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### **Return of Private Foundation**

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

09\$00607 797571 665

OMB No 1545-0052

Note   The foundation may be able to use a copy of this return to satisfy state reporting requirements.	
Amended return Address change Name change	
Amended return Address change Name change	
I NATILE OF TOTAL CALL THE CAL	
LEVITY IMPACT CHARITABLE FOUNDATION 20-3577274	
Number and street (or P O box number if mail is not delivered to street address)  Room/suite  B Telephone number	
9450 N. 57TH STREET 480-922-9055	
City or town, state, and ZIP code  C if exemption application is pending, chi	eck here
PARADISE VALLEY, AZ 85253 D 1. Foreign organizations, check h	ere 🕨
H Check type of organization: X Section 501(c)(3) exempt private foundation  2. Foreign organizations meeting the 8 check here and attach computation	5% test,
Section 4947(a)(1) popeyempt charitable trust Other tayable private foundation	
I Fair market value of all assets at end of year J Accounting method: X Cash Accrual under section 507(b)(1)(A), chec	
(from Part II, col. (c), line 16) Uther (specify)	
\$\\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$	
Part 1 Analysis of Revenue and Expenses (a) Revenue and (b) Net investment (c) Adjusted net (d)	Disbursements
(The total of amounts in columns (b), (c), and (d) may not even need not booke in come income torich	aritable purposes ish basis only)
1 Contributions, gifts, grants, etc., received 0. N/A	
2 Check X if the foundation is not required to attach Sch. 8	
3 Interest on savings and temporary cash investments	
4 Dividends and interest from securities 24,490. STAT	EMENT 1
5a Gross rents	
b Net rental income or (loss)	
6a Net gain or (loss) from sale of assets not on line 10	
b Gross sales price for all 39,990.	
b Gross sales price for all sasets on line 6a 39,990.  7 Capital gain net income (from Part IV, line 2)	
8 Net short-term capital gain	
9 Income modifications Gross sales less returns	
10a and allowances	<del></del>
b Less Cost of goods sold	
c Gross profit or (loss)	
11 Other income	
12 Total Add lines 1 through 11 19,374. 24,490.	
13 Compensation of officers, directors, trustees, etc 0.	0.
14 Other employee salaries and wages	
15 Pension plans, employee benefits  16a Legal fees STMT 2 145. 0.	
	<u>0.</u>
b Accounting fees STMT 3 2,585. 0.	
\$ 17 Interest RECEIVED	
10 Town 476	0.
19 Depreciation and depetion 11 1 1 2 2011	
19 Depreciation and depetion JUL 1 8 2011 20 Occupancy	
20 Occupancy in JUL 18 2011 (c) 21 Travel, conferences, and meetings	
22 Printing and publication GDEN. UT	
22 Finding and put called 177.	0.
24 Total operating and administrative	<u> </u>
expenses. Add lines 13 through 23  3,488.  653.	0.
126 Continuiting diffe digits and 1 32 CICLL)	52,000.
OC Tatal arrange and dishuran mate	
Add lines 24 and 25 55 , 488 . 653 .	52,000.
27 Subtract line 26 from line 12:	
a Excess of revenue over expenses and disbursements <36,114.	
b Net investment income (if negative, enter -0-)	
27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  12 C Adjusted net income (if negative, enter -0-)  13 C Adjusted net income (if negative, enter -0-)  14 C Adjusted net income (if negative, enter -0-)  15 C Adjusted net income (if negative, enter -0-)  16 C Adjusted net income (if negative, enter -0-)  17 C Adjusted net income (if negative, enter -0-)  18 C Adjusted net income (if negative, enter -0-)  19 C Adjusted net income (if negative, enter -0-)  10 C Adjusted net income (if negative, enter -0-)  10 C Adjusted net income (if negative, enter -0-)  11 C Adjusted net income (if negative, enter -0-)  12 C Adjusted net income (if negative, enter -0-)  13 C Adjusted net income (if negative, enter -0-)  14 C Adjusted net income (if negative, enter -0-)  15 C Adjusted net income (if negative, enter -0-)  16 C Adjusted net income (if negative, enter -0-)	
7023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions.	990-PF (2010)

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For	m 99	(c <sup>PF (2010)</sup> LEVITY IMPACT CHARITABL			3577274 Page 2
Р	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	<del></del>
_			(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing Savings and temporary cash investments	25,663.	10,866.	10,866.
		Accounts receivable	23,003.	10,000.	10,000.
	٥	Less: allowance for doubtful accounts			
	4	Pledges receivable ►			
	7	Less: allowance for doubtful accounts			
	5	Grants receivable			<u> </u>
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			·
ş	8	Inventories for sale or use			<u> </u>
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations			
	l	Investments - corporate stock			<del></del>
		Investments - corporate bonds			
	11	Investments - land buildings and equipment basis			
	١	Less accumulated depreciation			<del></del>
	ì	Investments - mortgage loans Investments - other STMT 6	929,403.	000 006	040 457
	13	Investments - other STMT 6 Land, buildings, and equipment; basis	929,403.	908,086.	842,457.
	14	Less accumulated depreciation			
	15	Other assets (describe )			
	13	Other assets (describe			
	16	Total assets (to be completed by all filers)	955,066.	918,952.	853,323.
		Accounts payable and accrued expenses	33373331	32073321	
	18	Grants payable			
S	19	Deferred revenue			
ij	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
_	22	Other liabilities (describe 🕨)			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
ģ		and complete lines 24 through 26 and lines 30 and 31	055 066	010 050	
nce	24	Unrestricted	955,066.	918,952.	
ala	25	Temporarily restricted			
E E	26	Permanently restricted  Foundations that do not follow SFAS 117, check here			
or Fund Balances		and complete lines 27 through 31.			
þ	27	Capital stock, trust principal, or current funds			
Net Assets	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	955,066.	918,952.	
	31	Total liabilities and net assets/fund balances	955,066.	918,952.	
F	art	Analysis of Changes in Net Assets or Fund Ba	alances		
=					
1		I net assets or fund balances at beginning of year - Part II, column (a), line :	งบ		055 066
_		st agree with end-of-year figure reported on prior year's return)			955,066.
		r amount from Part I, line 27a		2	<36,114.>
3		r increases not included in line 2 (itemize)  Innes 1, 2, and 3		3	918,952.
4 E		eases not included in line 2 (itemize)		5	918,952.
e B		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	luma (b). line 30	5	918,952.
<u>~</u>	1 010	The second of the second of your three trining into of the trip of	to have an		Form <b>990-PF</b> (2010)
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52,000.

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.

Enter qualifying distributions from Part XII, line 4

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	1994-PF (2010) LEVITY IMPACT CHARITABLE FOUNDATION		35772			Page 4
_	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	1948 -	see in	stru	Ctio	<u>15)</u>
٦a	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)					
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and enter 1%	1			2	<u>38.</u>
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				<u>0.</u>
3	Add lines 1 and 2	3			2	38.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				<u>0.</u>
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5			2	38.
6	Credits/Payments:					
a	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 436.	1 1				
b	Exempt foreign organizations - tax withheld at source	1 1				
C	Tax paid with application for extension of time to file (Form 8868)  6c					
d	Backup withholding erroneously withheld 6d 6d					
7	Total credits and payments Add lines 6a through 6d	7			4	<u>36.</u>
8	Enter any <b>penalty</b> 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	9				
10		10			<u> </u>	<u>98.</u>
	Enter the amount of line 10 to be: Credited to 2011 estimated tax   198. Refunded	_11				0.
	art VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın .	Ļ		Yes	
	any political campaign?			1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		L	1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ed or				
	distributed by the foundation in connection with the activities		1			
	Did the foundation file Form 1120-POL for this year?			<u>1c</u>		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		1			
	(1) On the foundation. $\blacktriangleright$ \$ 0 . (2) On foundation managers. $\blacktriangleright$ \$ 0 .	-				
е	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?		-	2		<u>X</u>
	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			i	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u>X</u>
	1 Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		<u>_x</u> _
b	of "Yes," has it filed a tax return on Form 990-T for this year?	N,	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		-	5		<u>X</u>
	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	e 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?		-	7	X	
_	If "Yes," complete Part II, col (c), and Part XV					
88	a Enter the states to which the foundation reports or with which it is registered (see instructions)					
_	AZ					
t	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		l		Ţ.	
.=	of each state as required by General Instruction G? If "No," attach explanation		-	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calc	endar				37
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	m	<u> </u>	9	-,-	<u>X</u>
<u>10</u>	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses S	TMT	7	10	<u>X</u>	

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orm 990-PF (2010) LEVITY IMPACT CHARITABLE	FOUNDATION _		20-35772	74 Page 6
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	nued)	
5a During the year did the foundation pay or incur any amount to:			,	
` (1) Carry on propaganda, or otherwise attempt to influence legislation (sectio	n 4945(e))?	Y	es X No	
(2) Influence the outcome of any specific public election (see section 4955); (	or to carry on, directly or indir			
any voter registration drive?	, , , ,	· · · · · · · · · · · · · · · · · · ·	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	.?		es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization		··	23 (42) 110	
509(a)(1), (2), or (3), or section 4940(d)(2)?	in described in section		es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary.	or adjugational numbers or i		ES LAL INU	
the prevention of cruelty to children or animals?	, or educational purposes, or i		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	dor the eventions described		es LALINO	
	•	in Regulations	27./2	
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f				
expenditure responsibility for the grant?		I/A L Y	es L No	
If "Yes," attach the statement required by Regulations section 53.494	• •			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	es 🗓 No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			Sb 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?	Y	es 🗶 No 📗	
b If "Yes," did the foundation receive any proceeds or have any net income attribi				7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	y	
1 List all officers, directors, trustees, foundation managers and their		1:		
(a) 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
	PRESIDENT			
9450 N. 57TH ST.		İ		
PARADISE VALLEY, AZ 85253	2.00	0.	0.	0.
NATALIE LEVI	VICE PRESIDEN	T		
9450 N. 57TH ST.				
PARADISE VALLEY, AZ 85253	0.00	0.	0.	0.
PAMELA LEVI	SECRETARY			
9450 N. 57TH ST.				
PARADISE VALLEY, AZ 85253	0.00	0.	0.	0.
JACLYN LEVI	TREASURER			
9450 N. 57TH ST.				
PARADISE VALLEY, AZ 85253	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc				<u> </u>
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE	dovoted to position	-	compensation	anowances
110112	-			
		<del></del>		<del></del>
	1			
Total number of other employees paid over \$50,000	L	<u> </u>		
TOTAL HUMBOL OF OTHER EMPLOYEES PAIN OVER \$30,000				0 000 DE (0040)
			Form S	<b>90-PF</b> (2010)

Form 990 <sub>7</sub> PF (2010) LEVITY IMPACT CHARITABLE FOUN		3577274 Page 7
Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	ındation Managers, Highly	
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		
	<del></del>	
<del></del>		
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 number of organizations and other beneficiaries served, conferences convened, research paper	statistical information such as the	Expenses
1 N/A	s produced, etc.	<u> </u>
1, 14/21		
		<del></del>
2		
	<del>-</del>	
3		
		<del></del>
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax years.	ear on lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>▶</b>	0.
		Form <b>990-PF</b> (2010)

Ŗ	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	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	805,855.
b	Average of monthly cash balances	1b	20,626.
C	Fair market value of all other assets	1c	0.
d	Total (add lines 1a, b, and c)	1d	826,481.
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	826,481.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	12,397.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	814,084.
6	Minimum investment return_Enter 5% of line 5	6	40,704.
P	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	40,704.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	238.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	40,466.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	40,466.
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	40,466.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	52,000.
þ	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	<del> </del>
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
þ	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	52,000.
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	238.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	51,762.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	jualifies for	the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,		· · · · · · · · · · · · · · · · · · ·		
line 7				40,466.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005				
b From 2006 5,085.				
c From 2007 16,600.				
d From 2008 9, 250.				
e From 2009 16,595.				
f Total of lines 3a through e	47,530.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$ 52,000.				
a Applied to 2009, but not more than line 2a			0.	
<b>b</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.			40.455
d Applied to 2010 distributable amount	11,534.			40,466.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	59,064.			
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 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				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 2005				
not applied on line 5 or line 7	0.			<del></del>
9 Excess distributions carryover to 2011 Subtract lines 7 and 8 from line 6a	59,064.			
10 Analysis of line 9:	33,004.			
a Excess from 2006 5, 085.				
b Excess from 2007 16,600.				
c Excess from 2008 9,250.				
d Excess from 2009 16,595.				
e Excess from 2010 11,534.				
				5 000 DE (00 10)

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Form 990-PF (2010) <b>LEVITY</b>	IMPACT CHAR	ITABLE FOUN	DATION	20-35	77274 Page 10
Part XIV   Private Operating F	oundations (see in	structions and Part VII	-A, question 9)	N/A	
1° a If the foundation has received a ruling o					
foundation, and the ruling is effective fo	r 2010, enter the date of	the ruling	<b>&gt;</b>		
<b>b</b> Check box to indicate whether the found	dation is a private operatii	ig foundation described i	n section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2010	<b>(b)</b> 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					<del>-</del>
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		-			<del> </del>
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.	Ì				
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
<ul><li>a "Assets" alternative test - enter:</li><li>(1) Value of all assets</li></ul>					
` '		.,.			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</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:				7	
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					<del></del>
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from			<u></u>		*
an exempt organization					
(4) Gross investment income				-	
Part XV Supplementary Info	rmation (Comple	te this part only i	if the foundation	had \$5,000 or mo	re in accete
at any time during t	he year-see the i	nstructions.)		παα φο,σσο σι πιο	ic iii assets
1 Information Regarding Foundation	on Managers:		***************************************		
a List any managers of the foundation wh	-	than 2% of the total conti	ributions received by the	foundation before the class	e of any tay
year (but only if they have contributed n	nore than \$5,000) (See s	ection 507(d)(2).)	inbattono received by the	Touridation before the clos	c or any tax
SEE STATEMENT 8					
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation (	or an equally large portion	on of the ownership of a na	rtnershin or
other entity) of which the foundation ha	s a 10% or greater interes	st.	or an equality large portion	on or the ownership of a pa	raicisinp oi
NONE					
2 Information Regarding Contribute	ion, Grant, Gift, Loan,	Scholarship etc. Pr	ograms.		
		• • • •	<b>*</b>	ot accept unsolicited requi	ete for funde. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	iduals or organizations u	nder other conditions, co	omplete items 2a. b. c. and	d.
a The name, address, and telephone num	<del></del>	··· <del>·</del>		,	***
ALAN P. LEVI, (480)		ii applications should be	audi 0330a.		
9450 N. 57TH ST., PA		EV 12 2525	3		
b The form in which applications should be					
REQUEST FOR PROPOSAL		RIFICATION		l) Cmamiic	
c Any submission deadlines:	(AFF) & VE	WILICHTION	OF 20T(C)(3	S) STATUS	
•					
NONE	o ough as his section.	Jaroon obsertable feet t	lundo of restated	Alban fasta :	
d Any restrictions or limitations on awards	s, such as by geographica	n areas, charitable fields,	killas of institutions, or (	other factors:	
NONE					
023601 12-07-10			<del></del>		000 DE (0010)
0E0001 1E-01-10					orm <b>990-PF</b> (2010)

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year THE SPRUCE FOUNDATION N/A 501(C)(3) 5,000. SERVE AT-RISK YOUTH PO BOX 2377 POPULATIONS IN THE PHILADELPHIA, PA 19103 PHILIDELPHIA METROPOLITAN AREA ASSOCIATION TO BENEFIT 501(C)(3) N/A PURCHASE CLASSROOM 35,000. CHILDREN SUPPLIES/EQUIP FOR 419 E. 86TH ST NEW YORK, NEEDY KIDS NY 10028 501(C)(3) GIVE NEEDY KIDS A PINEMERE CAMP ASSOCIATION N/A 3,000. 8100 BARTONSVILLE WOODS SUMMER OF WELL ROUNDED STROUDSBURG, PA 18360 ACTIVITIES SCOPE EDUCATION SERVICES N/A 501(C)(3) HELP SCOPE PROVIDE 9,000. 15 W 36TH STREET, 13TH NEEDY KIDS EDGE TO NEW YORK, NY 10018 SUCCEED IN LIF Total ➤ 3a 52,000. b Approved for future payment NONE Total 023611 12-07-10 Form **990-PF** (2010)

Part XVI-A	Analy	sis of Ir	come-Pro	ducing	Activities

1 Program service revenue:  a b c d g g Fees and contracts from government agencies 1 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate: a Debt-inanced property b Not debt-inanced property b Not debt-inanced property c Net rental income or (loss) from sales of inventory 7 Other investment income 8 Gain or (loss) from sales of inventory 11 Other revenue: a b c d d e e 12 Subtotal. Add columns (b), (d), and (e)   (d) Related or e function inc Related or e function inc feech. Social Amount Social Social Amount Social So	Enter proce amounts unless otherwise indicated	Unrelated	business income	Excluded	i by section 512, 513, or 514	(0)
a b c c d d d d d d d d d d d d d d d d d	Enter gross amounts unless otherwise indicated.	(a) Business	(b)	(C) Exclu- sion	(d)	(e) Related or exempt function income
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### LEVITY IMPACT CHARITABLE FOUNDATION Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash 1a(1) Х (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) X (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (a) Line no (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (b) Type of organization (a) Name 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 arer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Sign ELECUTIVE DIRECTUR Here Signature of officer or trustee Title Date Check [ PTIN Print/Type preparer's name Preparer's signature Date self- employed 6/7/11

Form **990-PF** (2010)

480-355-1100

Paid

**Preparer** 

**Use Only** 

KARI KIDD

Firm's name ► LOHMAN COMPANY

Firm's address ► 1630 S. STAPLEY DR., SUITE 108

MESA, AZ 85204

Firm's EIN ▶

Phone no.

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FORM 990-PF	OTHER E	XPENSES			STATEMENT	5
DESCRIPTION	(A) (B) (C) EXPENSES NET INVEST- ADJUSTED PER BOOKS MENT INCOME NET INCOM  177. 177.			CHARITA		
BANK FEES OFFICE SUPPLIES	177. 105.		177.			0.
TO FORM 990-PF, PG 1, LN 23	282.	: =====	177.			0.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	6
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKE VALUE	T
OP- OPEN END MUTUAL FUNDS		FMV		908,086.	842,4	57.
TOTAL TO FORM 990-PF, PART I	I, LINE 13			908,086.	842,4	57.
	F SUBSTANTIA PART VII-A,		UTOR	5	STATEMENT	7
NAME OF CONTRIBUTOR	ADDR	ESS				
ALAN & NATALIE LEVI		N. 57TH DISE VALL		AZ 85253		
	PART XV - LINE 1A LIST OF FOUNDATION MANAGERS					

NAME OF MANAGER

ALAN P. LEVI NATALIE LEVI

### Form **8868**

(Rev January 2011)

Départment of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1700

Internal Reve	enue Service	► File a sep	arate app	lication for each return.				
• If you a	are filing for an Aut	omatic 3-Month Extension, comple	ete only Pa	art I and check this box		<u> </u>	x	
			_	complete only Part II (on page 2 of this	form)			
				itic 3-month extension on a previously f				
Electroni	ic filing (e-file). Yo	u can electronically file Form 8868 if	you need a	a 3-month automatic extension of time	to file (	6 months for a corpo	oration	
required t	to file Form 990-T),	or an additional (not automatic) 3-mo	onth extens	sion of time. You can electronically file I	orm 8	868 to request an ex	dension	
				Form 8870, Information Return for Tra				
Personal	Benefit Contracts,	which must be sent to the IRS in pa	per format	(see instructions) For more details on t	he ele	ctronic filing of this f	orm,	
visit www		lick on e-file for Charities & Nonprofit						
Part I	Automati	c 3-Month Extension of Tim	<b>e.</b> Only su	ibmit original (no copies needed).				
A corpora	ation required to file	e Form 990-T and requesting an auto	matic 6-mo	onth extension - check this box and cor	nplete			
Part I only	у					<b>&gt;</b>		
	corporations (inclui ome tax returns.	ding 1120-C filers), partnerships, REN	AICs, and t	rusts must use Form 7004 to request a	n exter	nsion of time		
print	Name of exempt organization					Employer identification number		
•	LEVITY IMPACT CHARITABLE FOUNDATION					0-3577274		
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions							
filing your return See	9450 N. 57TH STREET							
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions  PARADISE VALLEY, AZ 85253							
	TIMUMINE	VIIIIIII, HZ 03233		- <del></del>				
Enter the	Return code for th	e return that this application is for (fil	e a separa	te application for each return)			0 4	
<b>Applicati</b>	ion		Return	Application			Return	
Is For			Code	Is For	ls For			
Form 990			01	Form 990-T (corporation)				
Form 990-BL			02	Form 1041-A				
Form 990-EZ			03	Form 4720				
Form 990-PF			04	Form 5227			10	
Form 990-T (sec 401(a) or 408(a) trust)			05	Form 6069			11	
Form 990	OT (trust other than		06	Form 8870			12	
				TABLE FOUNDATION	3.07	05050		
			TREET	- PARADISE VALLEY,	AZ	85253		
	hone No ▶ <u>480</u>			FAX No				
		not have an office or place of busines		emption Number (GEN) If the			الـــا	
				ach a list with the names and EINs of all				
				to file Form 990-T) extension of time un		<u>bers the extension is </u>	tor	
1 116	•		•	•		The extension		
is f	AUGUST 15, 2011 , to file the exempt organization return for the organization named above The extension is for the organization's return for							
	X calendar year							
		nning	an	nd ending				
	tan your bog		, ui			<del></del>		
2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return								
	Change in acco	·			u. , o.u.			
		g p						
3a If ti	his application is fo	r Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any				
noi	nrefundable credits See instructions				3a	\$	290.	
<b>b</b> If the	nis application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
est	timated tax payments made. Include any prior year overpayment allowed as a credit.					\$	436.	
		ct line 3b from line 3a. Include your p	-		1			
		tronic Federal Tax Payment System)		3c	\$	<u> </u>		
				orm 8868, see Form 8453-EO and Form	8879-			
LHA F	or Paperwork Re	duction Act Notice, see Instruction	s.			Form <b>8868</b> (Re	v 1-2011)	
023841								

023841 01-03-11