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Department of the Treasury

Return of Private Foundation

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

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

2009

OMB No 1545-0052

Far		4					44					·
		dar year 2009, or tax					, and end	-		1		
G (Check	all that apply:	Initial return			nitial return of a fo			L.	j Fınal return	J	
			Amended re	eturn		Address chan	ge		Name change			
Use	the l	IRS Name of foundar							A Employeri	dentification	number	
	abel	TOODS: N	1. LEVIN	E FOUN	DATI	NC						
Oth	erwi	se, <mark>C/O LINI</mark>	DA MARC						36-30	<u>036492</u>		
	print	Number and street	(or PO box number	r if mail is not de	livered to st	reet address)	R	loom/suite	B Telephone	number		
	r type		DISON DR	IVE					847 9	913-95	52	
	Spe	I COV DE IOWIL SIA	te, and ZIP code						C if exemption a	application is p	ending, check here	ightharpoonup
Inst	ructio	BUFFALO		IL 60	089					organizations		
H (Check	type of organization:				ate foundation					eting the 85% test, emputation	
	_	ction 4947(a)(1) none				ible private founda	ation					
L Fa		rket value of all assets		J Accounts			Accrua				tus was terminatei (A), check here	
		Part II, col (c), line 1			her (speci		Accida			, .		
	•\$	art ii, cor (c), iiile i	03 640			ust be on cash l	hasis)				60-month termina (B), check here	tion
	art I	Analysis of Revenu		11 4111, 0014							(d) Disbursen	
_ F c	21 (1	The total of amounts in	columns (b), (c), an	d (d) may not		Revenue and nses per books	(b) Net inve		(c) Adjus		for charitable pu	ırposes
	Т.	necessarily equal the ar		· · · · · · · · · · · · · · · · · · ·	OXPO!						(cash basis o	(עותנ
	1	Contributions, gifts, (-			0.			N/A		 	
	2	Check X If the four		attach Sch B			•••	4.0				
	3	cash investments	төтрогагу			19.		19.			STATEMEN	
	4	Dividends and interes	st from securities	i		3,547.	3	,547.			STATEMEN	<u> 1T 2 </u>
	5a	Gross rents										
	b	Net rental income or (los	s)									
a	6a	Net gain or (loss) from sa	ale of assets not on I	ine 10								
Š	b	Gross sales price for all assets on line 6a										<u> </u>
Revenue	7	Capital gain net income ((from Part IV, line 2)					0.		REC	EIVED	
	8	Net short-term capita	al gain						{ ·			ပ
		Income modifications	S						8	4 D D /	E 2040	Š
	1ba	Gross sales less returns and allowances			-	·			30	APR () 5 2010 	က်
		Less Cost of goods sold	,									坚
	i -	Gross profit or (loss)							i i	OGD	FM UT	\neg
	11	Other income	,									
	12	Total. Add lines 1 thi	rough 11			3,566.	3	,566.				
	13	Compensation of officers				0.		0.				0.
	14	Other employee salar		, 010				<u>~</u>				
	ł	Pension plans, emple	-									
S			Dyce Dellellis									
nses	Ι.	Legal fees	cm	MT 3	<u> </u>	1,588.		0.			-	0.
ĝ	D	Accounting fees		MT 3		1,500.		<u> </u>				<u> </u>
Ü	_ C	Other professional fe	es						· · · · · · · · · · · · · · · · ·		-	
	17	Interest	am	3.600 A	-	2.4					 	
itra	18	Taxes		MT 4		24.		0.			ļ	0.
:≝	19	Depreciation and dep	pletion									
퉏	20	Occupancy										
Ă	21	Travel, conferences,									ļ	
ä	22	Printing and publicat									<u> </u>	
пg	23	Other expenses	ST	MT 5		2,275.	1	,130.				0.
ata	24	Total operating and	administrative		-							
Operating and Administrative Expe		expenses Add lines	13 through 23			3,887.	1	,130.				0.
0	25	Contributions, gifts,	grants paid			19,750.		<u>.</u>			19,	750.
	26	Total expenses and	disbursements.									
	L_	Add lines 24 and 25				23,637.	1	,130.			19,	750.
	27	Subtract line 26 from	line 12;									
	1	Excess of revenue over e		rsements	.	<20,071.	>				1	
	1	Net investment inco	•			-		,436.		· -		
		Adjusted net income			<u> </u>				N/Z	A		
9235 02-0		LHA For Privacy			Act Notice	e, see the instruc	tions				Form 990-P	F (2009)

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JOSEPH M. LEVINE FOUNDATION

` Form 990-PF (2009) Page 2 C/O LINDA MARC 36-3036492 Balance Sheets Attached schedules and amounts in the description Beginning of year End of year column should be for end-of-year amounts only (b) Book Value (a) Book Value (c) Fair Market Value 1,592. 7,858. 1,592. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 14,838. 1,057. 1,057. 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 toans 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 83,000. 83,000. 90,991. STMT 6 b Investments - corporate stock c Investments - corporate bonds 11 Investments - land buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment; basis Less accumulated depreciation 15 Other assets (describe ▶ 105,696. 85,649. 93,640. 16 Total assets (to be completed by all filers) 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 ► EXCISE TAX PAYABLE) 10. 34. 10. 34. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31 Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted ightharpoonsFoundations that do not follow SFAS 117, check here and complete lines 27 through 31. ō 625,000. 27 Capital stock, trust principal, or current funds 625,000. Net Assets 0 . 28 Paid-in or capital surplus, or land, bldg., and equipment fund <519,314. <539,385 29 Retained earnings, accumulated income, endowment, or other funds 105,686. 85,615. 30 Total net assets or fund balances 105,696. 85,649 31 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 30 105,686. (must agree with end-of-year figure reported on prior year's return) <20,071.> 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 0. Add lines 1, 2, and 3 4 85,615. 5 Decreases not included in line 2 (itemize)

85,615.

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

' Form 990-PF (2009)

C/O LINDA MARC

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2-story brick wa		d(s) of property sold (e.g r common stock, 200 sh			(D)	How ace - Purch - Dona	quired nase tion	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a					_	_	ļ.			
b NO	NE			-	├					
<u>C</u>					┼	·				
<u>d</u>					┼─					
(e) Gross sales price	(f) D	epreciation allowed (or allowable)		st or other basis expense of sale					in or (loss) (f) minus (
a b				-						
C										
d										
e				-						
Complete only for assets shown	ng gain in c	olumn (h) and owned by	the foundation	on 12/31/69	·				ol. (h) gain	
(i) F.M.V. as of 12/31/69) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			col.		ot less than from col. (
a										
b										
C										
d										
e										
Capital gain net income or (net ca	apıtal loss)	If gain, also ente	r in Part I, line)- in Part I, line	7 7	}	2				
Net short-term capital gain or (lo	ss) as defin	•			_					
If gain, also enter in Part I, line 8,			(0).		Ĵ					
If (loss), enter -0- in Part I, line 8 Part V Qualification U		ection 4940(e) for			J	3				
/as the foundation liable for the sec <u>"Yes,"</u> the foundation does not qua Enter the appropriate amount in	lify under s	ection 4940(e). Do not co	omplete this pa	ırt.						Yes X No
(a) Base period years		(b) Adjusted qualifying dis		Net value of no	(c)		ica accate		Distrib	(d) ution ratio
Calendar year (or tax year beginni	ng in)	 	2,500.	Net value of the	- Ita		6,936		cor (p) aiv	ided by col. (c)) • 09847
2008			1,400.				7,932			.07218
2006			8,350.				4,926			.11126
2005			25,145.			17	6,288			.14263
2004			27,000.			19	3,798			.13932
Total of line 1, column (d)								2		.56387
Average distribution ratio for the	5-year base	e period - divide the total	on line 2 by 5,	or by the number	r of ye	ears				
the foundation has been in existe	nce if less t	than 5 years						3	<u>. </u>	.11277
Enter the net value of noncharital	ole-use ass	ets for 2009 from Part X,	line 5					4		100,442
Multiply line 4 by line 3								5		11,327
Enter 1% of net investment incor	ne (1% of F	Part I, line 27b)						6		24
Add lines 5 and 6								7		11,351
Enter qualifying distributions from	n Part XII, I	ine 4						8		19,750
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, che	eck the box in Part VI, line	e 1b, and comp	olete that part usin	ng a 1	% tax r	ate.			

JOSEPH M. LEVINE FOUNDATION Form 990-PF (2009) 36-3036492 C/O LINDA Page 4 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) Part VI 1a Exempt operating foundations described in section 4940(d)(2), check here \(\bigs \) and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1% 1 24. 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 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Add lines 1 and 2 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: a 2009 estimated tax payments and 2008 overpayment credited to 2009 6a **b** Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 6d 7 Total credits and payments Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 24. Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 Enter the amount of line 10 to be: Credited to 2010 estimated tax Refunded > 11 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? 1a Х X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1b 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. c Did the foundation file Form 1120-POL for this year? 1c X d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0. (1) On the foundation. > \$ 0 . (2) On foundation managers. ▶ \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 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, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? Х 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 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: 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? 7 Х

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X

8b

If "Yes," complete Part II, col (c), and Part XV

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

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)

year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

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

JOSEPH M. LEVINE FOUNDAT	ION			
Form 990-PF (2009) C/O LINDA MARC			<u> 36-30364</u>	92 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	. ,,		s X No	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire			
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?		Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un-	der the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check t	nere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ned		
expenditure responsibility for the grant?	N	ī/A □ Y€	s 🔲 No	
If "Yes," attach the statement required by Regulations section 53.494	5-5(d)			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal 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 s	shelter transaction?	Ye	s X No	
b. If yes, did the foundation receive any proceeds or have any net income attribut	able to the transaction?		N/A	7b
Port VIII Information About Officers, Directors, Trust		nagers, Highly		
Paid Employees, and Contractors	<i>,</i>			
1 List all officers, directors, trustees, foundation managers and their	compensation.			
(-) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	enter -0-)	and deterred compensation	allowances
VICKI FABIAN	VICE-PRESIDEN	${f T}$		
881 SILVER ROCK LN				
BUFFALO GROVE, IL 60089	0.15	0.		
MARVIN H. GLICK	SECRETARY	•	0.	0.
208 S. LASALLE STREET	DECRETARY		0.	0.
	SECRETARY		0.	0.
CHICAGO, IL 60604	0.15	0.	0.	
CHICAGO, IL 60604				0.
CHICAGO, IL 60604 PEGGY MARC KAZ	0.15			
CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA	0.15 PRESIDENT	0.	0.	0.
CHICAGO, IL 60604 PEGGY MARC KAZ	0.15	0.		
CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657 BERTHA LEVINE LEWIS	0.15 PRESIDENT 0.15	0.	0.	0.
CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657	0.15 PRESIDENT 0.15	0.	0.	0.
CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657 BERTHA LEVINE LEWIS 3150 N. LAKE SHORE DRIVE	0.15 PRESIDENT 0.15 VICE-PRESIDEN 0.15 cluded on line 1). If none,	0. T	0.	0. 0.
CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657 BERTHA LEVINE LEWIS 3150 N. LAKE SHORE DRIVE CHICAGO, IL 60657 2 Compensation of five highest-paid employees (other than those inc	0.15 PRESIDENT 0.15 VICE-PRESIDEN 0.15 cluded on line 1). If none,	0. T 0. enter "NONE."	0.	0. 0.
CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657 BERTHA LEVINE LEWIS 3150 N. LAKE SHORE DRIVE CHICAGO, IL 60657	0.15 PRESIDENT 0.15 VICE-PRESIDEN 0.15	0. T	0.	0.
CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657 BERTHA LEVINE LEWIS 3150 N. LAKE SHORE DRIVE CHICAGO, IL 60657 2 Compensation of five highest-paid employees (other than those inc	0.15 PRESIDENT 0.15 VICE-PRESIDEN 0.15 cluded on line 1). If none,	0. T 0. enter "NONE."	O . O . (d) Contributions to employee benefit plans and deferred	0. 0.
CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657 BERTHA LEVINE LEWIS 3150 N. LAKE SHORE DRIVE CHICAGO, IL 60657 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	0.15 PRESIDENT 0.15 VICE-PRESIDEN 0.15 cluded on line 1). If none,	0. T 0. enter "NONE."	O . O . (d) Contributions to employee benefit plans and deferred	0. 0.
CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657 BERTHA LEVINE LEWIS 3150 N. LAKE SHORE DRIVE CHICAGO, IL 60657 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	0.15 PRESIDENT 0.15 VICE-PRESIDEN 0.15 cluded on line 1). If none,	0. T 0. enter "NONE."	O . O . (d) Contributions to employee benefit plans and deferred	0. 0.
CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657 BERTHA LEVINE LEWIS 3150 N. LAKE SHORE DRIVE CHICAGO, IL 60657 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	0.15 PRESIDENT 0.15 VICE-PRESIDEN 0.15 cluded on line 1). If none,	0. T 0. enter "NONE."	O . O . (d) Contributions to employee benefit plans and deferred	0. 0.
CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657 BERTHA LEVINE LEWIS 3150 N. LAKE SHORE DRIVE CHICAGO, IL 60657 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	0.15 PRESIDENT 0.15 VICE-PRESIDEN 0.15 cluded on line 1). If none,	0. T 0. enter "NONE."	O . O . (d) Contributions to employee benefit plans and deferred	0. 0.
CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657 BERTHA LEVINE LEWIS 3150 N. LAKE SHORE DRIVE CHICAGO, IL 60657 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	0.15 PRESIDENT 0.15 VICE-PRESIDEN 0.15 cluded on line 1). If none,	0. T 0. enter "NONE."	O . O . (d) Contributions to employee benefit plans and deferred	0. 0.
CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657 BERTHA LEVINE LEWIS 3150 N. LAKE SHORE DRIVE CHICAGO, IL 60657 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	0.15 PRESIDENT 0.15 VICE-PRESIDEN 0.15 cluded on line 1). If none,	0. T 0. enter "NONE."	O . O . (d) Contributions to employee benefit plans and deferred	0. 0.
CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657 BERTHA LEVINE LEWIS 3150 N. LAKE SHORE DRIVE CHICAGO, IL 60657 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	0.15 PRESIDENT 0.15 VICE-PRESIDEN 0.15 cluded on line 1). If none,	0. T 0. enter "NONE."	O . O . (d) Contributions to employee benefit plans and deferred	0. 0.
CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657 BERTHA LEVINE LEWIS 3150 N. LAKE SHORE DRIVE CHICAGO, IL 60657 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	0.15 PRESIDENT 0.15 VICE-PRESIDEN 0.15 cluded on line 1). If none,	0. T 0. enter "NONE."	O . O . (d) Contributions to employee benefit plans and deferred	0. 0.

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

JOSEPH M. LEVINE FOUNDATION

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3 Five highest-paid independent contractors for professional services. If none, ente	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
· · · · · · · · · · · · · · · · · · ·		
Fotal number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the duced, etc.	Expenses
ı N/A		
21/11		
		
2		
	•	
3		
	·	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year or	lines 1 and 2.	Amount
N/A		
All other program-related investments. See instructions.		
}		
F. J. Add Issa 1 Abras at 2		0
Total, Add lines 1 through 3		

Form 990-PF (2009)

C/O LINDA MARC

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) Part X 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 87,647. 1a 14,325. b Average of monthly cash balances 1b c Fair market value of all other assets 1c 101. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d 3 3 1,530. 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 100,442. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 5 5.022. Minimum investment return. Enter 5% of line 5 6 Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations and certain Part XI foreign organizations check here and do not complete this part.) 5,022. Minimum investment return from Part X, line 6 1 24. Tax on investment income for 2009 from Part VI, line 5 Income tax for 2009. (This does not include the tax from Part VI.) c Add lines 2a and 2b 2c Distributable amount before adjustments. Subtract line 2c from line 1 3 3 4 Recoveries of amounts treated as qualifying distributions 998. Add lines 3 and 4 5 5 0. Deduction from distributable amount (see instructions) 6 998. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 Qualifying Distributions (see instructions) Part XII Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1 19,750. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 16 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) 3Ь 19,750. 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 income, Enter 1% of Part I, line 27b 5 Adjusted qualifying distributions. Subtract line 5 from line 4 6 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

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4940(e) reduction of tax in those years.

C/O LINDA MARC

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				4,998.
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 17, 481. b From 2005 16,557.			·	
c From 2006 10,237. d From 2007 3,590.				
e From 2008 6, 163.				
f Total of lines 3a through e	54,028.			
4 Qualifying distributions for 2009 from	54,020.			·····
Part XII, line 4: ►\$ 19, 750.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior			0.	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				4,998.
e Remaining amount distributed out of corpus	14,752.			2/3301
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				· · · · · · · · · · · · · · · · · · ·
6 Enter the net total of each column as indicated below:			:	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	68,780.			
b Prior years' undistributed income. Subtract	00/1000			
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	4 = 404			
not applied on line 5 or line 7	17,481.			
9 Excess distributions carryover to 2010.	E4 000			
Subtract lines 7 and 8 from line 6a	51,299.			
10 Analysis of line 9:				
a Excess from 2005 b Excess from 2006 10,237.				
c Excess from 2007 3,590.				
d Excess from 2008 6, 163.				
e Excess from 2009 14,752.				
				

JOSEPH M. LEVINE FOUNDATION C/O LINDA MARC

orm 990-PF (2009) C/O LINI					036492 Pa
Part XIV Private Operating Fo				N/A	
 a If the foundation has received a ruling or foundation, and the ruling is effective for 			}		
· · · · · · · · · · · · · · · · · · ·		-	d un control	4942(j)(3) or	4942(j)(5)
b Check box to indicate whether the foundate	Tax year	ing foundation describer	Prior 3 years	1942(])(3) (1)	1942())(3)
a Enter the lesser of the adjusted net	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
income from Part I or the minimum	(4) 2000	(6) 2000	(0) 2001	(4) 2000	(0) 10.01
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 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					
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)					ĺ
(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	motion (Compl	oto this next only	if the foundation	n had \$5 000 or m	oro in consta
art XV Supplementary Infor			y it the foundation	n nad \$5,000 or m	nore in assets
at any time during the	ie year-see the	instructions.)			
Information Regarding Foundation	Managers:				
a List any managers of the foundation who			ntributions received by th	e foundation before the cl	lose of any tax
year (but only if they have contributed me	ore than \$5,000). (See	section 507(a)(2).)			
ONE	_				
b List any managers of the foundation who			n (or an equally large por	tion of the ownership of a	partnership or
other entity) of which the foundation has	a 10% or greater inter	est.			
ONE					
Information Regarding Contribution					
Check here 🕨 🗶 if the foundation or					
the foundation makes gifts, grants, etc. (see instructions) to ind	ividuals or organizations	under other conditions,	complete items 2a, b, c, ai	nd d.
a The name, address, and telephone numb	er of the person to who	om applications should t	e addressed:		
b The form in which applications should be	submitted and inform	ation and materials they	should include.		
c Any submission deadlines:					
C Ally Subilission deadilies.					
d Any restrictions or limitations on awards,					

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JOSEPH M. LEVINE FOUNDATION

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Tare Av Supplementary information				
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor		2	
	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient	Contribution	
a Paid during the year				
			1	
			Į.	
			ĺ	
		,		
			•	
				ļ
	+			
SEE STATEMENT 7				
		<u> </u>	D 0-	10 750
Total			▶ 3a	19,750.
b Approved for future payment	İ			
NONE				
	1			
]		
]		
Total			▶ 3h	0

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
-	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	Code	 	0000		
a	+		-		
b					
<u> </u>					
d					
e	-				
f					
g Fees and contracts from government agencies		.			
2 Membership dues and assessments					-
3 Interest on savings and temporary cash					
investments			14	19.	
4 Dividends and interest from securities			14	3,547.	
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	1				
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					·
than inventory					
9 Net income or (loss) from special events		·			·
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
<u> </u>	-				
d	 		 		
e				2 566	
12 Subtotal. Add columns (b), (d), and (e)		0.		3,566.	
13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13	3,566.
Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income					plishment of
the foundation's exempt purposes (other than					
					
					
		<u>-</u>			
	-				
-					
					
	· ·		-		
923621 02-02-10					Form 990-PF (2009)

Unrelated business income

			INDA MARC			036492		ige 13
Р	art X	/II Information Re Exempt Organ		and Transactions a	nd Relationships With Non	charitable	Э	
1	Did th	e organization directly or indi	rectly engage in any of the follow	ing with any other organizatio	n described in section 501(c) of		Yes	No
	the C	ode (other than section 501(c)(3) organizations) or in section 5	527, relating to political organ	izations?			
1		• •	ation to a noncharitable exempt o	rganization of:				
	(1)					1a(1)		X
		ther assets				1a(2)		X
١	-	transactions:						
		ales of assets to a noncharita				1b(1)		X
	. ,		ncharitable exempt organization			1b(2)		X
		lental of facilities, equipment,				1b(3)	-	X
		Reimbursement arrangements				1b(4)		X
		oans or loan guarantees	embership or fundraising solicitati	1000		1b(5)		X
			uling lists, other assets, or paid er			1b(6) 1c		X
					vays show the fair market value of the go		ente	
				· ·	e in any transaction or sharing arrangem		, ,	
			other assets, or services received		o in any transaction or onaring arrangem			
(a)	Line no	(b) Amount involved	(c) Name of noncharitab		(d) Description of transfers, transactions	s, and sharing ar	rangeme	ents
		· · · · · · · · · · · · · · · · · · ·	N/A					
				· · · · · · · · · · · · · · · · · · ·				

_								
_	a la tha	foundation directly or indirec	the offiliated with or related to on	a or more toy exempt argent	antione described			
4		· ·	tly affiliated with, or related to, on r than section 501(c)(3)) or in sei	• •	zations described	□ voo	T	□No
		s," complete the following sch	, , , , , ,	Guon 327 ·		L Yes	L43	טווו נ
	יו ע	(a) Name of org		(b) Type of organization	(c) Description of rela	itionship		
		N/A						
		-						
	•						•	
			have examined this return, including acc or than taxpayer or fiduciary) is based o		ents, and to the best of my knowledge and belie	of, it is true, corre	ect,	
	and con	iplete ancharation of preparer (other	ar man taxpayer or ilductary) is based o		has any knowledge			
4	.	1// Mace	<u> </u>	1:3-24-10	x thes.			
Sign Here	Sı	gnature of officer or trustee	<i>,</i>	Date	Title			
ᄩ	g _	Preparer's	munh		colf-	reparer's identif	ying nur	nber
ĭŠ,	Paid Preparer's Use Only	signature LAWRE			3/1//10 employed ► [X]			
	Paid spare		ENCE MANELIS		EIN ►			
	😤 🛎	of self-employed), address and ZIP code				471000		00
	<u> </u>	address and ZIP code BUFF	ALO GROVE, IL	50089	Phone no. (8	<u>47)808</u>	<u>-98</u>	UÜ

FORM 990-PF INTEREST ON SAVI	INGS AND TE	MPORARY C	ASH IN	NVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
ROTHSCHILD GENERAL MONEY MARK	KET					19.
TOTAL TO FORM 990-PF, PART I	, LINE 3, CO	OLUMN A				19.
FORM 990-PF DIVIDENT	OS AND INTER	REST FROM	SECUI	RITIES	STATEMENT	2
SOURCE	GROS	S AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A)
VANGUARD S-T INV GR INV SHS		3,547.		0.	3,547	
TOTAL TO FM 990-PF, PART I, I	LN 4	3,547.		0.	3,5	47.
FORM 990-PF	ACCOUNT	ING FEES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		
ACCOUNTING, TAX PREPARATION	1,588	•	0.			0.
TO FORM 990-PF, PG 1, LN 16B	1,588	•	0.			0.
FORM 990-PF	TA	KES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		
EXCISE TAX ON INVESTMENT INCOME	24	•	0.			0.
TO FORM 990-PF, PG 1, LN 18	24	•	0.			0.

FORM 990-PF	OTHER E	XPENSES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
MANAGEMENT STATE FILING FEE	2,260. 15.			0.
TO FORM 990-PF, PG 1, LN 23	2,275.	1,130.		0.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 6
DESCRIPTION		ВС	OK VALUE	FAIR MARKET VALUE
VANGUARD S-T INV GRADE INV SI	нѕ		83,000.	90,991.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B		83,000.	90,991.

FORM 990-PF

STATEMENT

PAID	DURING THE YEAR		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
ANSHE EMET 3751 BROADWAY CHICAGO, IL 60613		PUBLIC CHARITY	500.
ANSHE SHOLOM BNAI ISRAEL CONGREGATION 540 W. MELROSE ST CHICAGO, IL 60657	N/A RELIGIOUS PROGRAMS	PUBLIC CHARITY	500.
ARK, THE 6540 N. CALIFORNIA AVE CHICAGO, IL 60645		PUBLIC CHARITY	500.
BOYS TOWN 1 PENN PLAZA #6250 NEW YORK, NY 10119-0002		PUBLIC CHARITY	1,000.
CAMP RAMAH 65 E. WACKER PL #1200 CHICAGO, IL 60601	N/A SOCIAL SERVICES PROGRAMS	PUBLIC CHARITY	5,000.
CHABAD'S CHILDREN OF CHERNOBYL 675 THIRD AVE, SUITE 3210 NEW YORK, NY 10017	N/A SOCIAL SERVICES PROGRAMS	PUBLIC CHARITY	250.
CHAI LIFELINE 6600 N. LINCOLN AVE #300 LINCOLNWOOD, IL 60712	N/A SOCIAL SERVICES PROGRAMS	PUBLIC CHARITY	250.
DYSAUTONOMIA FOUNDATION 315 WEST 39TH ST #701 NEW YORK, NY 10018		PUBLIC CHARITY	250.

GRANTS AND CONTRIBUTIONS

JOSEPH M. LEVINE FOUNDATION C/O LINDA MA			36-3036492
FRIENDS OF TSAD KADIMA 1745 LAKE ELEANOR DRIVE DEERFIELD, IL 60015-2055	N/A EDUCATIONAL PROGRAMS	PUBLIC CHARITY	300.
HADASSAH 4711 GOLF ROAD #600 SKOKIE, IL 60076		PUBLIC CHARITY	250.
ILLINOIS HOLOCAUST MUSEUM 9641 WOODS DRIVE SKOKIE, IL 60077			1,700.
JEWISH COUNCIL FOR YOUTH SERVICES 100 N. LASALLE ST, #400 CHICAGO, IL 60602		PUBLIC CHARITY	500.
KESHET 617 LANDWEHR NORTHBROOK, IL 60062-2309	N/A EDUCATIONAL & VOCATIONAL PROGRAMS	PUBLIC CHARITY	250.
MAOT CHITIM 4433 WEST TOUHY AVE #202 LINCOLNWOOD, IL 60712	N/A SOCIAL SERVICES PROGRAMS	PUBLIC CHARITY	250.
NATIONAL JEWISH MEDICAL & RESEARCH CENTER PO BOX 5898 DENVER, CO 80217-5898	N/A MEDICAL AND SOCIAL SERVICES	PUBLIC CHARITY	250.
NORTHWEST HOME & REHABILITATION CTR 6300 N CALIFORNIA AVE CHICAGO, IL 60659	N/A SOCIAL SERVICES PROGRAMS	PUBLIC CHARITY	1,000.
SHAARE ZEDEK MEDICAL CENTER 6670 N LINCOLN AVE LINCOLNWOOD, IL 60712	N/A MEDICAL AND SOCIAL SERVICES	PUBLIC CHARITY	750.
SHALVA 1610 W. HIGHLAND #9 CHICAGO, IL 60660	N/A SOCIAL SERVICES PROGRAMS	PUBLIC CHARITY	500.

JOSEPH M. LEVINE FOUNDATION C/O	LINDA MA		36-3036492
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE MONTGOMERY, AL 36177-7459		PUBLIC CHARITY	250.
TIKVAH LAYELED 322 WEST 52ND, P.O. BOX 1097 NEW YORK, NY 10019	N/A MEDICAL PROGRAMS	PUBLIC CHARITY	250.
WEIZMAN INSTITUTE OF SCIENCE 180 N STETSON AVE. #840 CHICAGO, IL 60601	N/A EDUCATIONAL PROGRAMS	PUBLIC CHARITY	5,000.
YAD SARAH 450 PARK AVENUE #3201 NEW YORK, NY 1022-2633	N/A SOCIAL SERVICES PROGRAMS	PUBLIC CHARITY	250.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		19,750.