21,600
UNIVERSITY OF MICHIGAN FLEMING ADMIN BUILDING ANN ARBOR,MI 48109	NONE	TAX EXEMPT	EDUCATIONAL	500
ZIONIST ORGANIZATION OF AMERICA 6600 W MAPLE RD WEST BLOOMFIELD,MI 48322	NONE	TAX EXEMPT	CULTURAL	1,700
AMERICAN DIABETES 1701 N BEAUREGARD ST ALEXANDRIA, VA 22311	NONE	TAX-EXEMPT	MEDICAL RESEARCH	5,000
AMERICAN FRIEDNS OF DARCHEI AVOT 831 NORWOOD AVE LONG BRANCH,NJ 07740	NONE	TAX EXEMPT	EDUCATIONAL	4,300
BBYO-MICHIGAN REGION 6600 W MAPLE ROAD WEST BLOOMFIELD,MI 48322	NONE	TAX-EXEMPT	CULTURAL	500
CASEY HEALTH INSTITUTE 800 SOUTH FREDERICK AVE GAITHERSBURG, MD 20877	NONE	TAX-EXEMPT	MEDICAL	2,500
DETROIT SYMPHONY ORCHESTRA 3711 WOODWARD AVE DETROIT,MI 48201	NONE	TAX-EXEMPT	CULTURAL	250
JEWISH HERITAGE PROJECT FOUNDATION 150 FRANKLIN ST 1W NEW YORK,NY 10013	NONE	TAX-EXEMPT	CULTURAL	3,000
JEWISH NATIONAL FUND - MICHIGAN 60 REVERE DR SUITE 725 NORTHBROOK,IL 60062	NONE	TAX-EXEMPT	RELIGIOUS	3,600
MISSION MINYAN 3543 18TH ST SAN FRANCISCO,CA 94110	NONE	TAX-EXEMPT	RELIGIOUS	2,000
YOUNG ISRAEL OF SOUTHFIELD 27705 LAHSER RD SOUTHFIELD,MI 48034	NONE	TAX-EXEMPT	RELIGIOUS	1,800
Total			▶ 3a	171,166

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2015 Gain/Loss from Sale of Other Assets Schedule

Name: THE BAR-LEVAV FAMILY FOUNDATION

Name	Date Acquired	How A cquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Met hod	Sales Expenses	Total (net)	Accumulated Depreciation
1686SH VALUE LINE AGGRESIVE INCOME	2000-07	PURCHASE	2015-08		25,000	27,972			-2,972	
1689SH VALUE LINE AGGRESIVE INCOME	2000-07	PURCHASE	2015-09		25,000	28,025			-3,025	
1690SH VALUE LINE AGGRESIVE INCOME	2000-07	PURCHASE	2015-09		25,000	28,044			-3,044	
1688SH VALUE LINE AGGRESIVE INCOME	2000-07	PURCHASE	2015-09		25,000	28,006			-3,006	
1688SH VALUE LINE AGGRESIVE INCOME	2000-07	PURCHASE	2015-11		25,000	27,997			-2,997	
1690SH VALUE LINE AGGRESIVE INCOME	2000-07	PURCHASE	2015-11		25,000	28,034			-3,034	

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491203004016

# **TY 2015 Investments Corporate Bonds Schedule**

Name: THE BAR-LEVAV FAMILY FOUNDATION

Name of Bond	End of Year Book Value	End of Year Fair Market Value
VALUE LINE AGGRESSIVE INCOME TRUST	101,021	89,627

	efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491203004016
--	--------------------------------------	-----------------	---------------------

# **TY 2015 Investments Corporate Stock Schedule**

Name: THE BAR-LEVAV FAMILY FOUNDATION

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ALGER GROWTH-CLASS B	68,219	96,167
AMERICAN CENTURY ULTRA	644,225	660,563
BRIDGEWAY FUND, INC.	93,412	119,901
JANUS TWENTY FUND	346,558	292,132
RS VALUE & GROWTH FUND	304,800	302,271
T ROWE PRICE EQUITY INCOME	331,109	367,598
T ROWE PRICE INDEX 500	250,511	354,761
T ROWE PRICE SCIENCE & TECH.	307,983	208,271
VANGUARD EUROPEAN STOCK	185,486	187,673
VANGUARD GROWTH INDEX FUND	519,246	787,921



### **TY 2015 Other Decreases Schedule**

Name: THE BAR-LEVAV FAMILY FOUNDATION

Description	Amount
ROUNDING	2

# **TY 2015 Other Expenses Schedule**

Name: THE BAR-LEVAV FAMILY FOUNDATION

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
OFFICE & MISC	100			100

### **TY 2015 Taxes Schedule**

Name: THE BAR-LEVAV FAMILY FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STATE OF MICHIGAN ANNUAL FILING	20			20
FEDERAL EXCISE TAX-990PF				
FOREIGN DIVIDEND TAXES PAID	473	473		

efile GRAPHIC print - DO NOT PROCESS

THE BAR-LEVAV FAMILY FOUNDATION

As Filed Data -

#### DLN: 93491203004016

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.
► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

2015

**Employer identification number** 

			38-3257742			
Organizat	ion type (check or	e)				
Filers of:	lers of: Section:					
Form 990 o	or 990-EZ	☐ 501(c)( ) (enter number) organization				
		☐ 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		☐ 527 political organization				
Form 990-I	7	▼ 501(c)(3) exempt private foundation				
		☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation				
□ 501(c)(3) taxable private foundation						
•	or an organization f	iling Form 990, 990-EZ, or 990-PF that received, during the year, contributions t any one contributor Complete Parts I and II See instructions for determining a	• • • • • • • • • • • • • • • • • • • •			
Special R	ules					
une rec	der sections 509(a) ceived from any one	scribed in section $501(c)(3)$ filing Form 990 or 990-EZ that met the $33^1 \mbox{\ensuremath{\beta}}\%$ supposed (1) and $170(b)(1)(A)(vi)$ , that checked Schedule A (Form 990 or 990-EZ), Part I contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000 or (Form 990-EZ, line 1 Complete Parts I and II	ll, line 13, 16a, or 16b, and that			
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 purpose 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 contribution the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more the this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year			outions totaled more than \$1,000 If usively religious, charitable, etc, illuse it received nonexclusively			

990-EZ, or 990-PF)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of 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

Name of organization
THE BAR-LEVAV FAMILY FOUNDATION

Employer identification number 38-3257742

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 cont	tribution
1			Person Payroll	□ □
	11111 BUCKWOOD LANE	\$ 14,980	Noncash	'
	BETHESDA, MD 20852		(Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
			Person	Г
		\$	Payroll	Γ
	-		Noncash	Γ
			(Complete Part II f contributions)	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
			Person	Г
	-	\$	Payroll	Γ
			Noncash	Γ
			(Complete Part II f contributions)	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
			Person	Γ
		\$	Payroll	Г
			Noncash	Γ
			(Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
			Person	Γ
		\$	Payroll	Γ
			Noncash	Г
			(Complete Part II f contributions)	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of conf	tribution
	_		Person	Г
		\$	Payroll	Г
		*	Noncash	Г
			(Complete Part II f contributions )	or noncash

Name of organizati		Employer identification nu	umber
THE BAR-LEVAV I	FAMILY FOUNDATION	38-3257742	
	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
		s	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-E∠, or 990-PF) (2015)
---

hedule B (Form 990,	990-EZ, or 990-PF) (2015)		Page <b>4</b>	
mme of organization HE BAR-LEVAV FAMILY FOUNDATION			Employer identification number	
total more line entry. of \$1,000 o	than \$1,000 for the year from any o	one contributor. Complete co III, enter the total of <i>exclusive</i> mation once. See instruction	ibed in section 501(c)(7), (8), or (10) that lumns (a) through (e) and the following ely religious, charitable, etc., contributions is.) ► \$	
(a) lo.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
. =				
	Transferee's name, address, and	(e) Transfer of gif	Relationship of transferor to transferee	
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-	(e) Transfer of gift Transferee's name, address, and ZIP4 Relationship of transferor to transferee			
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
. =	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee			
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
- =				
	Transferee's name, address, and	(e) Transfer of gif d ZIP 4	Relationship of transferor to transferee	
-				