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## Form **990-PF**

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

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Department of the Treasury Internal Revenue Service

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

For	calend	ar year 2009, or tax year beginning	and ending	in to coulding the	.to reporting		<u> </u>
			turn of a former public of	-hanty		Final return	<del></del>
	JIICON U		ress change		change	Final return	
	<del></del>		iless change	Name	change		
	the IR	S Name of foundation HARVEY B LEVIN CHARITABLE	TRUST			loyer identification num -6800335	ber
	label.		TRUSTEES				
	nerwise					phone number (see page 10	0 of the instructions)
	print	Number and street (or P O box number if mail is not delivered	to street address)	Room/suite		7-267-0241	
	r type. Specifi	160 SEQUOIA LANE			1	emption application is pend	
	ruction	Only or town, state, and zir code	C001F		D 1. Fo	oreign organizations, check	here
			60015		1	oreign organizations meetir	·
		ype of organization X Section 501(c)(3) exempt private			85	5% test, check here and att	ach computation
			e private foundation		1	rate foundation status was	_ 1
		ket value of all assets at end J Accounting method	X Cash   Acc	rual	section	on 507(b)(1)(A), check here	• ▶ □
0	f year (f	rom Part II, col (c), Uther (specify)			l	foundation is in a 60-mont	_ 1
	ne 16) 🕨		pe on cash basis )	·	unde	r section 507(b)(1)(B), che	ck here
P	art I	Analysis of Revenue and Expenses (The	(a) Revenue and	# N. N			(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(b) Net inco		(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see page 11 of the instructions) )	20010			mome	(cash basis only)
_	1	Contributions, gifts, grants, etc , received (attach schedule)					
	2	Check ► X if the foundation is <b>not</b> required to attach Sch B				-	
No.	3	Interest on savings and temporary cash investments	8		8	-	
<b>3</b>	4	Dividends and interest from secunties	31,439		31,430		
SCANNER NOV I U	5a	Gross rents			·		-
	b	Net rental income or (loss)					
	6a	Net gain or (loss) from sale of assets not on line 10	24,425				
	b	Gross sales price for all assets on line 6a 175, 021					
	7	Capital gain net income (from Rant V Hire 2)			24,425		_
	8	Net short-term capital gain				0	
<b></b>	9	Income modifications					
8	10a	Income modifications Gross sales less returns stallowances 9 2010					
₩	b	Less Cost of goods sold					
	c	Gross profit or (loss) (attach screenie) UT			-		
	11	Other income (attach schedule) STMT 1	7,894		7,894		
	12	Total. Add lines 1 through 11	63,766		63,757	0	
	13	Compensation of officers, directors, trustees, etc	03,700		03,737		
es	14	Other employee salaries and wages					
enses	15	Pension plans, employee benefits					
•		Legal fees (attach schedule)					
Operating and Administrative Exp	b	Accounting fees (attach schedule)  STMT 2	3,900				3,900
Ģ		Other professional fees (attach schedule)	3,900				3,900
ati	17	Interest	5,546		5,546		
str		Taxes (attach schedule) (see page 14 of the instructions) STMT 3	454		454		
Ë	18		454		454		
Ξ	19	Depreciation (attach schedule) and depletion					
Ad	20	Occupancy Travel conference and meetings					
Ď	21	Travel, conferences, and meetings					
a	22	Printing and publications	0.000		0.000		
ng	23	Other expenses (att sch ) STMT 4	2,826		2,826		
ati	24	Total operating and administrative expenses.			0.00		
er		Add lines 13 through 23	12,726		8,826		3,900
Q	1	Contributions, gifts, grants paid	70,000				70,000
	26	Total expenses and disbursements. Add lines 24 and 25	82,726		8,826	0	73,900
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	-18,960				
	ь	Net investment income (If negative, enter -0-)			54,931		
	c	Adjusted net income (if negative, enter -0-)				0	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

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Beginning of year End of year Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) Part II (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash-non-interest-bearing 4,345 10,320 10,320 2 Savings and temporary cash investments 3 Accounts receivable ▶ Less allowance for doubtful accounts 4 Pledges receivable ▶ Less allowance for doubtful accounts ▶ 5 Grants receivable Receivables due from officers, directors, trustees, and other 6 disqualified persons (attach schedule) (see page 16 of the instructions) 7 Other notes and loans receivable (att schedule) Less allowance for doubtful accounts ▶ 8 Inventories for sale or use Prepaid expenses and deferred charges 10a Investments—U.S. and state government obligations (attach schedule) b Investments—corporate stock (attach schedule) Investments—corporate bonds (attach schedule) C 11 Investments—land, buildings, and equipment basis Less accumulated depreciation (attach sch.) 12 investments-mortgage loans Investments—other (attach schedule) SEE STATEMENT 5 1,336,592 1,311,657 13 1,380,824 Land, buildings, and equipment basis 14 Less accumulated depreciation (attach sch.) ) 15 Other assets (describe 16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I) 1,340,937 1,321,977 1,391,144 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 (attach schedule) Other liabilities (describe 22 ) 0 0 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. Net Assets or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted X Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds 1,340,937 1,321,977 29 Total net assets or fund balances (see page 17 of the 1,340,937 instructions) 1,321,977 31 Total liabilities and net assets/fund balances (see page 17 1,340,937 of the instructions) 1,321,977 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) 1,340,937 2 Enter amount from Part I, line 27a 2 -18,9603 Other increases not included in line 2 (itemize) ▶ 3 4 Add lines 1, 2, and 3 1,321,977 4 5 Decreases not included in line 2 (itemize) ▶ 5 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 1,321,977

Page 2

Part IV Capital Gains a	<u>nd Losses for Tax on Investme</u>	nt Incor	ne				
	pe the kind(s) of property sold (e.g., real estate, ehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P—Purchase D—Donation		e acquired day, yr)	(d) Date sold (mo , day, yr )
1a SEE WORKSHEET							
<u>b</u>							
С							
d	<del></del>						
	<del></del>	<del></del>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) Cost or plus exper	other basis nse of sale		. ,	or (loss) minus (g)
<u>a</u>							
<u>b</u>							
d d					-		
e	· · · · · · · · · · · · · · · · · · ·		-		_		
	gain in column (h) and owned by the four	ndation on	12/31/69			D Caraa (Oal	(1-)
(i) F M V as of 12/31/69	(J) Adjusted basis as of 12/31/69		(k) Exces	s of col (ı) (ı), ıf any		l (k), but not	(h) gain minus less than -0-) or om col (h))
а							
b							
С							
d							
е			_				
2 Capital gain net income or (net ca	pital loss)  If gain, also enter in l If (loss), enter -0- in l				2		24,425
3 Net short-term capital gain or (loss	s) as defined in sections 1222(5) and (6)		_				· <del>-</del>
If gain, also enter in Part I, line 8, o	column (c) (see pages 13 and 17 of the in	structions)	<b>¬</b>				
If (loss), enter -0- in Part I, line 8					3		44,564
	ider Section 4940(e) for Reduc				ne		
(For optional use by domestic private f	foundations subject to the section 4940(a)	) tax on ne	investme	nt income )			
If section 4940(d)(2) applies, leave this	s part blank						
Was the foundation liable for the sector	on 4942 tax on the distributable amount o	f anv vear	n the hase	e penod? Ye	es <b>X</b> 1	No	
	y under section 4940(e) Do not complete		in the base	penou	,3 ==	10	
	ach column for each year, see page 18 of		tions befo	re making any entries	<del></del>		
(a)	(b)	110 11101101	SHOTIS BOTO	(c)	<u> </u>		(d)
Base period years Calendar year (or tax year beginning i	A 4	ıs	Net value	of nonchantable-use ass	ets		ibution ratio ivided by col (c))
2008		,386		1,545,	588		0.051363
2007	71	,331		1,699,		-	0.041980
2006	73	,231		1,502,	905	_	0.048726
2005	60	,500		1,343,	514		0.045031
2004	50	<u>,</u> 500		1,243,	142		0.040623
2 Total of line 1, column (d)						2	0.227723
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 ha	is been in existence if less than 5 years					3	0.045545
4 Enter the net value of noncharitable	le-use assets for 2009 from Part X, line 5				4	1	1,133,654
5 Multiply line 4 by line 3						5	51,632
6 Enter 1% of net investment income	e (1% of Part I, line 27b)					6	549
7 Add lines 5 and 6						,	52,181
	Dad VIII loca 4						
8 Enter qualifying distributions from If line 8 is equal to or greater than	Part XII, line 4 line 7, check the box in Part VI, line 1b, a	nd comple	te that part	t using a 1% tax rate		3	73,900
Part VI instructions on page 18							

ruill	1990-PF (2009) HARVEY B LEVIN CHARITABLE TRUST 36-6800335			Page 4
<u>Pa</u>	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instruction	;)		
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)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			549
	here ▶ X and enter 1% of Part I, line 27b			
С	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-)			0
3	Add lines 1 and 2			549
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			549
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 5, 204			
b	Exempt foreign organizations—tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld		_	
7	Total credits and payments Add lines 6a through 6d			,204
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		4	, 655
<u>11</u>	Enter the amount of line 10 to be Credited to 2010 estimated tax   4,655  Refunded 11			
	art VII-A Statements Regarding Activities	—	T	1:.
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	<u> </u>	Yes	
_	participate or intervene in any political campaign?	1a	+	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	١		<b>.</b>
	of the instructions for definition)?	115	+-	X
	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	١.		\ <b>.</b> _
q	Did the foundation file Form 1120-POL for this year?	10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation \( \begin{align*} \text{C} & \tex			
	(1) On the foundation \( \) \\$ (2) On foundation managers \( \) \\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers   \$ \  \\$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		x
-	If "Yes," attach a detailed description of the activities	<del>-</del>	+	+*
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?	4a	+	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?	5	_	X
	If "Yes," attach the statement required by General Instruction T		1	<del> </del>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or		1	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		1	
	conflict with the state law remain in the governing instrument?	6	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	1	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the		1	
	instructions) ▶ IL		1	1
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	86	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		T	
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X

Did the foundation hold more than a 2% direct or indirect interest in any business enterprise

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

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

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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

the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

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X

X

3b

4a

Yes

X No

N/A

at any time during the year?

foundation had excess business holdings in 2009)

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Pa	rt VII-B Statements Regard	ing Activities for Which Fo	rm 4720 May Be Ro	equired (conti	nued)			
5a	During the year did the foundation pay or	incur any amount to		_				
	(1) Carry on propaganda, or otherwise a	ttempt to influence legislation (section	on 4945(e))?	\ \ \	′es 🛚 X No			
	(2) Influence the outcome of any specific	public election (see section 4955),	or to carry on,					
	directly or indirectly, any voter registi	ation drive?		\_\ \_\	res X No			
	(3) Provide a grant to an individual for tr	avel, study, or other similar purposes	37	\	′es X No			
	(4) Provide a grant to an organization of	her than a chantable, etc , organizati	on described in					
	section 509(a)(1), (2), or (3), or section	on 4940(d)(2)? (see page 22 of the i	nstructions)	\ \\	res 🗶 No	1 1		
	(5) Provide for any purpose other than re	eligious, charitable, scientific, literary	, or educational					
	purposes, or for the prevention of cri	uelty to children or animals?			res X No			
b	If any answer is "Yes" to 5a(1)-(5), did ar	ny of the transactions fail to qualify u	nder the exceptions desc	ribed in				
	Regulations section 53 4945 or in a curre	ent notice regarding disaster assistar	nce (see page 22 of the ir	nstructions)?	N/A	5b		
	Organizations relying on a current notice	regarding disaster assistance check	here		▶ []			
С	If the answer is "Yes" to question 5a(4),	does the foundation claim exemption	from the tax					
	because it maintained expenditure respo	nsibility for the grant?		N/A 🗌	res 🗌 No			İ
	If "Yes," attach the statement required by	Regulations section 53 4945-5(d)					, ,	
6a	Did the foundation, during the year, rece	ve any funds, directly or indirectly, to	pay premiums					
	on a personal benefit contract?			\	res X No			1
	Did the foundation, during the year, pay j	premiums, directly or indirectly, on a	personal benefit contract	?	_ <del>_</del>	6b		<u> </u>
	If "Yes" to 6b, file Form 8870							
7a	At any time during the tax year, was the	oundation a party to a prohibited tax	shelter transaction?	\	res X No			
b_	If yes, did the foundation receive any pro	ceeds or have any net income attribu	utable to the transaction?	•	N/A	7b		
Pa	rt VIII Information About O	fficers, Directors, Trustees,	, Foundation Mana	gers, Highly F	Paid Employe	es,		
	and Contractors							
<u>1</u> L	ist all officers, directors, trustees, four	dation managers and their compe	ensation (see page 22 o	f the instructions	).			
			(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(a) Ev	pense a	eccount
	(a) Name and	address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		er allowa	
			devoted to position		compensation			
ROI	BERT M MEYERS MD	DEERFIELD	TRUSTEE	1				
160	) SEQUOIA LANE	IL 60015	0.00	0	0			0
ELI	EANOR MEYERS	DEERFIELD	TRUSTEE					
160	) SEQUOIA LANE	IL 60015	0.00	0	0	4		0
						—		
2	Compensation of five highest-paid en	ployees (other than those include	ed on line 1—see page 2	23 of the instructi	ons).			
	If none, enter "NONE."	·		Γ	T	т		
			(b) Title, and average		(d) Contributions to employee benefit	(e) Ex	pense a	eccount.
	(a) Name and address of each empl	oyee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		er allowa	
			·	<del></del>	compensation	<del> </del>		
NON	NE .							
						├─		
	· •			<del>                                     </del>		+		
			+					
						+-		
	<del>-</del>					<del>                                     </del>		
Total	number of other employees paid over \$5	0.000	<u> </u>		I		. —	
		<u>.                                      </u>			Fo			(2009)

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Part VIII	Information About Officers, Directors, Trustees, Founda and Contractors (continued)	tion Managers, Highly Paid Empl	oyees,
3 Five higher	st-paid independent contractors for professional services (see page 23 of	of the instructions). 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 c	others receiving over \$50,000 for professional services		<b>b</b>
Part IX-A	Summary of Direct Charitable Activities		
organizations and	o's four largest direct chantable activities during the tax year. Include relevant statistical infoother beneficiaries served, conferences convened, research papers produced, etc	formation such as the number of	Expenses
1 N/A			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see page 2	4 of the instructions)	<u> </u>
	argest program-related investments made by the foundation during the tax year on lines 1		Amount
1 N/A			
2			
All other program-	related investments See page 24 of the instructions		

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Total. Add lines 1 through 3

Pa	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	gn fo	undations,
	see page 24 of the instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of secunties	1a	1,149,444
b	Average of monthly cash balances	1b	1,474
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	1,150,918
е	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	1,150,918
4	Cash deemed held for chantable activities Enter 1½ % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	17,264
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,133,654
_6	Minimum investment return. Enter 5% of line 5	6	56,683
Pa	art XI Distributable Amount (see page 25 of the Instructions) (Section 4942(j)(3) and (j)(5) private operations	erating	
	foundations and certain foreign organizations check here  and do not complete this part )		
1	Minimum investment return from Part X, line 6	1_	56,683
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	549
3	Distributable amount before adjustments Subtract line 2c from line 1	3	56,134
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	56,134
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	56,134
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
			<u> </u>
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		72 000
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	73,900
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out chantable, etc.		
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	· -
b	Cash distribution test (attach the required schedule)	3b	72 000
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	73,900
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_	E 4 0
_	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	549
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	73,351
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	1	
	qualifies for the section 4940(e) reduction of tax in those years		

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Pa	rt XIII Undistributed Income (see page 26 of	the instructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years pnor to 2008	2008	2009
	line 7				56,134
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only			68,867	
b	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2009				
а	From 2004				
b	From 2005				
C	From 2006				
d	From 2007				
е	From 2008				
f	Total of lines 3a through e				
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$73,900				
а	Applied to 2008, but not more than line 2a			68,867	
b	Applied to undistributed income of prior years				
	(Election required—see page 26 of the instructions)				
C	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)				
d	Applied to 2009 distributable amount				5,033
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2009	<u> </u>			
	(If an amount appears in column (d), the same				
	amount must be shown in column (a) )				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount—see page 27 of the instructions				
e	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount—see page			İ	
	27 of the instructions				
f	Undistributed income for 2009 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2010				51,101
7	Amounts treated as distributions out of corpus				<u> </u>
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)				
8	Excess distributions carryover from 2004 not				
_	applied on line 5 or line 7 (see page 27 of the				
	instructions)				
9	Excess distributions carryover to 2010.				
-	Subtract lines 7 and 8 from line 6a			1	
10	Analysis of line 9		<del>                                     </del>		
а	Excess from 2005				
b	Excess from 2006	1			
C	Excess from 2007	1			
d	Excess from 2008	1			
e	Excess from 2009	1			
<u>.</u>	LAGOSS 115111 2000	1	1		

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

N/A

c Any submission deadlines

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year **ASHOKA** N/A PUBL CHARITY 1700 MOORE ST GENERAL CHARITABLE PURPOSES 4,000 **ARLINGTON VA 22209** ASPEN INSTITUTE N/A PUBL CHARITY 1 DUPONT CIRCLE NW GENERAL CHARITABLE PURPOSES 3,500 WASHINGTON DC 20036 ASPEN MUSIC FESTIVAL N/A PUBL CHARITY 2 MUSIC SCHOOL ROAD GENERAL CHARITABLE PURPOSES 3,500 **ASPEN CO 81611** BULLETIN/ATOMIC SCI N/A PUBL CHARITY 77 W WASHINGTON GENERAL CHARITABLE PURPOSES 5,000 CHICAGO IL 60602 NYAKA SCHOOL N/A PUBL CHARITY GENERAL CHARITABLE PO BOX 339 PURPOSES 15,000 EAST LANSING MI 48826 **OUALITY OF LIFE CANCER PR** N/A PUBL CHARITY 314 W GILLESPIE GENERAL CHARITABLE PURPOSES 1,000 **ASPEN CO 81611** STEPPENWOLF THEATER N/A PUBL CHARITY 758 W NORTH AVENUE GENERAL CHARITABLE PURPOSES 1,500 CHICAGO IL 60610 STORYCATCHERS THEATRE N/A PUBL CHARITY 920 N FRANKLIN GENERAL CHARITABLE PURPOSES 1,500 CHICAGO IL 60610 WORLD SECURITY INSTITUTE N/A PUBL CHARITY 1779 MASSACHUSETTES AVE N GENERAL CHARITABLE PURPOSES 35,000 WASHINGTON DC 20036 70,000 Total ▶ 3a Approved for future payment N/A

3b

Total

Form 990-PF (2009) HARVEY B LEVIN CHARITABLE TRUST 36-6800335 **Analysis of Income-Producing Activities** Part XVI-A Excluded by section 512, 513, or 514 Enter gross amounts unless otherwise indicated Unrelated business income (e) Related or exempt (a) Business code (b) (d) function income Exclusion code Amount Amount (See page 28 of the instructions) 1 Program service revenue g Fees and contracts from government agencies 2 Membership dues and assessments 14 3 Interest on savings and temporary cash investments 14 31,439 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate Debt-financed property Not debt-financed property 6 Net rental income or (loss) from personal property 14 7,894 7 Other investment income 14 24,425 8 Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue a b 12 Subtotal Add columns (b), (d), and (e) 63,766 63,766 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calculations) Relationship of Activities to the Accomplishment of Exempt Purposes Part XVI-B Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the ▼ accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See page 29 of the instructions) N/A

Г	411 A V II	Exempt Organiza	_	ilisieis 10 aliu 11 alisact	ions an	id i <del>ve</del> lationsiii	ps with in	Jiichai	Itable		
1	Did the or			in any of the following with any	other orga	anization described	I			Yes	No
		-		501(c)(3) organizations) or in s							
	organizati										
а	Transfers	from the reporting founda	ition to a non	charitable exempt organization of	of						
	(1) Cash								1a(1)		X
	(2) Other	assets							1a(2)		X
b	Other tran	sactions									
	(1) Sales	of assets to a nonchantal	ble exempt o	rganization					1b(1)		<u> </u>
	(2) Purch	ases of assets from a nor	nchantable e	xempt organization					1b(2)		X
	(3) Renta	ll of facilities, equipment, o	or other asse	ets					1b(3)		_X_
	(4) Reiml	bursement arrangements							1b(4)		_X_
	(5) Loans	or loan guarantees							1b(5)		X
	(6) Perfor	mance of services or me	mbership or	fundraising solicitations					1b(6)		X
	•		•	er assets, or paid employees					1c		X
d		•		lete the following schedule Colu		-					
		-	-	en by the reporting foundation I							
				, show in column (d) the value o							
	(a) Line no	(b) Amount involved	(c) Name	of nonchantable exempt organization	_	(d) Description of tr	ansfers, transac	tions, and	sharing arrange	ments	
<u> </u>	A	<del></del> -			_						
	_			<u> </u>						-	
-											
		-			<u> </u>						
									<del></del>		
					-				<del>.</del>		
		-		<del> </del>							
				······································							
							-				
					1						
2a		•	•	oth, or related to, one or more ta		organizations			Пу	es X	1 No.
<b>.</b>		omplete the following sch	,	nan section 501(c)(3)) or in secti	011 3277				U ''	53 <u>58</u>	1110
		(a) Name of organization	Cadic	(b) Type of organization			(c) Description of	of relations	hip	_	-
_	N/A	(, · · · · · · · · · · · · · · · · · ·		(=, +,,,================================					· •		
	,						<del></del>				
								-			
									-		
	Under pena	alties of perjury, I declare that	I have examin	ed this return, including accompanyin reparer (other than taxpayer or fiducia	g schedule:	s and statements, and	d to the best of r	ny knowled	ige and		
	belief, it is t	rue, correct, and complete D	edianation of pi	reparer (other than taxpayer or fiducia	ıry) ış başe	d on all information of	f which preparer	has any ki	nowledge		
	X	John two	1111	<u> </u>		<u>0</u>	TRUSTE	E			
စ္	Sig at	are of officer or trustee		Date	<i>/                                    </i>	T	itle				
Sign Here		_(				Date	Charles		Preparer's identifi number (see Sig		on
드	ح م	Preparer's				12/2/	Check if self-employed	ı⊳∏l	page 30 of the in	struction	s)
IJĬ	Paid Preparer's Use Onfy	signature				19/15/10			P00896	248	3
	Pa Se Se	Firm's name (or yours if	DAVID	J. MILLER & ASS		TES, LLP					_
	₹ ⊃	self-employed), address,		AKE COOK RD STE				EIN ▶	36-371		
		and ZIP code	DEERE	FIELD, IL 60015	<u>-5233</u>	3		Phone no	847-26		
									Form 99	n_PF	/2000

36-6800335		Federal S	Federal Statements	6			
	Statement 1 - F	orm 990-PF, I	Form 990-PF, Part I, Line 11 - Other Income	- Other Inc	ome	•	
Description			Revenue per Books	ber	Net Investment Income	Adjusted Net Income	
DRAKES LANDING (K-1)OTHER INC DRAKES LANDING (K-1) RENTAL DRAKES LANDING (K-1)OTHER INC DRAKES LANDING TWO (K-1) OTH			\$ 0	1,664 220 6,273 -291 28	\$ 1,664 220 6,273 -291	w.	
OTAL			\$	, 894	\$ 7,894	0 8	
SI	Statement 2 - For	- Form 990-PF, Pa	Part I, Line 16b -	Accounting Fees	ig Fees		
Description	F	Total	Net Investment	ent	Adjusted Net	Charitable Purpose	
ACCOUNTING FEES	     	3,900	\$		φ.	\$ 3,900	
TOTAL	တ	3,900	٠ V	0	0	\$ 3,900	
	Statement	3 - Form 990-I	3 - Form 990-PF, Part I, Line 18 - Taxes	э 18 - Тахе	ω <sub>l</sub>		
Description	L	Total	Net Investment	ent	Adjusted Net	Charitable Purpose	
FOREIGN TAX WITHHELD (K-1)	w.	218	W-	218 236	<sub>v</sub>	v <sub>2</sub>	
TOTAL	w.	454	w	454	\$	0 %	
	Statement 4 - Fo	- Form 990-PF, Pa	Part I, Line 23 - Other Expenses	Other Exp	enses		
Description	-	Total	Net Investment	ent	Adjusted Net	Charitable Purpose	
	vy-		۷Դ		<i>∿</i>	φ	
DRAKES LANDING (K-1) DRAKES LANDING FUND TWO (K-1) TOTAL	w w	2,594 232 2,826	\$	2,594 232 2,826	O 0	O     W	
		!					
						7	

## **Federal Statements**

### Statement 5 - Form 990-PF, Part II, Line 13 - Other Investments

Description

	Beginning of Year	End of Year	Basis of Valuation	Fair MarketValue
DRAKES LANDING PARTNERSHIP				
\$ DRAKES LANDING INV FUND TWO LP	466,671 \$	507,862	COST	\$ 646,714
DIGITES LANDING INV TOND INC LI	9,735	9,022	COST	6,791
6076 SH VANGUARD DIVIDEND GROWTH		61 000	000m	00.005
2095 SH VANGUARD EQUITY INCOME FU	60,076 IND	61,820	COST	80,025
2000 dii viintoonid Egotti intoonib to	42,891	44,031	COST	38,230
4651 SH VANGUARD INTERNATIONAL VA	ALUE 211,254	134,879	COST	142,355
6727 SH VANGUARD STRATEGIC EQUITY	•	134,679	COST	142,555
50 GU VINGUIDO OR FED TWO TO	129,956	131,284	COST	102,783
50 SH VANGUARD ST FED INV FD	1,462	526	COST	533
3539 SH VANGUARD 500 INDEX FD				
	414,547	422,233	COST	363,393
TOTAL \$	1,336,592 \$	1,311,657		\$ 1,380,824

	Capital Gains and Loss	es for Tax on Investment Inc	ome	2000
Form 990-PF	calendar year 2009, or tax year beginning	, and ending		2009
Name	calcinati yeti 2000, oi tax yeti begiiiiliig	, and origing	Employer Ide	ntification Number
	I CHARITABLE TRUST LANOR MEYERS, TRUSTEE	•	36-6800	1335
	d describe the kind(s) of property sold, e.g., real of brick warehouse, or common stock, 200 shs. ML		(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
(1) DRAKES LAND	NG FD (K-1) SHORT-TE		VARIOUS	VARIOUS
(2) DRAKES LAND	NG FD (K-1) LONG-TER	M P	VARIOUS	VARIOUS
(3) DRAKES LAND	<u> </u>		VARIOUS	VARIOUS
(4) VANGUARD INT		P	VARIOUS	01/08/09
(5) VANGUARD INT		<u>P</u>	VARIOUS	12/02/09
	L VALUE FD	P	VARIOUS	12/07/09
	FED INV FD CUAL FUND CGD	P	VARIOUS	07/02/09
<del></del>	OAL FUND CGD			
(9) (10)			1	
(11)				
(12)	-	_		
(13)				
(14)				
(15)				
(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis plus expense of sale	(h) Gai	n or (loss) (f) minus (g)
44.564	(or allowable)	plus expense of sale	(e) plus	
(1) 44,564		19,910		44,564
(2) 588		19,910		588
<u> </u>		58,162	<del></del>	-8,162
(4) 50,000 (5) 68,867		62,404		6,463
(6) 10,000		9,147		853
(7) 1,000		973		27
(8) 2				2
(9)				
(10)				
(11)				
(12)				
(13)				
(14)			+	
(15)			.1	_
Complete only for assets s	howing gain in column (h) and owned by th	he foundation on 12/31/69		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(1) Gains (0 col (k), but not Losses (fro	Col (h) gain minus less than -0-) <b>Or</b> om col (h))
(1)			<u> </u>	44,564
(2)			-	-19,910
(3)				588 -8,162
(4)				6,463
(5)				853
(6) (7)				27
(8)			<u> </u>	2
(9)				
(10)				
(11)				
(12)				
(13)				
(14)			<del></del>	
(15)	1		i	

# Form **8868**

April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

► File a separate application for each return.

Internal Revenue	Service		1	
If you are f	iling for an Automatic 3-Month Extension, complete only Part I and check this box		•	▶ X
If you are 1	iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form	1)		
	ete Part II unless you have already been granted an automatic 3-month extension on a previously filed For			
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)	١.		
A corporation r Part I only	equired to file Form 990-T and requesting an automatic 6-month extension—check this box and complete			▶ 🗆
	rations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an exter ome tax returns	ision of		
one of the retu	ing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of ti rns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 88 (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870,	68		
	omposite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Pai		m	
	e details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprof			
Type or print	Name of Exempt Organization HARVEY B LEVIN CHARITABLE TRUST		er identification	number
File by the	ROBERT M & ELEANOR MEYERS, TRUSTEES	_36-6	800335	
due date for filing your return See	Number, street, and room or suite no. If a P.O. box, see instructions  160 SEQUOIA LANE			
instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions  DEERFIELD IL 60015			
Form 99 Form 99 Form 99 Form 99 Form 99	0-BL Form 990-T (sec 401(a) or 408(a) trust) 0-EZ Form 990-T (trust other than above)		Form 472 Form 522 Form 606 Form 883	27 69
Telephone If the organ If this is for for the whole g	are in the care of ► ROBERT M MEYERS MD  No ► 847-267-0241  FAX No ►  nization does not have an office or place of business in the United States, check this box  a Group Return, enter the organization's four digit Group Exemption Number (GEN)  roup, check this box  If it is for part of the group, check this box  ames and EINs of all members the extension will cover	If this is attach		▶ 🗆
1 I request until 0 for the or	an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 8/15/10, to file the exempt organization return for the organization named above. The extension is ganization's return for calendar year 2009 or ax year beginning, and ending			
2 If this tax	year is for less than 12 months, check reason	ın account	ang period	
3a If this ap	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,			
	nonrefundable credits See instructions	3a	\$	5,204
b If this ap	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax			<del></del>
payment	s made Include any prior year overpayment allowed as a credit	3b	\$	5,204
c Balance	Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,			
deposit v	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment			0
	See instructions	3c	\$	0
	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-	FO		
for payment ins				
For Privacy Ac	t and Paperwork Reduction Act Notice, see Instructions.		Form <b>886</b> 8	<b>3</b> (Rev 4-2009)

● If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part I and check the 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  Part II  Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)  Name of Exempt Organization  Print Tipe or Description of Time. Only file the original (no copies needed)  Number, street, and room or suite no If a P O box, see instructions  In GDBRT M & ELEANOR MEYERS, TRUSTES  Number, street, and room or suite no If a P O box, see instructions  In GDBRT M & ELEANOR MEYERS, TRUSTES  Number, street, and room or suite no If a P O box, see instructions  DERFIFELD  The Check type of return to be filed (felt as separate application for each return)  Form 990-B  Form 990-B  Form 990-B  Form 990-B  Form 990-B  Form 990-C  Form 990-T (fines delet than above)  The books are in the care of ▶ ROBERT MEYERS MD  Telephone No ▶ 847-267-0241  Form 990-F Form 990-B  If this is for a Group Return, enter the organization's four digd Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digd Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digd Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digd Group Exemption Number (GEN)  If this is for a didutional "Amonth extension of time until 11/15/10  For calendar year 2009, or other tax year beginning  If this is not a didutional "Amonth extension of time until 11/15/10  For calendar year 2009, or other tax year beginning  If this is not a didutional "Amonth extension of time until 11/15/10  For calendar year 2009, or other tax year beginning  If this is not part of the didution in the part of the group, check this box  If this is application is for Form 990-PF, 990-PF, 990-PF, 990-PF, 990-PF,	Form 8868 (R	lev 4-2009)			Page <b>2</b>
Part II Additional (Not 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 HARVEY B LEVIN CHARITABLE TRUST File by the extended due date for filing the Color of the Color	• If you are	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box	_		► X
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed) Type or Name of Exempt Organization HARVEY B LEVIN CHARITABLE TRUST File by the catended due date for the catended for the	Note. Only co	mplete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 886	8		
Name of Exempt Organization HARVEY B LEVIN CHARITABLE TRUST ROBERT M & ELEANOR MEYERS, TRUSTEES    36-6800335	<ul> <li>If you are</li> </ul>	filing for an Automatic 3-Month Extension, complete only Part I (on page 1)			
First by the centered due date for files by the extended due date for files by the files by the extended due date for files by the extended due date for files by the extended due date for files by the files files by the files by the files by the extended due date for files by the files by the files by the files by the files files by the files	Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c	opies	needed)	1
Number, street, and room or suite no. If a P O box, see instructions   For IRS use only	print	HARVEY B LEVIN CHARITABLE TRUST			
To the whole group, check this box   If it is for part of the group, check this box   If the names and EINs of all imembers the extension of time until 11/15/10   If this tax year is for less than 12 months, check reason   Initial return   Initial return   Change in accounting period   If this say you need the extension   Initial return   Change in accounting period   If this say you need the extension   Initial return   Change in accounting period   If this say you need the extension   Initial return   Change in accounting period   If this say you need the extension   Initial return   Change in accounting period   If this say you need the extension   Initial return   Change in accounting period   If this say you need the extension   Initial return   Change in accounting period   If this say you need the extension   Initial return   Change in accounting period   If this say you need the extension   Initial return   Change in accounting period   If this say you need the extension   Initial return   Change in accounting period   If this say you need the extension   Initial return   Change in accounting period   If this say you need the extension   Initial return   Change in accounting period   It this say you need the extension   Initial return   Change in accounting period   If this say you need the extension   Initial return   Change in accounting period   It this say polication is for Form 990-BL, 990-FF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions   It 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 with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)   See instructions   It is true, correct, aph-carbilect, and that I am authorized to prepare this form.  Signature   Title   CPA   Date   Affect   Aff	extended due date for	Number, street, and room or suite no. If a P.O. box, see instructions	<del> </del>		
Form 990-BL Form 990-PF Form 990-T (frust other than above) Form 1041-A Form 4720 Form 8870  **Form 990-BL Form 990-T (frust other than above) Form 50227  **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 *** ROBERT M MEYERS MD Telephone No *** 847-267-0241 FAX No ***  **If the organization does not have an office or place of business in the United States, check this box for the whole group, check this box for all members the extension is for for part of the group, check this box for all members the extension of time until 11/15/10  **For calendar year 2009 or other tax year beginning and ending fif this tax year is for less than 12 months, check reason Initial return final return Change in accounting period Initial return RECEIVED FROM THIRD PARTIES.  **Bail this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions  **Bail this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions  **Bail this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions  **Bail 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 with this form, or, if required, deposit with Form 8868  **Bail this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include your payment with this form, or, if required, deposit with Form 8668  **Bail this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made includ	return See				
The books are in the care of ► ROBERT M MEYERS MD Telephone No ► 847-267-0241  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 a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the group, check this box  Is the unit of the whole group, check this box  Is the same and EINs of all members the extension is for For additional 3-month extension of time until 11/15/10  For calendar year 2009, or other tax year beginning  Intital return Group Final return Group en accounting pendo  The state year is for less than 12 months, check reason Initial return Final return Group en accounting pendo  The state year is for less than 12 months, check reason Initial return Final return Group en accounting pendo  The state year is for less than 12 months, check reason Initial return Final return Group en accounting pendo  The state year is for less than 12 months, check reason Initial return Final return Group en accounting pendo  The state year is for less than 12 months, check reason Initial return Final return Group en accounting pendo  The state year is for less than 12 months, check reason Initial return Final return Group en accounting pendo  The state year is for less than 12 months, check reason Initial return Group en accounting pendo  Initial return Group En and ending en accounting pendo  Initial return Group En and ending en accounting pendo  Initial return Group En and ending en accounting pendo	Form 99	90 X Form 990-PF Form 1041-A Form 990-T (sec 401(a) or 408(a) trust) Form 4720		$\vdash$	
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Title CPA  Signature Information on Necessary To File A Complete And Accurate Return Has Not Been Received that I have examined this form, including accompanying schedules and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, signature Informed Title CPA  Signature Informed ACCURATE RETURN HAS NOT BEEN RECEIVED FROM THIRD PARTIES.  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 \$ \$ 5,204  5 ,204  5 ,204  8b \$ \$ 5,204  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  Title CPA  Date	Telephone If the orga If this is for the whole of the with the national interest of the second of th	FAX No  inization does not have an office or place of business in the United States, check this box or a Group Return, enter the organization's four digit Group Exemption Number (GEN)  group, check this box  If this is group, check this box  If it is for part of the group, check this box  mes and EINs of all members the extension is for the additional 3-month extension of time until  11/15/10  endar year 2009, or other tax year beginning  , and ending	attach	<u>, , , , , , , , , , , , , , , , , , , </u>	▶ □
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