. Form 990-PF

EXTENDED TO NOVEMBER 16, 2020

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.

Go to www.irs.gov/Form990PF for instructions and the latest information.

ن.			of the Treasury enue Service							s it may be mai I the latest info		1916	Open to Public In	spection
	For calendar year 2019 or tax year beginning , and ending													
			foundation	, , , , , , , , , , , , , , , , , , , ,					<u> </u>		A Employer i	identification	number	
			LEV FO	UNDATI	ON									
			BAKER '			LР					25-1	905937	,	
			nd street (or PO be				ddress)			Room/suite	B Telephone	number		
	0	NE	PENN P	LAZA						3000	212-	697-6 <u>9</u>	00	
	City	or to	wn, state or pro	ovince, coun	try, and ZII	P or foreign po	ostal code			-	C if exemption	application is p	ending, check here	
			all that apply		nitial returi	n	Initia	al return of a f	ormer nublic	charity	D 1. Foreign	ornanization	s check here	
	u c	IIIGUK	an that apply	=	inal return		=	nded return	onnoi puone	onunty	1. 7 0. 0.g	or garnzanor.	o, onook nor o	
				=	Address ch		=	ie change		4	2. Foreign o	rganizations m	eeting the 85% test, emputation	
÷	H C		type of organization 4947(a)(1)	ation:	K Section	n 501(c) <u>(3) e</u> x	empt private t		tion	04	E If private fo	oundation st	atus was terminate)(A), check here	d
			rket value of all			J Accounti		X Cash		crual	i			
			art II, col. (c), li		u ui yeai		her (specify)	LZE UGSII		Li uai			60-month termina)(B), check here	tion
	•	\$			285.	(Part I, colun		e on cash bas	ıs.)		under 3000	.011 007 (0)(1)(D), GIOGK HOLD	
			Analysis of Re (The total of amo	evenue and	Expenses as (b), (c), and	i (d) may not	(a) Reve	enue and s per books	(b) Net	investment come		sted net	(d) Disbursen for charitable pu (cash basis o	rposes
7	\neg	1	Contributions,					2,337.		-	N/.	A	(SEG) BESIG	1
7/				if the foundation is			~ ~ ~	_,,				<u></u>	1	—i
1		3	Interest on saving	s and tempora									1	 i
S		4	Dividends and		n securities	3	22	0,994.	2:	20,994.			STATEMEN	T 1
			Gross rents					· · · · · · · · · · · · · · · · · · ·		•				
~			Net rental income	or (loss)										
		6a	Net gain or (loss) i	from sale of as	sets not on li	ne 10	18	5,637.						
B _	nue	b	Gross sales price assets on line 6a	for all	200	<u>,700.</u>								
랋	Reveni	7	Capital gain net in	come (from Pa	rt IV, line 2)				1	85,637 .				!
22 Received in Batching Ogden	æ	8	Net short-term	capital gain										
<u>ద్దిశ్ర</u>		9	Income modific								_		ļ	
를 크.		10a	and allowances	-									 	;
			Less Cost of goo	_	_			<u>-</u>			 		 	
			Gross profit or	(loss)				,159.>	-1	6,539.>			STATEMEN	VT 2
DEC			Other income		44			9,809.		90,092.	l		SIAIEMEI	<u> </u>
2	_		Total. Add line			-4-		$\frac{5,005}{6,250}$		0.			36	250.
8 2		13	Other employe	•		, etc		5,000.	-	0.				000.
2020		1	Pension plans,		•		<u>_</u>	_,,,,,,,					1	-
	e S	ı	Legal fees	cinployed b	01101113				-					
	Sui	Ь	Accounting fee	S	S	гмт з	4	0,078.		0.			40,	078.
	Expens	c	Other profession			гмт 4		5,476.	1	00,476.			15,	000.
			Interest					·		internal	Sevicinia (Service		
	Administrative	18	Taxes		Sī	гмт 5	1	9,462.		47,48,0,,	US Bank		4,	982.
	list	19	Depreciation as	nd depletion							328		ļ	
	Ē	20	Оссиралсу											
			Travel, confere		eetings					<u> </u>	3 0 50	<u> 50 </u>	 	
m	and	22	Printing and pu		-			0 252				_ =	10-	207
SCANNED	ating (23	Other expenses			гмт 6	<u> </u>	9,378.		0.			19,	287.
\Rightarrow	rati	24	Total operating	-				E C A A	1 1	O4 05 O	jden, UT	-	100	507
Ź	Opera		expenses. Add					5,644.	Fr T	0. 04,956.	<u> </u>		280	597. 405.
Щ		1	Contributions,				 ∠8	<u>8,405.</u>					200,	1 03.
<u> </u>		26	Total expense:		sements.		50	4,049.	1 1	04,956.			460	002.
MAY	_	27	Add lines 24 at		12.		50	<u> </u>		· · · · · ·			407,	1
		27	Subtract line 2			coments.	2	5,760.		•			1	1
0			Net investmen	•			_	<u> </u>	2.5	85,136.	 		1	 i
6			Adjusted net in								N/	A		

SCANNED MAY 0 6 2021

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2019)

BET LEV FOUNDATION

C/O BAKER TILLY US LLP 25-1905937 Form 990-PF (2019) Balance Sheets Attached schedules and amounts in the description Beginning of year End of year column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 1,559,935. 2,109,188. 1,559,935. 2 Savings and temporary cash investments 3,352. 3 Accounts receivable ▶ 9,013. 3,352. 3,352 Less; allowance for doubtful accounts 4 Pledges receivable ▶ Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13,450,268. 14,012,330. 16,804,469. STMT 7 13 Investments - other 14 Land, buildings, and equipment; basis Less accumulated depreciation 29,529. STATEMENT 8 10,917. 29,529. 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 15,579,386. 15,605,146. 18,397,285. instructions. Also, see page 1, item 1) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0. 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. 24 Net assets without donor restrictions 25 Net assets with donor restrictions . Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. 26 Capital stock, trust principal, or current funds 5 0. 0. 27 Paid-in or capital surplus, or land, bldg., and equipment fund 15,579,386. 15,605,146. 28 Retained earnings, accumulated income, endowment, or other funds 15,579,386. 15,605,146. 29 Total net assets or fund balances 15,579,386. 15,605,146. 30 Total liabilities and net assets/fund balances 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 29 15,579,386. (must agree with end-of-year figure reported on prior year's return) 25,760. 2 Enter amount from Part I, line 27a 0. 3 Other increases not included in line 2 (itemize) 15,605,146. Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

C/O BAKER TILLY US LLP

25-1905937

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Part IV Capital Gains a	and Losse	es for Tax on Inv	estment	Income	_		<u> TACHE</u>	D SI	CATEM	INT
		property sold (for examommon stock, 200 shs.		e,	(b)	How ac - Purcl - Dona	nase į '	c) Date a (mo., da	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
 1a	-				T					-
b				•			-			
C	_	·								
d		-		-					_	
e						-				
(e) Gross sales price		reciation allowed r allowable)		t or other basis xpense of sale			1		ain or (loss (f) minus	
8	_									
b										
С										
d										
e 200,700.				15,06	3.					<u> 185,637.</u>
Complete only for assets showing	g gain in colu	ımn (h) and owned by th	ne foundation	on 12/31/69.			(i) (Gains (C	ol. (h) gain	minus
(i) FMV as of 12/31/69		Adjusted basis of 12/31/69		cess of col. (i) col. (j), if any			COI. (k), but r Losses	ot less tha (from col. (n -U-) or (h))
8										
b										
С										·
d										
е				-						185,637.
		C If goin also enter	un Dart I. luna	7						
2 Capital gain net income or (net ca	pital loss)	$ \begin{cases} \text{ If gain, also enter} \\ \text{ If (loss), enter -0-} \end{cases} $	in Part I, line	7	}	2				185,637.
3 Net short-term capital gain or (los	•	in sections 1222(5) and	i (6).		ר					
If gain, also enter in Part I, line 8,	column (c).				 				N/A	
If (loss), enter -0- in Part I, line 8 Part V Qualification U	ndor Soo	tion 4040(a) for l	Doducad	Tay on Not	Inve	etm	ent Incor	200	N/A	
If section 4940(d)(2) applies, leave th Was the foundation liable for the sect If "Yes," the foundation doesn't qualif	tion 4942 tax y under sectio	on the distributable amo	plete this part.	•						Yes X No
1 Enter the appropriate amount in e	each column	for each year; see the in	structions bef	ore making any e	ntries					
(a) Base period years Calendar year (or tax year beginnii	ng in)	(b) Adjusted qualifying dist	ributions	Net value of no	(c) oncha		use assets		Dıstrı (col. (b) dı	(d) bution ratio vided by col. (c))
2018		903	1,773.		16	,92	5,680.		_	.053278
2017		44'	7,603.				5,916.			.028283
2016		543	1,222.				5,796.			.035593
2015			2,063.				6,106.			.041704
2014		_553	3,977.		12	<u>,50</u>	<u>6,553.</u>			.044295
2 Total of line 1, column (d)		,						2		.203153
3 Average distribution ratio for the	5-year base p	eriod - divide the total o	n line 2 by 5.0), or by the numb	er of	years				
the foundation has been in exister	nce if less tha	n 5 years						3		.040631
4 Enter the net value of noncharitab	ole-use assets	for 2019 from Part X, li	ne 5					4	1	7,387,087.
5 Multiply line 4 by line 3								5		706,455.
6 Enter 1% of net investment incom	ne (1% of Par	t I, line 27b)						6		2,851.
7 Add lines 5 and 6								7		709,306.
8 Enter qualifying distributions from	n Part XII, lin	e 4						8		469,002.
If line 8 is equal to or greater than See the Part VI instructions.	ı line 7, check	the box in Part VI, line	1b, and comp	lete that part usin	ng a 1	% tax ı	ate.			

BET LEV FOUNDATION

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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948 -	see in	struc	tions	<u>) </u>	
_ 1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	- '				Ì	
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					لي	
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%				5,7	03.	
	of Part I, line 27b					1	
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)	 				<u>_</u>	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2	ļ			0.	
3	Add lines 1 and 2	3	<u> </u>		5,7		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4	1		- 7	0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	ļ		5,7	<u> </u>	
6	Credits/Payments:					- 1	
	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 11,898	_					
	Exempt foreign organizations - tax withheld at source 6b 0	_					
	Tax paid with application for extension of time to file (Form 8868) 6c 0			•		, i	
	Backup withholding erroneously withheld 6d 0	_	·	- 1	1 0		
7	Total credits and payments. Add lines 6a through 6d	7	+		1,8		
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				0.	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	+		<i>c</i> 1	<u> </u>	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	╁		6,1		
	Enter the amount of line 10 to be: Credited to 2020 estimated tax 6,195. Refunded rt VII-A Statements Regarding Activities	11	1			0.	
				1 1	Yes	No	
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve	16 111		H		X	
	any political campaign?			1a		X	
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the del	ITHUIT		1b		<u> </u>	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or					1	
_	distributed by the foundation in connection with the activities.			10	—	$\overline{\mathbf{x}}$	
	Did the foundation file Form 1120-POL for this year? Enter the amount (# app) of tay on political expanditures (section 4055) imposed during the year.			16		<u> </u>	
a	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						
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	<u>•</u>				1	
е	managers. > \$ 0.					- 1	
•	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	—	$\overline{\mathbf{x}}$	
_	If "Yes," attach a detailed description of the activities.			-		 -	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	nr					
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	·		3		<u></u>	
Δa	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	х		
	If "Yes," has it filed a tax return on Form 990-T for this year?			4b	Х		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X	
•	If "Yes," attach the statement required by General Instruction T						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					1	
	By language in the governing instrument, or					1	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state	te law					
	remain in the governing instrument?			6	$\overline{\mathbf{x}}$		
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			7	X		
						_	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.					- 1	
	TX					1	
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)			<u> </u>			
	of each state as required by General Instruction G2 If "No," attach explanation			8b	X		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	lendar					
	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV			9		X	(
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	STM		10	X		
			Fo	rm 99 0	-PF	(2019)	

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

had not been removed from jeopardy before the first day of the tax year beginning in 2019?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

•	BET LEV FOUNDATION				
Forn	1,990-PF (2019) C/O BAKER TILLY US LLP	25-1905	<u>937</u>		Page !
Pá	art VII-A Statements Regarding Activities (continued)				
				Yes	No
<u>`11</u>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				l
	section 512(b)(13)? If "Yes," attach schedule. See instructions		11	<u> </u>	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory p	rıvıleges?			
	If "Yes," attach statement. See instructions		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
	Website address ► N/A				
14		<u>≥212-69</u>			
	Located at ►ONE PENN PLAZA, SUITE 3000, NEW YORK, NY	ZIP+4 ▶ 10	<u>119</u>		_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			▶	\cdot
		15	<u>N</u>	/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,			Yes	No
	securities, or other financial account in a foreign country?		16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the				
_	foreign country		L		L
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			154	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		<u> </u>	Yes	No
1	a During the year, did the foundation (either directly or indirectly):	[T.			
		es X No			l
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	. (32)			İ
		es X No			١.
		es X No			
		es X No	İ		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	. .			
		res X 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	, चि			
		es X 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	NT / 7		 	<u> </u>
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here				
1	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				X
_	before the first day of the tax year beginning in 2019?		16		<u> </u>
2			1	ł	
	defined in section 4942(j)(3) or 4942(j)(5)):				
	a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	res X No			ĺ
		65 <u>11</u> NU	ł		
	If "Yes," list the years ▶	•+	1		l
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attact				
	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.		 -		
2	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				1
3		res X No			1
	b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons at				
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to (1
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,				
	Schedule C, to determine if the foundation had excess business holdings in 2019.)	N/A	3b		

Form **990-PF** (2019)

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be Re	equired (continu	ued)		
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	es X No		
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire	ctly,		'	
any voter registration drive?			es X No		1 1
(3) Provide a grant to an individual for travel, study, or other similar purposes	7	Ye	s X No		1 1
(4) Provide a grant to an organization other than a charitable, etc., organization				l	
4945(d)(4)(A)? See instructions		X Ye	s No		1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo			Ì	1 1
the prevention of cruelty to children or animals?	,,,,,,,,,		s X No	- 1	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described in	·			1 1
section 53.4945 or in a current notice regarding disaster assistance? See instru				5b	X
Organizations relying on a current notice regarding disaster assistance, check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned			
expenditure responsibility for the grant?	om the tax essents it maintain	X Ye	s No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).		۰۰ ریدی			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	nav nremilims on				
a personal benefit contract?	pay promising on		es X No _		1 1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	orconal benefit contract?				X
	er sonar 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 s	halter transaction?		es X No		
		18		7b	+
b If "Yes," did the foundation receive any proceeds or have any net income attribu			- "\" F	70	+
8 is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration of		es X No		
excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Truste	oo Foundation Mon		S A NO		
Paid Employees, and Contractors	es, roundation Maii	agers, migniy			
List all officers, directors, trustees, and foundation managers and the state of the state	eir compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Ex	pense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	accoun	pense t, other ances
HOLLY LEV	DIRECTOR	Cittor o j	compensation	4	4,,000
C/O BAKER TILLY US LLP - ONE PENN PLA					
NEW YORK, NY 10119	0.00	0.	0.		0.
	DIRECTOR	•			
C/O BAKER TILLY US LLP - ONE PENN PLA	DIRECTOR				
NEW YORK, NY 10119	0.00	0.	0.		0.
	DIRECTOR	<u> </u>			<u> </u>
7 HUNT VALLEY VIEW TERRACE	DIRECTOR				
	15.00	36,250.	0.		0.
PHOENIX, MD 21131	13.00	30,230.	0.		<u> </u>
	1				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none s	nter "NONE "	L		
2 Compensation of the highest-paid employees fourer than those inc	(b) Title, and average	HOHL	(d) Contributions to	(e) Fx	pense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	accoun	t, other
DODOWY A WOLOVETOWN 0300 OLENN	devoted to position		compensation	allow	ances
	ADMINISTRATOR	CF 000			^
CT, CHARLOTTESVILLE, VA 22901	38.00	65,000.	0.		0.
	1				
	{				
	L		L		
Total number of other employees paid over \$50,000				000 5	0
			Form	990-PF	(2019)

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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 ser	vice (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 N/A	
2	
3	
4	
Part IX-B Summary of Program-Related Investments	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. 1 N/A	Amount
IN/B	
2	
All other program-related investments. See instructions.	
3	

0. Form **990-PF** (2019)

Total. Add lines 1 through 3

C/O BAKER TILLY US LLP 25-1905937 Form 990-PF (2019) Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 5,443,832. 18 a Average monthly fair market value of securities 1,776,538. b Average of monthly cash balances 1b 10.431.495. c Fair market value of all other assets 1c 17.651.865. 1**d** d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 651,865. 3 Subtract line 2 from line 1d 264,778. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 17,387,087. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 869,354. Minimum investment return. Enter 5% of line 5 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.) 869,354. Minimum investment return from Part X, line 6 1 5,703. 2a Tax on investment income for 2019 from Part VI, line 5 1,340. Income tax for 2019. (This does not include the tax from Part VI.) 2с 7,043. Add lines 2a and 2b 862,311. 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 4 Recoveries of amounts treated as qualifying distributions 862,311. 5 5 Add lines 3 and 4 0. 6 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 862,311. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 469,002. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 0. b Program-related investments - total from Part IX-B 1Ь 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the: 3a a Suitability test (prior IRS approval required) **b** Cash distribution test (attach the required schedule) 3b 469,002. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 5 0. 5 income. Enter 1% of Part I, line 27b

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

Form 990-PF (2019)

6

469,002.

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

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C/O BAKER TILLY US LLP

				
	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,	Gorpou	reare prior to 2010	2010	
line 7				862,311.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			433,708.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				-
b From 2015				
c From 2016				
d From 2017 e From 2018				i
 -	0.			. —
f Total of lines 3a through e 4 Qualifying distributions for 2019 from	•			
Part XII, line 4: > \$ 469,002.				'
a Applied to 2018, but not more than line 2a			433,708.	
b Applied to undistributed income of prior			1337.001	
years (Election required - see instructions)		0.		!
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount				35,294.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2019				
(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:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			,
b Prior years' undistributed income. Subtract	<u> </u>			
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 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				000 040
be distributed in 2020				827,017.
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 2014	•			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020.	0.			
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9: a Excess from 2015				
b Excess from 2016				ı
c Excess from 2017				,
d Excess from 2018				
Exacts from 2010				

BET LEV FOUNDATION

	ER TILLY US				05937 Page 1
Part XIV Private Operating F	oundations (see in	structions and Part VII-	A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2019, enter the date of t	the ruling	▶		
b Check box to indicate whether the found	dation is a private operat <u>i</u> r	ng foundation described in		4942(J)(3) or 4	942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4, for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly				-	
for active conduct of exempt activities.					
Subtract line 2d from line 2c				•	
3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets				+	
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6, for each year					
listed					1
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans, section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from				-	
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only it	the foundation	had \$5,000 or mo	re in assets
at any time during t					
<u>-</u>					**
1 Information Regarding Foundation	•	than 79/ of the total centr	thustone received by the	foundation before the elec	o of any tay
a List any managers of the foundation where year (but only if they have contributed in the contributed in			ibutions received by the	HOURDACION DEFORE THE CIOS	be ut ally lax
	ποιο επαιτφο,σσογ. (σσο σ	0011011 007 (0)(2).)			
HOLLY LEV					
 b List any managers of the foundation who other entity) of which the foundation ha 			or an equally large porti	on of the ownership of a pa	artnership or
	is a 10 % of greater interes)			
NONE					
2 Information Regarding Contribut			-		
Check here ► X if the foundation of	•	•	•	•	ests for funds. If
the foundation makes gifts, grants, etc.	, to individuals or organiza	ations under other condition	ons, complete items 2a,	, b, c, and d.	
a The name, address, and telephone num	ber or email address of th	e person to whom applica	ations should be addres	sed:	
b The form in which applications should t	be submitted and informat	tion and materials they sh	ould include:	·	
<u></u>					
c Any submission deadlines;	<u> </u>			 	
			,		
d Any restrictions or limitations on award	s, such as by geographica	al areas, charitable fields,	kınds of institutions, or	other factors:	

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Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount any foundation manager or substantial contributor status of Name and address (home or business) recipient a Paid during the year AVADHUTA FOUNDATION NONE 501(C)(3) TAX GENERAL CHARITABLE SUPPORT EXEMPT 615 NORTH STAR CT BOULDER, CO 80304 15,000. BHARATH ABHYUDAYA SEVA NONE FOREIGN CHARITY GENERAL CHARITABLE SUPPORT 11TH LANE, SRINIVASARAOTHOTA; 27,500. GUNTUR-522 004 ANDHRA PRADESK, INDIA EXPONENT PHILANTHROPY NONE 501(C)(3) TAX GENERAL CHARITABLE EXEMPT SUPPORT 1720 N STREET NW 750. WASHINGTON, DC 20036 NATIONAL VACCINE INFORMATION CENTER NONE 501(C)(3) TAX GENERAL CHARITABLE EXEMPT SUPPORT 21525 RIDGETOP CIRCLE, SUITE 110 36,000. STERLING, VA 20166-6510 UPLIFT FOUNDATION NONE 501(C)(3) TAX GENERAL CHARITABLE SUPPORT 10415 MORADO CIR BLDG 1 STE 310 EXEMPT 10,000. AUSTIN, TX 78759 SEE CONTINUATION SHEET(S) ▶ 3a 288,405. Total b Approved for future payment NONE ٥. Total Form **990-PF** (2019) C/O BAKER TILLY US LLP

A DICUSS ACCOUNTS CORPES COMPONISH CONCERNS	Unrelated b	usiness income		oy section 512, 513, or 514	(e)
er gross amounts unless otherwise indicated.	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exemp
-	0000		+		
	_ 			· · ·	
	1				
	1		+ +		
			-		_
					•
Fees and contracts from government agencies					
Membership dues and assessments					
nterest on savings and temporary cash					
nvestments					
Dividends and interest from securities			14	220,994.	
let rental income or (loss) from real estate:		-			
Debt-financed property					
Not debt-financed property		_			
et rental income or (loss) from personal		<u> </u>			
roperty					
Other investment income			14	<9,159.>	
iain or (loss) from sales of assets other					
han inventory			18	185,637.	
let income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
·					
•	1 1				
	 _).	397,472.	
			<u>, • </u>		
Subtotal. Add columns (b), (d), and (e)			· · · · · ·	13	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e)	s.)		· · · · ·		
Subtotal. Add columns (b), (d), and (e) Sotal. Add line 12, columns (b), (d), and (e) Eworksheet in line 13 instructions to verify calculations			•	13	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Eworksheet in line 13 instructions to verify calculations Total Relationship of Activitie	s to the Accom	plishment of I	Exempt Pu	13	397,4
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculations THE XVI-B Relationship of Activitie Explain below how each activity for which	es to the Accom	plishment of E	Exempt Pu	13	397,4
Subtotal. Add columns (b), (d), and (e) Sotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations IRT XVI-B Relationship of Activitie	es to the Accom	plishment of E	Exempt Pu	13	397,4
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculations THE XVI-B Relationship of Activitie Explain below how each activity for which	es to the Accom	plishment of E	Exempt Pu	13	_397,4
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculations THE XVI-B Relationship of Activitie Explain below how each activity for which	es to the Accom	plishment of E	Exempt Pu	13	_397,4
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculations THE XVI-B Relationship of Activitie Explain below how each activity for which	es to the Accom	plishment of E	Exempt Pu	13	397,4
tubtotal. Add columns (b), (d), and (e) total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations Int XVI-B Relationship of Activitie e No. Explain below how each activity for which	es to the Accom	plishment of E	Exempt Pu	13	397,4
tubtotal. Add columns (b), (d), and (e) total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations Int XVI-B Relationship of Activitie e No. Explain below how each activity for which	es to the Accom	plishment of E	Exempt Pu	13	397,4
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculations THE XVI-B Relationship of Activitie Explain below how each activity for which	es to the Accom	plishment of E	Exempt Pu	13	397,4
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculations THE XVI-B Relationship of Activitie Explain below how each activity for which	es to the Accom	plishment of E	Exempt Pu	13	397,4
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculations THE XVI-B Relationship of Activitie Explain below how each activity for which	es to the Accom	plishment of E	Exempt Pu	13	_397,4
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculations THE XVI-B Relationship of Activitie Explain below how each activity for which	es to the Accom	plishment of E	Exempt Pu	13	397,4
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculations THE XVI-B Relationship of Activitie Explain below how each activity for which	es to the Accom	plishment of E	Exempt Pu	13	397,4
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculations THE XVI-B Relationship of Activitie Explain below how each activity for which	es to the Accom	plishment of E	Exempt Pu	13	397,4
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculations THE XVI-B Relationship of Activitie Explain below how each activity for which	es to the Accom	plishment of E	Exempt Pu	13	397,4
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations B Relationship of Activitie B Relationship of Activitie	es to the Accom	plishment of E	Exempt Pu	13	_397,4
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations B Relationship of Activitie E No. Explain below how each activity for which	es to the Accom	plishment of E	Exempt Pu	13	_397,4
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations B Relationship of Activitie E No. Explain below how each activity for which	es to the Accom	plishment of E	Exempt Pu	13	_397,4
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations B Relationship of Activitie E No. Explain below how each activity for which	es to the Accom	plishment of E	Exempt Pu	13	397,4

BET LEV FOUNDATION Form 990-PF (2019) C/O BAKER TILLY US LLP 25-1905937 Page 18 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash 18(1) (2) Other assets 18(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets 16(3) (4) Reimbursement arrangements 16(4) (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations e Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule: (a) Name of organization (b) Type of organization (c) Description of relationship N/A 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. return with the preparer shown below? See instr Sign Here X Yes TRUSTEE Signature of officer or trustee Preparer's signature Check X if

Rence Tickholt

Date

11/12/2020

self- employed

Phone no. 212.697.6900 Form 990-PF (2019)

P00638498

Firm's EIN > 39-0859910

Paid

Preparer

Use Only

Print/Type preparer's name

RENEE EICKHOLT

Firm's name BAKER TILLY US, LLP

Firm's address ONE PENN PLAZA, SUITE 3000 NEW YORK, NY 10119

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, Form 990-EZ, or Form 990-PF.

The Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Employer identification number

2019

BE C/	T LEV FOUNDATION O BAKER TILLY US LLP	25-1905937
Organization type (check or		
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	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation .	
	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e See instructions
General Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amound line 1 Complete Parts I and II	or 16b, and that received from
year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educity to children or animals. Complete Parts I, II, and III	
year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled make the total contributions that were received during the year for an exclusively religious applete any of the parts unless the General Rule applies to this organization because it is etc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box s, charitable, etc ,
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

Name of organization

Employer identification number

BET LEV FOUNDATION C/O BAKER TILLY US LLP

25-1905937

<u>0, 0 2.</u>			
Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	onal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	ESTATE OF ANN L BRONFMAN C/O BAKER TILLY US LLP - ONE PENN PLAZA, SUITE 3000 NEW YORK, NY 10119	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization
BET LEV FOUNDATION
C/O BAKER TILLY US LLP

Employer identification number

25-1905937

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
		\$	
(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
		\$	
(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
		\$	200 57 200 P5\ (0040)

Page	4
raue	_

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) **Employer identification number** Name of organization BET LEV FOUNDATION 25-1905937 C/O BAKER TILLY US LLP 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 Part III 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part l (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	DIVIDENDS	AND INTE	REST	FROM SECU	RITIES S	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
DAVENPORT & CO	94,138.		0.	94,138	. 94,138.	
FROM PASS-THROUGH ENTITIES	73,921.		0.	73,921	. 73,921.	
FRONTIER MFG GLOBAL EQUITY FUND GOLDMAN SACHS LOEB HOLDING	84,233. 35,432.	-	06. 0.	8,527 35,432		
CORPORATION	8,976.		0.	8,976	. 8,976.	
TO PART I, LINE 4	296,700.	75,7	06.	220,994	. 220,994.	
FORM 990-PF		OTHER	INCO	ME	S	TATEMENT 2
DESCRIPTION					(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
INVESTMENT LOSS FROM ENTITIES LESS: UBTI FROM PAS		UGH		<9,159.>	<9,159.>	
ENTITIES REPORTED O		T		0.	<7,380.>	
TOTAL TO FORM 990-P	F, PART I,	LINE 11		<9,159.>	<16,539.>	
		_				
FORM 990-PF		ACCOUNT	ING	FEES	S	TATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES		40,078	•	0.		40,078.
TO FORM 990-PF, PG	1, LN 16B	40,078	•	0.		40,078.
	_		= =			

FORM 990-PF	OTHER PROFES	SIONAL FEES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT MANAGEMENT FEES CONSULTING FEES	100,476. 15,000.			0. 15,000.	
TO FORM 990-PF, PG 1, LN 16C	115,476.	100,476.		15,000.	
FORM 990-PF	TAX	ES	S	TATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEDERAL EXCISE TAX FROM PASS-THROUGH ENTITIES-FOREIGN TAXES FOREIGN TAXES PAYROLL TAXES	10,000. 3,441. 1,039. 4,982.	3,441. 1,039.		0. 0. 0. 4,982.	
TO FORM 990-PF, PG 1, LN 18	19,462.	4,480.		4,982.	
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LIABILITY INSURANCE FROM PASS-THROUGH ENTITIES-NON DEDUCTIBLE	1,575.	0.		1,575.	
EXPENSES OFFICE EXPENSE PAYROLL SERVICE FEES BANK FEES	91. 8,428. 2,766. 50. 6,468.	0. 0. 0.		0. 8,428. 2,766. 50. 6,468.	
TO FORM 990-PF, PG 1, LN 23	19,378.	· ———		19,287.	

FORM 990-PF	OTHER	INVESTMENTS		STATEMENT 7
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
PASS-THROUGH INVESTMENTS-SEE		COST		
ATTACHED SCHEDULES			4,073,222.	4,997,703.
FORESTER DIVERSIFIED LTD		COST	2,300,000.	2,841,018.
FRONTIER MFG GLOBAL EQUITY FU	ND	COST	1,020,879.	1,323,626.
SECURITIES AT DAVENPORT - SEE		COST	•	
ATTACHED			4,738,860.	4,692,821.
SECURITIES AT GOLDMAN SACHS -	SEE	COST	, ,	
ATTACHED	-		983,487.	1,007,391.
ABDIEL QUALIFIED OFFSHORE PAR	TNERS	COST	•	•
LTD			500,000.	1,538,535.
ыти				
	CT)	COST	200,000	2,000,000
PRIVATE EQUITY MANAGERS (IMPAGOFFSHORE LP	CT)	COST	395,882.	
PRIVATE EQUITY MANAGERS (IMPA			·	403,375
PRIVATE EQUITY MANAGERS (IMPAGOFFSHORE LP	, LINE		395,882.	403,375
PRIVATE EQUITY MANAGERS (IMPAGOFFSHORE LP TOTAL TO FORM 990-PF, PART II	, LINE OT	13	395,882.	403,375. 16,804,469.
PRIVATE EQUITY MANAGERS (IMPAGOFFSHORE LP TOTAL TO FORM 990-PF, PART II FORM 990-PF DESCRIPTION	, LINE OT	HER ASSETS EGINNING OF BOOK VALUE	395,882. 14,012,330. END OF YEAR BOOK VALUE	403,375. 16,804,469. STATEMENT 8 FAIR MARKET VALUE
PRIVATE EQUITY MANAGERS (IMPAGOFFSHORE LP TOTAL TO FORM 990-PF, PART II FORM 990-PF DESCRIPTION TRANSFER/EXCHANGE	, LINE OT	HER ASSETS EGINNING OF BOOK VALUE 5,529.	395,882. 14,012,330. END OF YEAR BOOK VALUE 5,529.	403,375. 16,804,469. STATEMENT 8 FAIR MARKET VALUE 5,529.
PRIVATE EQUITY MANAGERS (IMPAGOFFSHORE LP TOTAL TO FORM 990-PF, PART II FORM 990-PF DESCRIPTION	, LINE OT	HER ASSETS EGINNING OF BOOK VALUE	395,882. 14,012,330. END OF YEAR BOOK VALUE	403,375 16,804,469 STATEMENT 8 FAIR MARKET VALUE

FORM 990-PF		CANTIAL CONTRIBUTORS	STATEMENT 9
NAME OF CONTRIBUTOR		ADDRESS	
THE ANN L. BRONFMAN	TRUST	C/O BTVK LLP-ONE PENN PLAZA, NEW YORK, NY 10119	SUITE 3000

990-PF Attachment

BET LEV FOUNDATION

*E.I.N # 25-1905937*ATTACHMENT TO <u>2019</u> FORM 990-PF
RETURN OF PRIVATE FOUNDATION

STATEMENT REQUIRED BY REG. §53.4945-5(d)

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee: The Bharath Abhyudaya Seva Samithi

(2) Date Paid in Current Tax Year: June 10th, 2019

(3) Total Paid: \$27,500

(4) Purpose: This grant was used to facilitate primary education program for at risk slum children in the slum of Guntur District, Andhra Pradesh and Choutuppal area brick industries, Telengana, India for the year 2018-19.

(5) Amount of Grant Spent by Grantee: \$27,500

(6) Diversion:

To the knowledge of the foundation, and based on the report furnished by the grantee, no part has been used for other than its intended purpose.

(7) Date of Report(s) Received from Grantee:

June 10th, 2019.

(8) Verification

BET LEV FOUNDATION did not undertake any verification of the grantee's reports as there has not been any reason to doubt their accuracy or reliability (Reg. 53 4945-5(c)).

Part IV Capital Gains and Lo	sses for Tax on Investment Income				
(a) List and 2-story b	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)		
1a FROM PASS-THRO	UGH ENTITIES - SF	ORT TERM	P		
b FROM PASS-THRO		ONG TERM	P		
c FROM PASS-THRO		ECTION 1231	P		
d FROM PASS-THRO	UGH ENTITIES - SE	ECTION 1256	P		
e DAVENPORT			P		
	175 SHS VANGUARD			04/01/16	12/20/19
	SHORT TERM CAPIA	AL GAIN	P	ļ	
h CAPITAL GAINS	DIVIDENDS				
		-		-	
<u>k</u>				-	
m					
n					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale) Gain or (loss) plus (f) minus (g)	
a 3,457.				-	3,457.
b 94,055.					94,055.
C		12.			<12.>
<u>d</u> 5.					5.
e 7,719.			_		7,719.
f 15,254.		15,051.		-	203.
g 4,504.					4,504. 75,706.
h 75,706.		-			/5,/06.
		-		 	
k					
1					
m					
n					
0					
Complete only for assets show	ng gain in column (h) and owned by t	the foundation on 12/31/69	(I) Los	sses (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	Gains (excess but r	of col. (h) gain over not less than "-0-")	r col. (k),
a					3,457.
b					94,055.
C					<12.>
d					5.
<u>e</u>					7,719.
<u>f</u>					203.
9	·				4,504.
<u>h</u>	-	 			75,700.
					
<u></u>				-	
<u>k</u>				.	
m					
n					
0					
2 Capital gain net income or (net c	apital loss) { If gain, also enter If (loss), enter "-0	r in Part I, line 7	2		185,637.
	ess) as defined in sections 1222(5) an	\ 1			
If gain, also enter in Part I, line 8 If (loss), enter "-0-" in Part I, line	, column (c).	}	3	N/A	
			1	<u>-</u>	

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
JVA ALUMNI ASSOCIATION	NONE	501(C)(3) TAX	GENERAL CHARITABLE	
211 EMMETT STREET SOUTH		EXEMPT	SUPPORT	
CHARLOTTESVILLE, VA 22901				36,000
VANGUARD CHARITABLE DONOR ADVISED	NONE	501(C)(3) TAX	GENERAL CHARITABLE	
FUND		EXEMPT	SUPPORT	
P.O. BOX 55766				
BOSTON, MA 02205				100,000
THE CENTRAL FUND OF ISRAEL	NONE	501(C)(3) TAX	GENERAL CHARITABLE	
980 AVENUE OF THE AMERICAS		EXEMPT	SUPPORT	
NEW YORK, NY 10018			-	35,155
THINKING POSITIVE A BRIGHTER FUTURE	NONE	FOREIGN CHARITY	GENERAL CHARITABLE	
FOR AUSTRIALIAN YOUTH			SUPPORT	
PO BOX 1160				
MULLUMBIMBY, AUSTRALIA				20,000
MONTESSORI SCHOOL OF CHARLOTTESVILLE	NONE	501(C)(3) TAX	GENERAL CHARITABLE	
631 CUTLER LANE		EXEMPT	SUPPORT	
CHARLOTTESVILLE, NY 22901				8,000
				!
		1		
•				
				-
Total from continuation sheets	<u></u>			199,159