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

2009

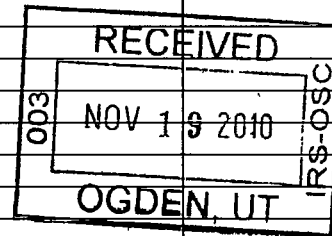
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2009, or tax year beginning , and ending

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions	Name of foundation LEWIN FAMILY FOUNDATION		A Employer identification number 02-0691130
	Number and street (or P.O. box number if mail is not delivered to street address) Room/suite P. O. BOX 921		B Telephone number N/A
	City or town, state, and ZIP code ORANGE, CT 06477		C If exemption application is pending, check here ☐
	H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 5800691.		J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) _____	E If private foundation status was terminated under section 507(b)(1)(A), check here ☐
			F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	33447.		N/A	
	2 Check ☐ if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	570.	570.		STATEMENT 1
	4 Dividends and interest from securities	40398.	40398.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-233908.			
	b Gross sales price for all assets on line 6a	1467522.			
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11	-159493.	40968.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	50000.	0.		50000.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees STMT 3	1775.	0.		1775.
	c Other professional fees				
	17 Interest				
	18 Taxes STMT 4	6825.	3000.		3825.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses STMT 5	47782.	47613.		169.
	24 Total operating and administrative expenses. Add lines 13 through 23	106382.	50613.		55769.
	25 Contributions, gifts, grants paid	213970.			213970.
26 Total expenses and disbursements. Add lines 24 and 25	320352.	50613.		269739.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-479845.				
b Net investment income (if negative, enter -0-)		0.			
c Adjusted net income (if negative, enter -0-)			N/A		



916
12

Part II Balance Sheets		Beginning of year	End of year	
			(a) Book Value	(b) Book Value
Assets	1 Cash - non-interest-bearing	27871.	9600.	9600.
	2 Savings and temporary cash investments	79875.	1655247.	1655247.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
Liabilities	11 Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 6	5134808.	4135844.	4135844.
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	15 Other assets (describe ▶)			
	16 Total assets (to be completed by all filers)	5242554.	5800691.	5800691.
	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	0.	0.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ ☒ and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	5242554.	5800691.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances	5242554.	5800691.	
	31 Total liabilities and net assets/fund balances	5242554.	5800691.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	5242554.
2 Enter amount from Part I, line 27a	2	-479845.
3 Other increases not included in line 2 (itemize) ▶ UNREALIZED HOLDING GAIN	3	1037982.
4 Add lines 1, 2, and 3	4	5800691.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	5800691.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SCHEDULE ATTACHED	P	VARIOUS	VARIOUS
b SCHEDULE ATTACHED	P	VARIOUS	VARIOUS
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 904878.		990436.	-85558.
b 562644.		710994.	-148350.
c			
d			
e			

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			-85558.
b			-148350.
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	-233908.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	3	N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	386732.	6283362.	.061549
2007	383010.	7361051.	.052032
2006	270611.	7012464.	.038590
2005	0.	5007874.	.000000
2004			

2 Total of line 1, column (d)	2	.152171
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.038043
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	5438799.
5 Multiply line 4 by line 3	5	206908.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0.
7 Add lines 5 and 6	7	206908.
8 Enter qualifying distributions from Part XII, line 4	8	269739.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		1	0.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		2	0.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		3	0.
3 Add lines 1 and 2		4	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		5	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			
6 Credits/Payments:			
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a 4150.	7	4150.
b Exempt foreign organizations - tax withheld at source	6b	8	
c Tax paid with application for extension of time to file (Form 8868)	6c	9	
d Backup withholding erroneously withheld	6d	10	4150.
7 Total credits and payments. Add lines 6a through 6d		11	0.
8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	4150.		
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax	Refunded		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <u>CT</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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Part VII-A Statements Regarding Activities (continued)

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		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address **► N/A**

14 The books are in care of **► LEVITSKY & BERNEY, P. C.** Telephone no. **► 203-389-5371**
 Located at **► 100 BRADLEY ROAD, WOODRIDGE, CT** ZIP+4 **► 06525**

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here ☐
 and enter the amount of tax-exempt interest received or accrued during the year **► 15** **N/A**

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes ☒ No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes ☒ No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes ☒ No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☐ Yes ☒ No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	☐ Yes ☒ No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	☐ Yes ☒ No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	1b
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?		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)):		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	☐ Yes ☒ No	
If "Yes," list the years ► _____ , _____ , _____ , _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____ , _____ , _____ , _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐ Yes ☒ No	
b If "Yes," did it have excess business holdings in 2009 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 2009.)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b

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

5a During the year did the foundation pay or incur any amount to:

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

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

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

N/A

7b

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

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SUSAN LEWIN 221 MULBERRY LANE ORANGE, CT 06477	PRESIDENT/DIRECTOR 25.00	50000.	0.	0.
CLEMENT LEWIN 221 MULBERRY LANE ORANGE, CT 06477	V. P./TREASURER/DIRECTOR 0.00	0.	0.	0.
JENNIFER W. HONIGMANN 15 CHATHAM LANE BLUE BELL, PA 19422	DIRECTOR 0.00	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

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Part VIII**Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

0

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments

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

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3

0.

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	5521623.
b	Average of monthly cash balances	1b	
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	5521623.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	5521623.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	82824.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5438799.
6	Minimum investment return. Enter 5% of line 5	6	271940.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	271940.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	271940.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	271940.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	271940.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	269739.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	269739.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	269739.

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

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				271940.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007	26943.			
e From 2008	73284.			
f Total of lines 3a through e	100227.			
4 Qualifying distributions for 2009 from Part XII, line 4: ► \$ 269739.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount				269739.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	2201.			2201.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	98026.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	98026.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007	24742.			
d Excess from 2008	73284.			
e Excess from 2009				

N/A

- ☐ 4942(j)(3) or ☐ 4942(j)(5)

- (4) Gross investment income

[illegible]

1 Information Regarding Foundation Managers:

- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

- Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a** The name, address, and telephone number of the person to whom applications should be addressed:

- b** The form in which applications should be submitted and information and materials they should include:

- 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				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year SEE SCHEDULES ATTACHED	NONE	NONE	HEALTH, EDUCATION, RELIGIOUS	
Total				213970.
b Approved for future payment				
NONE				
Total				0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount		
1 Program service revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments						570.
4 Dividends and interest from securities						40398.
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory						-233908.
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
12 Subtotal. Add columns (b), (d), and (e)		0.		0.		-192940.
13 Total. Add line 12, columns (b), (d), and (e)					13	-192940.

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

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

- | | | | |
|--|--------------|------------|-----------|
| <p>1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?</p> <p>a Transfers from the reporting foundation to a noncharitable exempt organization of:</p> <p>(1) Cash</p> <p>(2) Other assets</p> <p>b Other transactions:</p> <p>(1) Sales of assets to a noncharitable exempt organization</p> <p>(2) Purchases of assets from a noncharitable exempt organization</p> <p>(3) Rental of facilities, equipment, or other assets</p> <p>(4) Reimbursement arrangements</p> <p>(5) Loans or loan guarantees</p> <p>(6) Performance of services or membership or fundraising solicitations</p> <p>c Sharing of facilities, equipment, mailing lists, other assets, or paid employees</p> <p>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.</p> | | Yes | No |
| | | | |
| | 1a(1) | | X |
| | 1a(2) | | X |
| | | | |
| | 1b(1) | | X |
| | 1b(2) | | X |
| | 1b(3) | | X |
| | 1b(4) | | X |
| | 1b(5) | | X |
| | 1b(6) | | X |
| | 1c | | X |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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 or fiduciary) is based on all information of which preparer has any knowledge.

Sian Here

Signature of officer or trustee

11/15/10
Date

PRESIDENT
Title

Paid Preparer's Use Only	Preparer's signature 
	Firm's name (or yours if self-employed), address, and ZIP code

Ramsey Schiff
 LEVITSKY & BERNEY, P. C.
 100 BRADLEY ROAD
 WOODBRIDGE, CT 06525

Date 11/1/10

Check if self-employed ☐

Preparer's identifying number

EIN ►

Phone no. (203) 389-5371

Form **990-PF** (2009)

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization

Employer identification number

LEWIN FAMILY FOUNDATION

02-0691130

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

LEWIN FAMILY FOUNDATION

02-0691130

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	H. F. GRUSS CLUT 221 MULBERRY LANE ORANGE, CT 06477	\$ 33447.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	AMOUNT
CITIZENS BANK	570.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	570.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
VARIOUS	40398.	0.	40398.
TOTAL TO FM 990-PF, PART I, LN 4	40398.	0.	40398.

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	1775.	0.		1775.
TO FORM 990-PF, PG 1, LN 16B	1775.	0.		1775.

FORM 990-PF TAXES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL	3825.	0.		3825.
EXCISE	3000.	3000.		0.
TO FORM 990-PF, PG 1, LN 18	6825.	3000.		3825.

FORM 990-PF	OTHER EXPENSES	STATEMENT	5
-------------	----------------	-----------	---

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT	47613.	47613.		0.
OFFICE EXPENSE	169.	0.		169.
TO FORM 990-PF, PG 1, LN 23	47782.	47613.		169.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	6
-------------	-------------------	-----------	---

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
EQUITY AND DEBT SECURITIES	FMV	4135844.	4135844.
TOTAL TO FORM 990-PF, PART II, LINE 13		4135844.	4135844.

2009 Tax Information Statement

Recipient's Name and Address
LEWIN FAMILY FOUNDATION INC
221 MULBERRY LANE
ORANGE, CT 06477

Account Number: 711179010
Recipient's Tax ID number: XX-XXX1130
Payer's Federal ID number: 39-1186267
Questions? (414)815-3632

☐ Corrected ☐ 2nd TIN notice

Payer's Name and Address
MARSHALL & ILSLEY TRUST CO NA
P.O. BOX 2977
MILWAUKEE, WI 53201

2009 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS are Gross Proceeds less commissions and option premiums.

Number of shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired (Box 1a)	Date of Sale (Box 1a)	Stocks, Bonds, etc. (Box 2)	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
Short Term Sales Reported on 1099-B								
46 0000	002824100	ABBOTT LABS COM	04/25/2008	03/30/2009	2,197.44	2,355.81	-158.37	0.00
45 0000	002824100	ABBOTT LABS COM	04/25/2008	04/21/2009	2,004.26	2,304.59	-300.33	0.00
39 0000	002824100	ABBOTT LABS COM	04/02/2009	10/19/2009	2,037.62	1,783.66	253.96	0.00
628 0000	004764106	ACME PACKET INC COM	VARIOUS	03/11/2009	3,087.86	5,270.92	-2,183.06	0.00
180 0000	018490102	ALLERGAN INC COM	10/03/2008	06/17/2009	8,021.47	8,710.00	-688.53	0.00
170 0000	023135106	AMAZON COM INC COM	09/19/2008	02/02/2009	10,100.78	13,884.48	-3,783.70	0.00
90 0000	023135106	AMAZON COM INC COM	VARIOUS	04/22/2009	7,304.99	6,933.44	371.55	0.00
70 0000	023135106	AMAZON COM INC COM	09/18/2008	04/23/2009	5,596.78	5,230.44	366.34	0.00
210 0000	023135106	AMAZON COM INC COM	VARIOUS	07/17/2009	18,008.92	14,143.71	3,865.21	0.00
363 0000	025537101	AMERICAN ELEC PWR INC COM	04/01/2009	05/05/2009	9,684.59	8,893.50	791.09	0.00
5 0000	025537101	AMERICAN ELEC PWR INC COM	04/01/2009	05/20/2009	127.39	122.50	4.89	0.00
451 0000	025537101	AMERICAN ELEC PWR INC COM	04/01/2009	06/10/2009	12,112.10	11,049.50	1,062.60	0.00
10000 0000	032511BC0	ANADARKO PETE CORP SR NT 8.70% DTD 03/05/2009 DUE 03/15/2019	VARIOUS	07/29/2009	11,625.00	10,426.20	1,198.80	0.00
12000 0000	032511BC0	ANADARKO PETE CORP SR NT 8.70% DTD 03/05/2009 DUE 03/15/2019	03/16/2009	08/05/2009	14,262.00	11,910.00	2,352.00	0.00
21 7880	00184X105	AOL INC COM	VARIOUS	12/14/2009	563.97	323.02	240.95	0.00

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2009 Tax Information Statement

Page 8 of 33
 Recipient's Name and Address
 LEWIN FAMILY FOUNDATION INC
 221 MULBERRY LANE
 ORANGE, CT 06477

Account Number: 711179010
 Recipient's Tax ID number: XX-XXX1130
 Payer's Federal ID number: 39-1186267
 Questions? (414)815-3632
☐ Corrected ☐ 2nd TIN notice

Payer's Name and Address
 MARSHALL & ILSLEY TRUST CO NA
 P.O. BOX 2977
 MILWAUKEE, WI 53201

Number of shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired	Date of Sale	Stocks Bonds, etc. (Box 2)	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
2720	00184X105	AOL INC COM	03/10/2009	12/31/2009	6.50	3.27	3.23	0.00
19000.0000	053505AA1	AVENTINE RENEWABLE ENERGY HLDGS INC SR NT 10 00% DTD 03/27/2007 DUE	VARIOUS	04/08/2009	2,717.00	13,372.50	-10,655.50	0.00
97.0000	060505104	BANK OF AMERICA CORP COM	07/15/2008	05/08/2009	1,429.99	1,900.84	-470.85	0.00
74.0000	060505104	BANK OF AMERICA CORP COM	VARIOUS	05/20/2009	867.25	1,102.08	-234.83	0.00
225.0000	071813109	BAXTER INTL INC	06/02/2009	08/18/2009	12,401.68	10,981.24	1,420.44	0.00
125.0000	09062X103	BIOMED INC COM	01/27/2009	03/30/2009	6,510.44	6,185.21	325.23	0.00
3000.0000	101137AF4	BOSTON SCIENTIFIC CORP CR SENS 5.50% DTD 11/17/2005 DUE 11/15/2015	05/20/2009	07/14/2009	2,794.09	2,865.00	-70.91	0.00
14000.0000	101137AF4	BOSTON SCIENTIFIC CORP CR SENS 5.50% DTD 11/17/2005 DUE 11/15/2015	11/03/2009	12/30/2009	14,786.39	14,256.97	529.42	0.00
46.0000	172967101	CITIGROUP INC COM	10/14/2008	05/20/2009	173.87	833.45	-659.58	0.00
175.0000	205887102	CONAGRA INC COM	08/05/2008	03/27/2009	3,014.18	3,797.03	-782.85	0.00
161.0000	205887102	CONAGRA INC COM	08/05/2008	04/20/2009	2,934.95	3,493.26	-558.31	0.00
10.0000	205887102	CONAGRA INC COM	08/05/2008	05/20/2009	184.52	216.97	-32.45	0.00
100.0000	219350105	CORNING INC	07/10/2008	03/31/2009	1,343.57	2,035.99	-692.42	0.00
193.0000	219350105	CORNING INC	10/12/2009	11/27/2009	3,183.77	3,045.64	138.13	0.00
194.0000	219350105	CORNING INC	VARIOUS	12/16/2009	3,725.84	3,014.73	711.11	0.00
144.0000	126650100	CVS CORP	06/09/2009	11/20/2009	4,541.52	4,449.41	92.11	0.00
127.0000	277461109	EASTMAN KODAK CO COM	06/24/2008	01/20/2009	864.54	1,791.77	-927.23	0.00

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

2009 Tax Information Statement

Recipient's Name and Address

LEWIN FAMILY FOUNDATION INC
221 MULBERRY LANE
ORANGE, CT 06477

711179010

XX-XXX1130

39-1186267

(414)815-3632

☐ 2nd TIN notice

Account Number:

Recipient's Tax ID number:

Payer's Federal ID number:

Questions?

☐ Corrected

Payer's Name and Address

MARSHALL & ILSLEY TRUST CO NA
P.O. BOX 2977
MILWAUKEE, WI 53201

Number of shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired	Date of Sale (Box 1a)	Stocks, Bonds, etc. (Box 2)	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
626.0000	277461109	EASTMAN KODAK CO COM	VARIOUS	01/30/2009	2,818.42	7,391.16	-4,572.74	0.00
255.0000	268841109	EQT CORP COM	04/17/2008	02/09/2009	10,010.12	17,085.03	-7,074.91	0.00
230.0000	302130109	EXPEDITORS INTL WASH INC COM	04/30/2009	09/02/2009	7,360.78	8,025.30	-664.52	0.00
530.0000	302130109	EXPEDITORS INTL WASH INC COM	VARIOUS	09/28/2009	18,660.65	17,136.63	1,524.02	0.00
265.0000	302130109	EXPEDITORS INTL WASH INC COM	04/02/2009	09/30/2009	9,258.20	7,950.42	1,307.78	0.00
969.0000	35906A108	FRONTIER COMMUNICATIONS CORP COM	VARIOUS	11/27/2009	7,660.71	7,004.43	656.28	0.00
76.0000	380956409	GOLDCORP INC COM	09/19/2008	05/20/2009	2,722.38	2,413.71	308.67	0.00
13.0000	406216101	HALLIBURTON CO COM	03/31/2009	06/10/2009	303.28	205.40	97.88	0.00
800.0000	436440101	HOLOGIC INC COM	VARIOUS	01/08/2009	9,209.46	25,376.29	-16,166.83	0.00
425.0000	436440101	HOLOGIC INC COM	04/11/2008	01/09/2009	4,539.10	12,038.68	-7,499.58	0.00
94.0000	458140100	INTEL CORP COM	07/17/2008	05/21/2009	1,432.52	1,994.71	-562.19	0.00
113.0000	459200101	INTERNATIONAL BUSINESS MACHS COM	09/10/2009	12/17/2009	14,457.28	13,283.72	1,173.56	0.00
80.0000	46120E602	INTUITIVE SURGICAL INC COM NEW	VARIOUS	05/15/2009	12,080.93	19,047.81	-6,966.88	0.00
30.0000	46120E602	INTUITIVE SURGICAL INC COM NEW	VARIOUS	08/05/2009	7,030.74	6,356.60	674.14	0.00
50.0000	46120E602	INTUITIVE SURGICAL INC COM NEW	VARIOUS	09/11/2009	12,093.93	9,107.16	2,986.77	0.00
1125.0000	G491BT108	INVESCO LTD	VARIOUS	03/02/2009	11,987.37	30,846.91	-18,859.54	0.00
750.0000	G491BT108	INVESCO LTD	VARIOUS	03/03/2009	7,502.28	15,374.69	-7,872.41	0.00
5.0000	501044101	KROGER CO COM	02/26/2009	05/20/2009	110.39	102.42	7.97	0.00

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

2009 Tax Information Statement

Page 10 of 33
 Recipient's Name and Address
 LEWIN FAMILY FOUNDATION INC
 221 MULBERRY LANE
 ORANGE, CT 06477

Account Number: 711179010
 Recipient's Tax ID number: XX-XXX1130
 Payer's Federal ID number: 39-1186267
 Questions? (414)815-3632
☐ Corrected ☐ 2nd TIN notice

Payer's Name and Address
 MARSHALL & ILSLEY TRUST CO NA
 P.O. BOX 2977
 MILWAUKEE, WI 53201

Number of Shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired	Date of Sale	Stocks, Bonds, etc. (Box 2)	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
225.0000	501044101	KROGER CO COM	VARIOUS	06/10/2009	4,913.87	4,588.32	325.55	0.00
212.0000	501044101	KROGER CO COM	06/23/2009	10/07/2009	4,551.92	4,567.54	-15.62	0.00
113.0000	501044101	KROGER CO COM	06/23/2009	10/16/2009	2,763.22	2,434.59	328.63	0.00
194.0000	501044101	KROGER CO COM	VARIOUS	12/07/2009	4,424.03	4,431.95	-7.92	0.00
265.0000	532457108	LILLY ELI & CO	VARIOUS	06/10/2009	9,012.97	9,012.74	0.23	0.00
205.0000	576360104	MASTERCARD INC CL A	VARIOUS	06/05/2009	34,324.00	34,865.03	-541.03	0.00
62.0000	58155Q103	MCKESSON HBOC INC COM	11/26/2008	01/26/2009	2,498.13	1,990.61	507.52	0.00
62.0000	58155Q103	MCKESSON HBOC INC COM	11/26/2008	01/29/2009	2,793.24	1,990.61	802.63	0.00
182.0000	58155Q103	MCKESSON HBOC INC COM	VARIOUS	05/04/2009	7,057.82	6,453.14	604.68	0.00
47.0000	58155Q103	MCKESSON HBOC INC COM	03/31/2009	05/20/2009	1,853.23	1,643.23	210.00	0.00
60.0000	58155Q103	MCKESSON HBOC INC COM	VARIOUS	06/10/2009	2,514.46	1,992.33	522.13	0.00
166.0000	58155Q103	MCKESSON HBOC INC COM	11/20/2008	06/10/2009	7,004.84	4,976.33	2,028.51	0.00
60.0000	589331107	MERCK & CO INC COM	03/13/2008	02/17/2009	1,712.28	2,535.07	-822.79	0.00
300.0000	589331107	MERCK & CO INC COM	VARIOUS	04/03/2009	7,916.18	9,146.48	-1,230.30	0.00
302.0000	606822104	SPONSORED ADR	12/08/2008	02/27/2009	1,356.85	1,355.98	0.87	0.00
342.0000	606822104	SPONSORED ADR	12/08/2008	03/31/2009	1,689.47	1,535.58	153.89	0.00
8.0000	606822104	SPONSORED ADR	12/08/2008	05/20/2009	52.13	35.92	16.21	0.00

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

2009 Tax Information Statement

Page 11 of 33
Ref: KXP

Account Number: 711179010
 Recipient's Tax ID number: XX-XXX1130
 Payer's Federal ID number: 39-1186267
 Questions? (414)815-3632
☐ Corrected ☐ 2nd TIN notice

Recipient's Name and Address
 LEWIN FAMILY FOUNDATION INC
 221 MULBERRY LANE
 ORANGE, CT 06477

Payer's Name and Address
 MARSHALL & ILSLEY TRUST CO NA
 P.O. BOX 2977
 MILWAUKEE, WI 53201

Number of shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired (Box 1a)	Date of Sale (Box 2)	Stocks, Bonds, etc. (Box 2)	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
902.0000	606822104	MITSUBISHI UFJ FINL GROUP INC SPONSORED ADR	12/08/2008	06/10/2009	5,862.84	4,049.98	1,812.86	0.00
62.0000	61945A107	MOSAIC CO COM	VARIOUS	03/26/2009	2,913.46	2,475.87	437.59	0.00
188.0000	61945A107	MOSAIC CO COM	VARIOUS	04/14/2009	8,332.73	5,176.21	3,156.52	0.00
194.0000	61945A107	MOSAIC CO COM	11/24/2009	12/02/2009	11,873.83	10,437.57	1,436.26	0.00
856.0000	65248E104	NEWS CORP CL A	VARIOUS	03/30/2009	5,546.84	10,099.46	-4,552.62	0.00
240.0000	670100205	NOVO-NORDISK A S ADR	09/08/2008	02/05/2009	12,496.58	12,781.87	-285.29	0.00
50.0000	681904108	OMNICARE INC COM	05/28/2009	08/04/2009	1,200.30	1,328.46	-128.16	0.00
98.0000	681904108	OMNICARE INC COM	VARIOUS	11/12/2009	2,350.89	2,566.44	-215.55	0.00
22000.0000	717081C24	PFIZER INC 4 45% DTD 03/24/2009 DUE 03/15/2012	VARIOUS	09/25/2009	23,320.00	22,321.30	998.70	0.00
440.0000	717124101	PHARMACEUTICAL PROD DEV INC COM	VARIOUS	11/02/2009	9,434.93	12,355.30	-2,920.37	0.00
1871.0000	749121109	QWEST COMMUNICATIONS INTL	09/23/2008	01/26/2009	7,175.80	6,213.45	962.35	0.00
6000.0000	74913GAK1	QWEST CORP NT 7.625% DTD 12/15/2005 DUE 06/15/2015	11/03/2008	02/10/2009	5,440.24	4,590.00	850.24	0.00
22000.0000	74913GAK1	QWEST CORP NT 7.625% DTD 12/15/2005 DUE 06/15/2015	VARIOUS	06/10/2009	20,608.91	18,330.00	2,278.91	0.00
330.0000	760975102	RESEARCH IN MOTION COM	VARIOUS	06/18/2009	25,374.23	31,534.81	-6,160.58	0.00
350.0000	760975102	RESEARCH IN MOTION COM	VARIOUS	08/13/2009	25,154.73	20,833.26	4,321.47	0.00
11000.0000	767201AH9	RIO TINTO FIN USA LTD GTD NT 9.00% DTD 04/17/2009 DUE 05/01/2019	VARIOUS	06/01/2009	11,670.91	10,897.56	773.35	0.00
227.0000	775109200	ROGERS COMMUNICATIONS INC CL B	09/21/2009	11/02/2009	6,744.06	6,353.14	390.92	0.00

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2009 Tax Information Statement

Page 12 of 33
 Recipient's Name and Address
 LEWIN FAMILY FOUNDATION INC
 221 MULBERRY LANE
 ORANGE, CT 06477

Account Number: 711179010
 Recipient's Tax ID number: XX-XXX1130
 Payer's Federal ID number: 39-1186267
 Questions? (414)815-3632
☐ Corrected ☐ 2nd TIN notice

Payer's Name and Address
 MARSHALL & ILSLEY TRUST CO NA
 P.O. BOX 2977
 MILWAUKEE, WI 53201

Number of Shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired	Date of Sale	Stocks, Bonds, etc. (Box 2)	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
720.0000	857477103	STATE STR CORP COM	VARIOUS	01/21/2009	11,645.07	36,319.20	-24,674.13	0.00
22.3390	88732J207	TIME WARNER CABLE INC COM	03/10/2009	04/01/2009	546.84	488.32	58.52	0.00
.6700	88732J207	TIME WARNER CABLE INC COM	03/10/2009	04/17/2009	17.39	14.65	2.74	0.00
69.0000	89151E109	TOTAL S A SPONSORED ADR	05/06/2009	05/20/2009	3,926.68	3,689.00	237.68	0.00
113.0000	89151E109	TOTAL S A SPONSORED ADR	05/06/2009	06/11/2009	6,606.94	6,041.41	565.53	0.00
338.0000	893521104	TRANSATLANTIC HLDGS INC COM	06/04/2009	06/10/2009	15,014.01	12,844.00	2,170.01	0.00
19.0000	89417E109	TRAVELERS COS INC COM	10/06/2009	11/04/2009	972.55	935.98	36.57	0.00
131.0000	91324P102	UNITEDHEALTH GROUP INC COM	VARIOUS	04/13/2009	3,177.72	3,525.85	-348.13	0.00
182.0000	91324P102	UNITEDHEALTH GROUP INC COM	VARIOUS	05/07/2009	5,073.33	4,369.21	704.12	0.00
5000.0000	912795K83	US TREASURY BILL DUE 03/19/2009	09/17/2008	03/19/2009	4,974.72	4,974.72	0.00	0.00
44000.0000	912795Q95	US TREASURY BILL DUE 07/30/2009	VARIOUS	03/25/2009	43,946.10	43,948.61	-2.51	0.00
52000.0000	912795Q95	US TREASURY BILL DUE 07/30/2009	02/18/2009	04/03/2009	51,923.25	51,923.25	0.00	0.00
72000.0000	912795S51	US TREASURY BILL DUE 11/19/2009	07/30/2009	11/02/2009	71,975.58	71,975.58	0.00	0.00
8.0000	91913Y100	VALERO ENERGY COM	09/02/2008	05/20/2009	177.88	275.10	-97.22	0.00
563.0000	91913Y100	VALERO ENERGY COM	VARIOUS	06/10/2009	10,206.92	16,359.76	-6,152.84	0.00
193.0000	91913Y100	VALERO ENERGY COM	VARIOUS	12/18/2009	3,257.75	3,865.16	-607.41	0.00
326.0000	92343V104	VERIZON COMMUNICATIONS COM	08/25/2009	11/25/2009	10,399.13	10,238.62	160.51	0.00
194.0000	92343V104	VERIZON COMMUNICATIONS COM	VARIOUS	12/08/2009	6,487.19	5,667.97	819.22	0.00
9000.0000	92343VA07	VERIZON COMMUNICATIONS INC NT 8.75% DTD 11/04/2008 DUE 11/01/2018	VARIOUS	04/14/2009	10,665.00	9,822.03	842.97	0.00

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2009 Tax Information Statement

Page 13 of 33
Ref: KXP

Recipient's Name and Address
LEWIN FAMILY FOUNDATION INC
221 MULBERRY LANE
ORANGE, CT 06477

711179010
XX-XXX1130
39-1186267
(414)815-3632

☐ 2nd TIN notice

Account Number:
Recipient's Tax ID number:
Payer's Federal ID number:
Questions?

☐ Corrected

Payer's Name and Address
MARSHALL & ILSLEY TRUST CO NA
P.O. BOX 2977
MILWAUKEE, WI 53201

Number of shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired (Box 1a)	Date of Sale (Box 2)	Stocks, Bonds, etc. (Box 2)	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
9000.0000	92343VAQ7	VERIZON COMMUNICATIONS INC NT 8.75% DTD 11/04/2008 DUE 11/01/2018	10/31/2008	05/01/2009	10,710.00	9,292.04	1,417.96	0.00
290.0000	92826C839	VISA INC COM CL A	VARIOUS	10/02/2009	19,631.65	17,055.15	2,576.50	0.00
47.0000	931142103	WAL MART STORES INC COM	04/22/2009	05/20/2009	2,359.14	2,316.48	42.66	0.00
113.0000	931142103	WAL MART STORES INC COM	VARIOUS	08/17/2009	5,824.72	5,764.93	59.79	0.00
180.0000	931142103	WAL MART STORES INC COM	VARIOUS	11/02/2009	9,033.22	9,200.62	-167.40	0.00
23.0000	966387102	WHITING PETE CORP NEW COM	01/30/2009	02/02/2009	662.15	675.87	-13.72	0.00
188.0000	966387102	WHITING PETE CORP NEW COM	01/30/2009	04/22/2009	6,268.95	5,524.49	744.46	0.00
Total Short Term Sales Reported on 1099-B						904,877.62	-85,558.71	0.00
Long Term 15% Sales Reported on 1099-B								
136.0000	002824100	ABBOTT LABS COM	04/18/2008	04/21/2009	6,057.32	6,925.73	-868.41	0.00
53.0000	002824100	ABBOTT LABS COM	VARIOUS	05/20/2009	2,292.36	2,712.32	-419.96	0.00
112.0000	002824100	ABBOTT LABS COM	05/09/2008	06/18/2009	5,301.59	5,725.33	-423.74	0.00
69.0000	002824100	ABBOTT LABS COM	05/09/2008	10/19/2009	3,605.01	3,527.21	77.80	0.00
480.0000	018490102	ALLERGAN INC COM	VARIOUS	04/06/2009	22,963.26	28,915.87	-5,952.61	0.00
240.0000	018490102	ALLERGAN INC COM	03/13/2007	06/16/2009	10,541.05	12,848.95	-2,307.90	0.00
75.0000	018490102	ALLERGAN INC COM	03/13/2007	06/17/2009	3,342.28	4,015.30	-673.02	0.00
174.0000	032511107	ANADARKO PETE CORP COM	VARIOUS	04/13/2009	7,658.39	7,707.11	-48.72	0.00
5.0000	032511107	ANADARKO PETE CORP COM	12/21/2006	05/20/2009	231.79	213.36	18.43	0.00

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2009 Tax Information Statement

Page 14 of 33
 Recipient's Name and Address
 LEWIN FAMILY FOUNDATION INC
 221 MULBERRY LANE
 ORANGE, CT 06477

Account Number: 711179010
 Recipient's Tax ID number: XX-XXX1130
 Payer's Federal ID number: 39-1186267
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 MARSHALL & ILSLEY TRUST CO NA
 P.O. BOX 2977
 MILWAUKEE, WI 53201

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Number of Shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired (Box 1a)	Date of Sale (Box 2)	Stocks, Bonds, etc. (Box 4)	Cost or Other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
112.0000	032511107	ANADARKO PETE CORP COM	12/21/2006	06/11/2009	5,719.69	4,779.30	940.39	0.00
63.0000	032511107	ANADARKO PETE CORP COM	VARIOUS	11/04/2009	4,190.14	2,594.90	1,595.24	0.00
13.2120	00184X105	AOL INC COM	VARIOUS	12/14/2009	341.98	312.17	29.81	0.00
119.0000	039483102	ARCHER DANIELS MIDLAND CO COM	09/04/2007	01/20/2009	3,060.03	4,029.29	-969.26	0.00
188.0000	039483102	ARCHER DANIELS MIDLAND CO COM	VARIOUS	01/30/2009	5,145.45	6,357.76	-1,212.31	0.00
63.0000	039483102	ARCHER DANIELS MIDLAND CO COM	11/21/2006	02/02/2009	1,698.16	2,128.36	-430.20	0.00
61.0000	039483102	ARCHER DANIELS MIDLAND CO COM	VARIOUS	02/09/2009	1,730.43	2,033.81	-303.38	0.00
229.0000	039483102	ARCHER DANIELS MIDLAND CO COM	VARIOUS	03/31/2009	6,376.99	7,584.21	-1,207.22	0.00
47.0000	039483102	ARCHER DANIELS MIDLAND CO COM	09/21/2007	05/20/2009	1,255.34	1,554.13	-298.79	0.00
226.0000	039483102	ARCHER DANIELS MIDLAND CO COM	VARIOUS	06/10/2009	6,529.56	7,256.60	-727.04	0.00
79.0000	00206R102	AT&T INC COM	11/26/2007	05/20/2009	1,942.97	2,909.32	-966.35	0.00
208.0000	00206R102	AT&T INC COM	VARIOUS	09/23/2009	5,669.01	6,940.19	-1,271.18	0.00
640.0000	053015103	AUTOMATIC DATA PROCESSING COM	VARIOUS	02/02/2009	23,105.73	29,710.97	-6,605.24	0.00
600.0000	053015103	AUTOMATIC DATA PROCESSING COM	03/13/2007	05/19/2009	21,512.02	26,492.34	-4,980.32	0.00
175.0000	060505104	BANK OF AMERICA CORP COM	11/26/2007	05/08/2009	2,579.89	7,381.50	-4,801.61	0.00
50.0000	067901108	BARRICK GOLD CORP COM	04/24/2008	05/20/2009	1,783.56	1,957.16	-173.60	0.00
194.0000	067901108	BARRICK GOLD CORP COM	VARIOUS	11/03/2009	7,523.26	7,808.82	-285.56	0.00
193.0000	067901108	BARRICK GOLD CORP COM	VARIOUS	11/04/2009	7,698.34	5,625.94	2,072.40	0.00
194.0000	067901108	BARRICK GOLD CORP COM	11/20/2006	11/17/2009	8,616.51	5,528.10	3,088.41	0.00

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2009 Tax Information Statement

Page 15 of 33
 Recipient's Name and Address
 LEWIN FAMILY FOUNDATION INC
 221 MULBERRY LANE
 ORANGE, CT 06477

Account Number: 711179010
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Payer's Name and Address
 MARSHALL & ILSLEY TRUST CO NA
 P.O. BOX 2977
 MILWAUKEE, WI 53201

Number of shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired	Date of Sale	Stocks, Bonds, etc. (Box 2)	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
8000.0000	101137AF4	BOSTON SCIENTIFIC CORP CR SENS 5.50% DTD 11/17/2005 DUE 11/15/2015	01/16/2008	07/14/2009	7,450.91	7,440.00	10.91	0.00
11000.0000	101137AF4	BOSTON SCIENTIFIC CORP CR SENS 5.50% DTD 11/17/2005 DUE 11/15/2015	12/09/2008	12/30/2009	11,617.87	8,360.00	3,257.87	0.00
141.0000	165167107	CHESAPEAKE ENERGY CORP COM	03/22/2007	03/19/2009	2,590.99	4,299.09	-1,708.10	0.00
102.0000	165167107	CHESAPEAKE ENERGY CORP COM	03/28/2008	04/03/2009	1,955.99	4,666.50	-2,710.51	0.00
48.0000	165167107	CHESAPEAKE ENERGY CORP COM	03/28/2008	05/20/2009	1,081.25	2,196.00	-1,114.75	0.00
71.0000	17275R102	CISCO SYS INC COM	09/18/2007	04/27/2009	1,305.65	2,255.66	-950.01	0.00
5.0000	17275R102	CISCO SYS INC COM	09/18/2007	05/20/2009	94.28	158.85	-64.57	0.00
13.0000	172967101	CITIGROUP INC COM	09/29/2006	05/20/2009	49.14	648.88	-599.74	0.00
134.0000	20030N101	COMCAST CORP CL A	04/26/2007	03/27/2009	1,940.31	3,686.69	-1,746.38	0.00
22.0000	20030N101	COMCAST CORP CL A	04/26/2007	05/20/2009	333.32	605.28	-271.96	0.00
563.0000	20030N101	COMCAST CORP CL A	VARIOUS	06/10/2009	8,016.91	15,164.25	-7,147.34	0.00
6.0000	205887102	CONAGRA INC COM	03/24/2008	03/27/2009	103.34	130.60	-27.26	0.00
126.0000	205887102	CONAGRA INC COM	VARIOUS	11/12/2009	2,802.36	2,567.39	234.97	0.00
540.0000	219350105	CORNING INC	VARIOUS	03/31/2009	7,255.29	10,848.60	-3,593.31	0.00
400.0000	126650100	CVS CORP	VARIOUS	12/15/2009	12,747.79	16,567.96	-3,820.17	0.00
460.0000	126650100	CVS CORP	VARIOUS	12/21/2009	14,805.12	16,789.38	-1,984.26	0.00
539.0000	260543103	DOW CHEM CO COM	VARIOUS	02/10/2009	5,691.80	23,057.19	-17,365.39	0.00
268.0000	263534109	DU PONT E I DE NEMOURS & CO COM	VARIOUS	04/21/2009	7,263.31	12,609.49	-5,346.18	0.00

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 LEWIN FAMILY FOUNDATION INC
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 MILWAUKEE, WI 53201

Number of shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired	Date of Sale	Stocks, Bonds, etc. (Box 2)	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
14.0000	268648102	E M C CORP MASS COM	11/06/2006	05/20/2009	170.10	170.44	-0.34	0.00
225.0000	268648102	E M C CORP MASS COM	11/06/2006	06/10/2009	2,888.92	2,739.26	149.66	0.00
339.0000	268648102	E M C CORP MASS COM	VARIOUS	07/28/2009	5,157.78	4,265.94	891.84	0.00
206.0000	268648102	E M C CORP MASS COM	09/02/2008	11/18/2009	3,578.13	3,171.80	406.33	0.00
69.0000	292505104	ENCANA CORP COM	12/14/2006	05/20/2009	3,807.01	3,637.81	169.20	0.00
133.0000	26884L109	EQT CORP COM	04/17/2008	04/20/2009	4,466.87	8,911.01	-4,444.14	0.00
91.0000	26884L109	EQT CORP COM	04/17/2008	05/20/2009	3,454.27	6,097.01	-2,642.74	0.00
493.0000	35906A108	FRONTIER COMMUNICATIONS CORP COM	07/31/2006	01/22/2009	3,988.34	6,344.91	-2,356.57	0.00
816.0000	35906A108	FRONTIER COMMUNICATIONS CORP COM	07/31/2006	03/30/2009	5,712.29	10,501.92	-4,789.63	0.00
60.0000	369604103	GENERAL ELEC CO COM	VARIOUS	01/15/2009	810.61	1,979.33	-1,168.72	0.00
126.0000	369604103	GENERAL ELEC CO COM	07/31/2006	01/22/2009	1,593.81	4,136.58	-2,542.77	0.00
26.0000	369604103	GENERAL ELEC CO COM	07/31/2006	04/13/2009	311.98	853.58	-541.60	0.00
10.0000	369604103	GENERAL ELEC CO COM	07/31/2006	05/20/2009	141.60	328.30	-186.70	0.00
193.0000	369604103	GENERAL ELEC CO COM	07/31/2006	11/30/2009	3,076.34	6,336.19	-3,259.85	0.00
70.0000	372917104	GENZYME CORP COM	10/15/2007	11/13/2009	3,583.50	5,250.83	-1,667.33	0.00
113.0000	380956409	GOLDCORP INC COM	VARIOUS	11/12/2009	4,964.65	3,173.62	1,791.03	0.00
175.0000	406216101	HALLIBURTON CO COM	VARIOUS	06/10/2009	4,082.64	5,987.41	-1,904.77	0.00
7.0000	46625H100	J P MORGAN CHASE & CO COM	05/29/2007	03/27/2009	202.29	362.42	-160.13	0.00

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72.0000	46625H100	J P MORGAN CHASE & CO COM	VARIOUS	05/20/2009	2,518.49	3,561.46	-1,042.97	0.00
111.0000	46625H100	J P MORGAN CHASE & CO COM	VARIOUS	09/24/2009	5,019.31	5,140.55	-121.24	0.00
103.0000	532457108	LILLY ELI & CO	VARIOUS	04/02/2009	3,523.61	5,679.09	-2,155.48	0.00
5.0000	532457108	LILLY ELI & CO	09/15/2006	05/20/2009	173.44	275.40	-101.96	0.00
186.0000	532457108	LILLY ELI & CO	09/15/2006	06/10/2009	6,326.09	10,244.80	-3,918.71	0.00
120.0000	571748102	MARSH & MC LENNAN COS INC COM	VARIOUS	03/30/2009	2,430.26	3,545.60	-1,115.34	0.00
189.0000	571748102	MARSH & MC LENNAN COS INC COM	VARIOUS	05/20/2009	3,672.17	5,561.82	-1,889.65	0.00
75.0000	589331107	MERCK & CO INC COM	03/13/2008	04/03/2009	1,979.04	3,168.83	-1,189.79	0.00
64.0000	594918104	MICROSOFT CORP COM	05/04/2007	03/30/2009	1,112.95	1,944.32	-831.37	0.00
57.0000	594918104	MICROSOFT CORP COM	VARIOUS	05/20/2009	1,158.78	1,726.38	-567.60	0.00
156.0000	594918104	MICROSOFT CORP COM	10/05/2007	11/02/2009	4,356.48	4,656.99	-300.51	0.00
13.0000	628530107	MYLAN LABS INC COM	05/09/2008	05/20/2009	167.05	145.53	21.52	0.00
225.0000	628530107	MYLAN LABS INC COM	05/09/2008	06/10/2009	2,969.92	2,518.81	451.11	0.00
157.0000	628530107	MYLAN LABS INC COM	VARIOUS	11/02/2009	2,563.74	2,051.83	511.91	0.00
112.0000	651639106	NEWMONT MNG CORP COM	VARIOUS	04/01/2009	5,153.27	5,528.83	-375.56	0.00
47.0000	651639106	NEWMONT MNG CORP COM	VARIOUS	05/20/2009	2,145.11	2,140.68	4.43	0.00
70.0000	651639106	NEWMONT MNG CORP COM	VARIOUS	11/03/2009	3,236.44	3,429.11	-192.67	0.00
353.0000	65248E104	NEWS CORP CL A	12/28/2007	01/23/2009	2,463.92	7,281.37	-4,817.45	0.00

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2009 Tax Information Statement

Page 18 of 33
 Recipient's Name and Address
 LEWIN FAMILY FOUNDATION INC
 221 MULBERRY LANE
 ORANGE, CT 06477

Account Number: 711179010
 Recipient's Tax ID number: XX-XXX1130
 Payer's Federal ID number: 39-1186267
 Questions? (414)815-3632
☐ Corrected ☐ 2nd TIN notice

Payer's Name and Address
 MARSHALL & ILSLEY TRUST CO NA
 P.O. BOX 2977
 MILWAUKEE, WI 53201

Number of Shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired (Box 1a)	Date of Sale (Box 2)	Stocks, Bonds, etc. (Box 4)	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
83.0000	65248E104	NEWS CORP CL A	12/28/2007	03/30/2009	537.84	1,712.05	-1,174.21	0.00
290.0000	665859104	NORTHERN TR CORP	VARIOUS	10/21/2009	15,654.81	18,531.35	-2,876.54	0.00
452.0000	681904108	OMNICARE INC COM	VARIOUS	02/17/2009	13,048.30	19,134.07	-6,085.77	0.00
181.0000	681904108	OMNICARE INC COM	VARIOUS	04/17/2009	4,901.97	6,885.05	-1,983.08	0.00
53.0000	681904108	OMNICARE INC COM	10/31/2006	05/20/2009	1,422.40	1,926.14	-503.74	0.00
176.0000	681904108	OMNICARE INC COM	VARIOUS	08/04/2009	4,225.07	5,895.63	-1,670.56	0.00
416.0000	717081103	PFIZER INC COM	12/01/2006	01/26/2009	6,662.99	11,540.22	-4,877.23	0.00
59.0000	717081103	PFIZER INC COM	VARIOUS	03/25/2009	847.06	1,384.66	-537.60	0.00
543.0000	717081103	PFIZER INC COM	VARIOUS	04/06/2009	7,350.43	12,573.86	-5,223.43	0.00
364.0000	717081103	PFIZER INC COM	VARIOUS	05/12/2009	5,406.39	8,188.24	-2,781.85	0.00
21.0000	717081103	PFIZER INC COM	03/12/2008	05/20/2009	317.00	449.83	-132.83	0.00
337.0000	717081103	PFIZER INC COM	VARIOUS	06/11/2009	4,881.32	7,176.40	-2,295.08	0.00
192.0000	78463V107	SPDR GOLD TR GOLD SHS	08/29/2007	01/31/2009	5.58	4.37	1.21	0.00
192.0000	78463V107	SPDR GOLD TR GOLD SHS	08/29/2007	02/28/2009	5.11	3.72	1.39	0.00
192.0000	78463V107	SPDR GOLD TR GOLD SHS	08/29/2007	03/31/2009	5.05	3.61	1.44	0.00
101.0000	78463V107	SPDR GOLD TR GOLD SHS	08/29/2007	04/20/2009	8,768.59	6,655.76	2,112.83	0.00
91.0000	78463V107	SPDR GOLD TR GOLD SHS	08/29/2007	04/30/2009	2.69	4.20	-1.51	0.00
1.0000	78463V107	SPDR GOLD TR GOLD SHS	08/29/2007	05/20/2009	92.19	65.90	26.29	0.00
90.0000	78463V107	SPDR GOLD TR GOLD SHS	08/29/2007	05/31/2009	2.62	1.93	0.69	0.00

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2009 Tax Information Statement

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 Recipient's Name and Address
 LEWIN FAMILY FOUNDATION INC
 221 MULBERRY LANE
 ORANGE, CT 06477

Account Number: 711179010
 Recipient's Tax ID number: XX-XXX1130
 Payer's Federal ID number: 39-1186267
 Questions? (414)815-3632
☐ Corrected ☐ 2nd TIN notice

Payer's Name and Address
 MARSHALL & ILSLEY TRUST CO NA
 P.O. BOX 2977
 MILWAUKEE, WI 53201

Number of shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired (Box 1a)	Date of Sale (Box 1a)	Stocks, Bonds, etc. (Box 2)	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
90.0000	78463V107	SPDR GOLD TR GOLD SHS	08/29/2007	06/30/2009	2.62	1.93	0.69	0.00
90.0000	78463V107	SPDR GOLD TR GOLD SHS	08/29/2007	07/31/2009	2.62	1.88	0.74	0.00
90.0000	78463V107	SPDR GOLD TR GOLD SHS	08/29/2007	08/31/2009	2.75	1.95	0.80	0.00
90.0000	78463V107	SPDR GOLD TR GOLD SHS	08/29/2007	09/30/2009	3.04	2.06	0.98	0.00
90.0000	78463V107	SPDR GOLD TR GOLD SHS	08/29/2007	10/31/2009	2.91	1.87	1.04	0.00
90.0000	78463V107	SPDR GOLD TR GOLD SHS	08/29/2007	11/03/2009	9,567.12	5,930.87	3,636.25	0.00
102.0000	87425E103	TALISMAN ENERGY INC COM	10/18/2007	04/01/2009	1,101.71	2,112.67	-1,010.96	0.00
38.0000	87425E103	TALISMAN ENERGY INC COM	10/18/2007	05/20/2009	570.93	787.07	-216.14	0.00
480.0000	87425E103	TALISMAN ENERGY INC COM	VARIOUS	06/10/2009	7,402.36	9,853.93	-2,451.57	0.00
314.0000	87425E103	TALISMAN ENERGY INC COM	VARIOUS	11/20/2009	5,438.53	6,575.60	-1,137.07	0.00
81.6610	88732J207	TIME WARNER CABLE INC COM	VARIOUS	04/01/2009	1,999.01	3,829.65	-1,830.64	0.00
5.0000	887317303	TIME WARNER INC COM NEW	12/11/2007	05/20/2009	120.94	193.37	-72.43	0.00
109.0000	887317303	TIME WARNER INC COM NEW	12/11/2007	10/22/2009	3,443.38	4,215.54	-772.16	0.00
66.0000	887317303	TIME WARNER INC COM NEW	VARIOUS	11/10/2009	2,103.40	2,456.16	-352.76	0.00
101.0000	89417E109	TRAVELERS COS INC COM	02/21/2008	04/13/2009	4,400.04	4,794.66	-394.62	0.00
5.0000	89417E109	TRAVELERS COS INC COM	02/21/2008	05/20/2009	196.24	237.36	-41.12	0.00
109.0000	89417E109	TRAVELERS COS INC COM	VARIOUS	08/28/2009	5,397.58	4,781.01	616.57	0.00
160.0000	89417E109	TRAVELERS COS INC COM	VARIOUS	11/04/2009	8,189.93	6,764.84	1,425.09	0.00
134.0000	91529Y106	UNUMPROVIDENT CORP COM	03/12/2008	11/02/2009	2,699.99	2,942.64	-242.65	0.00

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2009 Tax Information Statement

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 Recipient's Name and Address
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 221 MULBERRY LANE
 ORANGE, CT 06477

Account Number: 711179010
 Recipient's Tax ID number: XX-XXX1130
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Payer's Name and Address
 MARSHALL & ILSLEY TRUST CO NA
 P.O. BOX 2977
 MILWAUKEE, WI 53201

Number of Shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired	Date of Sale (Box 1a)	Stocks, Bonds, etc. (Box 2)	Cost or other Basis (Box 4)	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
59000.0000	912828BV1	US TREASURY NOTE 3.25% DTD 01/15/04 DUE 01/15/2009	VARIOUS	01/15/2009	56,908.59	56,908.59	0.00	0.00
243.0000	92553P201	VIACOM INC NEW CL B	07/31/2006	04/01/2009	4,293.90	8,451.54	-4,157.64	0.00
125.0000	931142103	WAL MART STORES INC COM	VARIOUS	02/26/2009	6,118.71	5,535.41	583.30	0.00
Total Long Term 15% Sales Reported on 1099-B						708,995.21	-146,352.57	0.00

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	2009	Category	Actual	Receipt
Agency on Aging of South Central CT	1 Long Wharf Drive, New Haven, CT 06511	Health	5560	Yes
Alzheimer's Association	279 New Britain RD , Suite 5, Kensington, CT 06037	Health	500	Yes
American Liver Foundation	New England Chapter, 88 Winchester St , Newton, MA 02461	Health	500	
American Lung Association	460 Totten Pnd Rd , Suite 400, Waltham, MA 02451	Health	500	Yes
Arthur Ashe Youth Tennis & Education	4842 Ridge Ave , Philadelphia, PA 19129	Sport/Education	5000	Yes
ASPCA	424 East 92nd Street, New York, NY 10128	Animals	500	Yes
Camp Sunshine	35 Acadia Road, Casco, ME 04015	Health	4000	Yes
CAPA and the Shubert Theater	247 College Street, New Haven, CT 06510	Arts	5000	Yes
Christian Community Action	168 Davenport Avenue, New Haven, CT 06519	Outreach	2500	
Colorado University Foundation/ Shelton Scholarship Fund	4740 Walnut Street, Boulder, Co 80301	Education	500	Yes
Gaylord Hospital	PO Box 400, Gaylord Farm Road, Wallingford, CT 06492	Health	10000	Yes
God's Love We Deliver	166 Ave of the Americas New York, NY 10013	Health/food	500	Yes
Hamden Hall Country Day School	1108 Whitney Ave , Hamden, CT 06517	Education	20000	Yes
Hamden Hall Country Day School	1108 Whitney Ave , Hamden, CT 06517	Annual Fund	3000	Yes
Immunization Action Coalition	1573 Selby Avenue, Suite 234, St Paul, MN 55104	Health/education	5000	Yes
Jaffa Institute	171-06 76 th Street, Flushing, NY 11366	Education/Outreach	20000	Yes
Jamie A Hulley Arts Foundation	PO Box 1208, Orange, CT 06477	Arts	4000	Yes
Marrakech - Cuzzocreo	6 Lunar Drive, Woodbridge, CT 06525	Community care	7200	Yes
Meals of Mann	3095 Lerner Blvd , Suite Q, San Raphael, CA 94901	Health/Welfare	10000	
Mystic Seaport	75 Greenmanville Ave , PO Box 6000, Mystic, CT 06355	Culture/education	15000	Yes
Mystic Seaport	75 Greenmanville Ave , PO Box 6000, Mystic, CT 06355	Culture/education	10000	Yes
Orange Congregational Church	205 Meetinghouse Lane, Orange, CT 06477	Outreach	11000	Yes
Orange Congregational Church	205 Meetinghouse Lane, Orange, CT 06477	Youth Group	10000	Yes
Orange Congregational Church	205 Meetinghouse Lane, Orange, CT 06477	Yamaguchi quilt project	500	Yes
Orange Congregational Church	205 Meetinghouse Lane, Orange, CT 06477	Food bank/Columbus House	1100	Yes
Orange Foundation	PO Box 623, Orange, CT 06477	Community	2500	Yes
Orange Foundation	PO Box 623, Orange, CT 06477	Community	3000	Yes
Presbyterian Childrens Village	452 South Roberts Road, Rosemont, PA 19010	Child Welfare	2500	Yes
Quinnipiac University	Mail Stop AH-DVP, 275 Mount Carmel Ave , Hamden, CT 06518	Sport/Education	2000	Yes
Ronald McDonald House Ct	501 George Street, New Haven, CT 06511	Health	500	Yes
Sprngside School	8000 Cherokee Street, Philadelphia, PA 19118	Education	1500	Yes
Sprngside School	8000 Cherokee Street, Philadelphia, PA 19118	Education	4500	Yes
St Martin de Porres Academy	208 Columbus Ave , New Haven, CT 06519	Education	1810	Yes
St Raphael Foundation	1450 Chapel Street, New Haven, CT 06511	health	500	Yes
St John Lutheran Church	1802 Skippack Pike, Centre Square, PA 09422	Music	2000	
The Fund for Women and Girls	The CFGNH, 70 Audubon St , New Haven, CT 06510	Community	5000	Yes
Can do MS formerly Heuga Center for MS	27 Main St, Suite 303, Edwards, CO 81632	Health	500	
Tnnity School			300	Yes
Vista Vocational and Life Skills Center	105 Bradley Rd , Madison, CT 06443	Education	5000	Yes
Womens Health Research at Yale	135 College Street, Suite 220, New Haven, CT 06510	Education/Health	500	Yes
WSHU	Sacred Heart University, 5151 Park Ave , Fairfield, CT 06825	Arts	10000	Yes
WSHU	Sacred Heart University, 5151 Park Ave , Fairfield, CT 06825	Arts	5000	Yes
Yale Forestry (Urban Resources Initiative)	URI, 205 Prospect St , New Haven, CT 06511	Outreach	4000	
WHYY			1000	Yes
Chantable Gift Fund	Fidelity Investments		10000	Yes
			213970	

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

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

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

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization LEWIN FAMILY FOUNDATION	Employer identification number 02 0691130
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 921	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ORANGE, CT 06477	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| ☐ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☒ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

• The books are in the care of ►

Telephone No. ► (.....) FAX No. ► (.....)

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20**09** or
 - ☐ tax year beginning, 20, and ending, 20

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization LEWIN FAMILY FOUNDATION	Employer identification number 02 : 0691130
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 921	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions ORANGE, CT 06477	

Check type of return to be filed (File a separate application for each return).

- | | | | |
|--------------------------------------|---|--------------------------------------|------------------------------------|
| ☐ Form 990 | ☒ Form 990-PF | ☐ Form 1041-A | ☐ Form 6069 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 4720 | ☐ Form 8870 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ _____
Telephone No. ▶ (_____) _____ FAX No. ▶ (_____) _____
 - If the organization does not have an office or place of business in the United States, check this box ☐
 - If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.
- 5 For calendar year 2009, or other tax year beginning _____, 20____, and ending _____, 20____.
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension THE FOUNDATION HAS NOT RECEIVED ALL PARTNERSHIP K-1'S WHICH ARE NECESSARY TO PROPERLY REPORT ITS ACTIVITY.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Lauren Schiff Title ▶ CPA Date ▶ 8/16/10