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#### Form **990-PF**

#### **Return of Private Foundation**

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

OMB No 1545-0052

			t of the Treasury venue Service	ŀ	ا Note. The foundation may b		to use a copy of this			rting requirements	2010
	For c	alen	idar year 2010,			•		, and e			
	G C	heck	all that apply		Initial return		Initial return of a fo	rmer public o	charity	Final return	
					Amended return		Address chang	је		Name change	
	Nan	ne of	foundation							A Employer identification	number
			T 17173 D		MITT HOUNDAN	T () \				26 1561022	
	No.				MILY FOUNDAT  If mail is not delivered to street				Room/suite	26-1561922	
	Nuit	iber a	65 EA			•			Noonvalle	B Telephone number 212-446-40	0.0
	City	orte	own, state, and		JIII, 17111 111	0010				C If exemption application is pe	
	l	0	NEW Y		NY 10022					D 1. Foreign organizations	
	H C	heck	type of organiz	ation	X Section 501(c)(3) ex	empt p	rivate foundation			2 Foreign organizations mee check here and attach cor	eting the 85% test, published
		Se	ction 4947(a)(1	) nonexer			xable private founda	tion		E If private foundation stat	
					end of year   J Accounting	-		Accı	rual	under section 507(b)(1)	(A), check here
			Part II, coi (c),			her (sp		<del></del>		F If the foundation is in a 6	
	<u> </u>	<u> </u>			0 , 470 . (Part I, colu					under section 507(b)(1)	
	Pa	rt I	Analysis of R (The total of amo	ounts in coli	umns (b), (c), and (d) may not nts in column (a) )	(a	) Revenue and Denses per books		ivestment ome	(c) Adjusted net	(d) Disbursements for charitable purposes
		1			nts, etc., received	ارمن	527,580.			N/A	(cash basis only)
		1 2	. —		on is not required to attach Sch. B		3277300.		•••••	117.22	
-	_	3	Interest on saving					•			, , , , , , , , , , , , , , , , , , ,
2015	5	4	Dividends and				441.		441.		STATEMENT 1
		5a	Gross rents								
8		b	Net rental income	or (loss)			,				
>	<u>.</u>	6a	Net gain or (loss)	from sale of	f assets not on line 10		94,387.				
9	Revenue	b	455015 011 11110 04	_	94,387.				4 207		
		7	Capital gain net in					9	4,387.		
SCANNED NOV		_			RECEIVED						
Ź		9 10a	Income modific Gross sales less and allowances	returns							
K			Less Cost of goo	1041	NOV 21 2011	Š					, , , , , , , , , , , , , , , , , , , ,
S		1	Gross profit or	1 1		181					
		11	Other income	1	OGDEN, UT		60,093.		0,093.		STATEMENT 2
		12	Total Add line	s 1 throu			682,501.	15	4,921.		
		13	·		rectors, trustees, etc		0.		0.		0.
		14	Other employe Pension plans.		<del>-</del>						
	es		Legal fees	employed	STMT 3		5,400.		0.		5,400.
	ens		Accounting fee	ıs.	STMT 4		1,350.		1,215.		0.
	Ехр		Other profession				•		<b>,</b>		
	Ňe	17	Interest					_			
	trat	18	Taxes		STMT 5		4,200.		0.		0.
	inis	19	Depreciation as	nd depleti	on						
	Ē	20	Occupancy								
	ΑÞ	21	Travel, confere		•						
	gar	23	Printing and put Other expenses		s STMT 6		250.		0.		250.
	Operating and Administrative Expenses		Total operatin				230.	•			230.
	per		expenses. Add	-			11,200.		1,215.		5,650.
	0	25	Contributions,		· ·		53,800.				53,800.
		l	Total expense	-							
			Add lines 24 ai			ļ	65,000.		1,215.		59,450.
		27	Subtract line 2			ŀ	617 501			***	
					nses and disbursements		617,501.	1 =	3,706.	- III III III III III III III III III I	
					(if negative, enter -0-)	<b></b>		13	3,100.	N/A	
	0005		walnzign ugt i	income (it	negative, enter -0-)	t				1 IV/A	<u>t</u>

023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions

П	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-war amounts only	Beginning of year	End of	year
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	9.	9.	9.
	2	Savings and temporary cash investments	510,143.	545,584.	545,584.
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less allowance for doubtful accounts ▶		_	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts ▶			
ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U S and state government obligations			
	b	Investments - corporate stock STMT 8	0.	9,204.	31,883.
	C	Investments - corporate bonds		·	
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 9	587,093.	1,212,994.	1,212,994.
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe ►			
	16	Total assets (to be completed by all filers)	1,097,245.	1,767,791.	1,790,470.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Ě	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			
w		and complete lines 24 through 26 and lines 30 and 31.			
ces	24	Unrestricted			
<u>la</u>	25	Temporarily restricted			
ä	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.	_	_	
tsc	27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets or Fund Balanc	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.	
Ĕ	29	Retained earnings, accumulated income, endowment, or other funds	1,097,245.	1,767,791.	
ž	30	Total net assets or fund balances	1,097,245.	1,767,791.	
			1 007 045	1 767 701	
_	31	Total liabilities and net assets/fund balances	1,097,245.	1,767,791.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	1,097,245.
		r amount from Part I, line 27a		2	1,097,245.
3	Othe	r increases not included in line 2 (itemize) UNREALIZED	GAIN	3	71,421.
4	Add	lines 1, 2, and 3		4	1,786,167.
5	Decr	eases not included in line 2 (itemize)	SEE STA	TEMENT 7 5	18,376.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	1,767,791.

023511 12-07-10

	··· ·· · · · · · · · · · · · · · · · ·	ART FAMILY FO					<u> 26–156</u>	1922	Page 3
P	art IV Capital Gains	and Losses for Tax	on Investment	t Income					
		ribe the kind(s) of property so rehouse, or common stock, 2			(b) How acquired P - Purchase D - Donation	(c) (m	Date acquired no , day, yr )	( <b>d)</b> Dat (mo , d	
1a	THRU MHD MANAG	EMENT K-1			P	VA	RIOUS	VARI	ous
b	THRU MH DAVIDS	ON K-1			P	VA	RIOUS	VARI	ous
C	THRU DK GROUP	K-1			P	VA	RIOUS	VARI	ous
d	THRU K-1'S UBT	I			P	VA	RIOUS	VARI	ous
е									
	(e) Gross sales price	(f) Depreciation allowed (or allowable)							_
а	57,367.							57	.367.
b	25,085.							25	.085.
C	10,868.						····	10	.868.
d	1,067.								
	1,007.		<del> </del>						7007.
<u>e</u>	Complete only for appete shows	is sain in salumn (h) and avu	and by the foundation	2 22 12/21/60		(I) O	(0-1-45)		
	Complete only for assets shown			•					
	(i) F M V as of 12/31/69								
		45 01 12/3 1/09	- Over	COI (J), II ally			·····		267
_a								5/	<u>,367.</u>
_b									
C									
d								1	,067.
е					-		•		
2	Capital gain net income or (net ca	pital loss) If gain, als	so enter in Part I, line	7	} 2			94	,387.
2	Net short-term capital gain or /lor	•							
	ivet short-term capital gain or (lo: If gain, also enter in Part I, line 8,		2(5) and (6)		)				
	If (loss), enter -0- in Part I, line 8	column (c)					N/A		
		nder Section 4940(	e) for Reduced	Tax on Net	Investment	Incom			
-	<del></del>	· · · · · · · · · · · · · · · · · · ·	-						
(10	optional use by domestic private	s roundations subject to the s	60(1011 4340(a) tax 011	i net mvestment n	icome /				
If s	ection 4940(d)(2) applies, leave ti	nis part blank							
	A							Γ	<b>₩</b>
					uoda			L Yes	A No
1_		each column for each year, se	e instructions before	making any entri	es 			(4)	
	(a) Base period years				(c)	.	Distri	buition ratio	
	Calendar year (or tax year beginni	ng in) Adjusted quality		Net value of no			(col (b) dr	vided by col	
	2009								
	2008		821.		475,1	97.		.0	01728
	2007		0.		20,5	28.		.0	00000
	2006								
	2005								
2	Total of line 1, column (d)						,	. ^	44141
	• • • •	C b	a Aadal an lina Ohii E	b		-	-	• •	44141
			e total on line 2 by 5,	or by the number	of years	1		^	1 4 7 1 4
	the foundation has been in existe	nce it less than 5 years				-	3	.0	14/14
4	Enter the net value of noncharitat	ole-use assets for 2010 from	Part X, line 5				4	1,000	<u>,666.</u>
5	Multiply line 4 by line 3						5	14	<u>,724.</u>
6	Enter 1% of net investment incor	ne (1% of Part I, line 27b)					6	1	,537.
		, ,							
7	Add lines 5 and 6	(if) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (h) Gain or (loss) (e) plus (f) minus (g) (s) (s) (s) (s) (s) (s) (s) (s) (s) (s							
•						-	<del>-  </del>	<del></del>	<u>,                                    </u>
Я	Enter qualifying distributions from	n Part XII line 4					a l	50	. 450
		•				L	<u> </u>		, 300.
	If line 8 is equal to or greater than See the Part VI instructions	i line 7, check the box in Part	VI, line 1b, and comp	olete that part usin	g a 1% tax rate				

023531 12-07-10

Pa	art VII-A Statements Regarding Activities (continued)			
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ TIMOTHY LEVART Telephone no ▶ (212) 4	46-	400	0
	Located at ▶65 EAST 55TH STREET, 19TH FLOOR, NEW YORK, NY ZIP+4 ▶10	022	-33	55
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b>&gt;</b>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of			
	the foreign country ▶	ļ		
Pŧ	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	1		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )  Yes X No			
		ŀ		
	solution in the substitution of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  N/A	1b	•	
	Organizations relying on a current notice regarding disaster assistance check here	10		<u> </u>
,	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
·	before the first day of the tax year beginning in 2010?	10	ĺ	Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	"		
_	defined in section 4942(j)(3) or 4942(j)(5))		•	
ä	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2010? Yes X No			
	If "Yes," list the years $\triangleright$			
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		•	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions ) N/A	2b		
C	: If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
	to Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
38				
	during the year?			
t	of "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,		-	
_	Form 4720, to determine if the foundation had excess business holdings in 2010.)  N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<del>                                     </del>	X
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		•	v
	had not been removed from jeopardy before the first day of the tax year beginning in 2010?	<u>∣ 4b</u> m <b>990</b>	L DE	(2010)
	rui	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	,-rr	(2010)

3 Five highest-paid independent contractors for professional services. If none, ent	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
AND		
	<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 stal number of organizations and other beneficiaries served, conferences convened, research papers pr	tistical information such as the roduced, etc	Expenses
1 N/A	· · · · · · · · · · · · · · · · · · ·	
2		
3	· · ·	
<u> </u>		
*		
Part IX-B Summary of Program-Related Investments		, ,
Describe the two largest program-related investments made by the foundation during the tax year of	on lines 1 and 2	Amount
1 N/A		
www.communications		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.

Page 8

P	art X Minimum Investment Return (All domestic foundations must con	mplete this part. Foreign foun	dations, s	see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., p	urposes		
а	Average monthly fair market value of securities	·	1a	5,065.
b	Average of monthly cash balances		1b	110,796.
C	Fair market value of all other assets	Ĭ	10	900,044.
d	Total (add lines 1a, b, and c)		1d	1,015,905.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	1,015,905.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see inst	ructions)	4	15,239.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V,	line 4	5	1,000,666.
6	Minimum investment return. Enter 5% of line 5		6	50,033.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) foreign organizations check here  and do not complete this part )	private operating foundations and	d certain	
1	Minimum investment return from Part X, line 6		1	50,033.
2a	Tax on investment income for 2010 from Part VI, line 5	1,537.		
b	Income tax for 2010 (This does not include the tax from Part VI)	4.		
	Add lines 2a and 2b		2c	1,541. 48,492.
3	Distributable amount before adjustments Subtract line 2c from line 1		3	
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	48,492.
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	48,492.
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	59,450. 0.
b	Program-related investments - total from Part IX-B		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	purposes	2	_
3	Amounts set aside for specific charitable projects that satisfy the			
а	Suitability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)		3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part V	(III, line 4	4	59,450.
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	1,537. 57,913.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	57,913.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calc	culating whether the foundation of	ualifies for	the section

Form **990-PF** (2010)

4940(e) reduction of tax in those years

Page 9

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				48,492.
2 Undistributed income, if any, as of the end of 2010				,
a Enter amount for 2009 only			26,198.	· · · · · · · · · · · · · · · · · · ·
b Total for prior years				
	.1+	0.		
3 Excess distributions carryover, if any, to 2010				
a From 2005				
<b>b</b> From 2006				
c From 2007				
d From 2008				
e From 2009	0.			
f Total of lines 3a through e	U •			·····
4 Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 59, 450.				
			26,198.	
a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior	"	, ,	20,150.	······································
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			<del>" ""                                   </del>	1100
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount		,		33,252.
e Remaining amount distributed out of corpus	0.			<b>,</b>
5 Excess distributions carryover applied to 2010	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:			***************************************	
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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.				15,240.
7 Amounts treated as distributions out of				13/240.
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.			
9 Excess distributions carryover to 2011.				······································
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010	<u></u>			5 000 DE (0040)

Form **990-PF** (2010)

2010.04050 LEVART FAMILY FOUNDATION

Total 023611 12-07-10 Ō.

nter gross amounts unless otherwise indicated	Unrelated by	isiness income		y section 512, 513, or 514	(e)
•	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	code	Amount	sion code	Amount	function income
a					
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
? Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
Dividends and interest from securities			14	441.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income	523000	94.	14	59,999.	
3 Gain or (loss) from sales of assets other					
than inventory	523000	1,067.	14	93,320.	
Net income or (loss) from special events			.		
O Gross profit or (loss) from sales of inventory					
1 Other revenue					
a					
b					
C					
d					
e		1 1 ( 1		152 760	
2 Subtotal Add columns (b), (d), and (e)		1,161.		153,760.	154 021
3 Total. Add line 12, columns (b), (d), and (e)				13	154,921
See worksheet in line 13 instructions to verify calculations )					
Part XVI-B Relationship of Activities t	o the Accom	plishment of E	cempt P	urposes	
Line No. Explain below how each activity for which inco			contributed	I importantly to the accomp	lishment of
the foundation's exempt purposes (other than	by providing funds	tor such purposes)			

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)
	N/A

023621 12-07-10

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

	*		ollowing with any other organization			res	NO
	` ' '	,, ,	tion 527, relating to political organization	ations?			
a Transf	ers from the reporting founda	ation to a noncharitable exer	npt organization of:		ļ.		
(1) Ca	ash <u>.</u>				1a(1)		X
(2) 0	ther assets				1a(2)		X
<b>b</b> Other	transactions:						
(1) S	ales of assets to a noncharital	ble exempt organization	•		1b(1)		_X_
(2) P	urchases of assets from a noi	ncharitable exempt organiza	tion _	<u>.</u>	1b(2)		X
(3) R	ental of facilities, equipment, (	or other assets		-	1b(3)		X
(4) R	eimbursement arrangements		_		1b(4)		X
(5) Le	oans or loan guarantees				15(5)		X
(6) P	erformance of services or me	embership or fundraising sol	icitations		1b(6)		X
c Sharin	g of facilities, equipment, ma	uling lists, other assets, or pa	aid employees		1c		X
<b>d</b> If the a	answer to any of the above is	"Yes," complete the followin	g schedule. Column (b) should alwa	ays show the fair market value of the goods,	other ass	sets,	
	•			in any transaction or sharing arrangement,			
	n (d) the value of the goods,						
(a)Line no	(b) Amount involved	(c) Name of noncha	aritable exempt organization	(d) Description of transfers, transactions, and	sharing ar	rangeme	ents
		N	/A				
			<u>, </u>				
	·· · -··	<del></del>		<del> </del>			
				<del> </del>			
							<del></del>
		<del> </del>					
		·	<del></del>				
				<del> </del>			
		ļ					
				_			
			·	<u> </u>			
2a Is the	foundation directly or indirec	tly affiliated with, or related t	to, one or more tax-exempt organiza	ations described			_
ın sec	tion 501(c) of the Code (othe	r than section 501(c)(3)) or	ın section 527?	L	Yes	LX	No
<b>b</b> If Yes	," complete the following sch						
	(a) Name of org	ganization	(b) Type of organization	(c) Description of relations	ship		
	N/A						
				statements, and to the best of my knowledge and b	elief, it is t	ue, com	ect,
Sign	and complete declaration of prepa	arer (other than taxpayer or fiduoi	ary) is based on all information of which pr	reparer has any knowledge			
Here	A WYNA	C	1 1/1/4	N PRESIDENT			
	Signature of officer or tru	ustee	Date	Title			
	Print/Type preparer's na	ame Prepa	rer's signature	Date Check if PTIN			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1/9/	/ self- employed			
Paid	STEVE KREI	NIK. CPA	Goo h	11/5/10			
Prepar			<u> </u>	Firm's EIN ▶			
Use Or		COIM HHI		THIII S CIN			
J36 OI		12 AVENTE OF	THE AMERICAS	-			
		EW YORK, NY 1		Phone no. 212-	297-	<b>n</b> 41	10
	l NE	M IOAK, NI I	0030		orm <b>99</b> (		
				r	UIIII <b>33</b>	,-FF	(2010)

#### Schedule B (Form 990, 990-EZ, or 990-PE)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No 1545-0047

**2010** 

**Employer identification number** 

LEVART FAMILY FOUNDATION 26-1561922 Organization type (check one): Filers of: Section: Form 990 or 990-FZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

#### LEVART FAMILY FOUNDATION

26-1561922

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	TIMOTHY LEVART  65 EAST 55TH STREET, 19TH FL.  NEW YORK, NY 10022	\$ 500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	TIMOTHY LEVART  65 EAST 55TH STREET, 19TH FL.  NEW YORK, NY 10022	\$ 27,580.	Person Payroli Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Oncash Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
023452 12-2		\$Schadula R / Farm	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

023452 12-23-10

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Page 1 of 1 of Employer identification number

#### LEVART FAMILY FOUNDATION

26-1561922

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	3,985 SHARES GABRIEL RESOURCES LTD		VARIOUS
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
453 12-23		Sahadula R (Form 0	30, 990-EZ, or 990-PF) (21

Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2010)		Page of of Part III						
Name of org	anization		Employer identification number						
TEXABLE			26-1561922						
Part III	Exclusively religious, charitable, etc., inc	columns (a) through (e) and the f is, charitable, etc., contributions o	501(c)(7), (8), or (10) organizations aggregating ollowing line entry. For organizations completing of						
(a) No. from									
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
-	(e) Transfer of gift								
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
-	(e) Transfer of gift								
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee						
200121 10 22			Schedule R (Form 000, 000,F7, or 000, PE) (2010)						

FORM 990-PF DIVIDEN	DS AND IN	NTER	EST FROM	SEC	JRITIES	STATEMENT	1	
SOURCE	GI	GROSS AMOUNT		CAPITAL GAINS DIVIDENDS		COLUMN (A) AMOUNT		
CHARLES SCHWAB			441.		0.		441.	
TOTAL TO FM 990-PF, PART I,	TAL TO FM 990-PF, PART I, LN 4			441. 0.			441.	
FORM 990-PF	ОТНІ	ER II	NCOME			STATEMENT	2	
DESCRIPTION			(A) REVENUE PER BOOK		(B) NET INVEST- MENT INCOME			
OTHER INCOME THRU MHD MANAGEMENT K-1 OTHER INCOME THRU MH DAVIDSON K-1 OTHER INCOME THRU DK GROUP K-1 THROUGH K-1'S (UBTI)			41,658. 13,640. 4,701. 94.		41,658 13,640 4,701 94	•		
TOTAL TO FORM 990-PF, PART I, LINE 11			60,093.		60,093			
FORM 990-PF	L	EGAL	FEES			STATEMENT	· 3	
DESCRIPTION	(A) EXPENSI PER BOO		(B) NET INV MENT IN				ABLE	
LEGAL FEES	5,	400.		0	•	5,	400.	
TO FM 990-PF, PG 1, LN 16A	5,	400.		0	•	5,	400.	

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
TAX PREP FEES	1,350.	1,215.		0.	
TO FORM 990-PF, PG 1, LN 16B	1,350.	1,215.		0.	
FORM 990-PF	TAX	ES	S	TATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
2009 990PF EXTENSION NYS CT-13 2009 EXTENSION 2009 990T EXTENSION	1,000. 1,200. 2,000.	0. 0. 0.		0. 0. 0.	
TO FORM 990-PF, PG 1, LN 18	4,200.	0.	<u> </u>	0.	
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
NYS DEPT OF LAW	250.	0.		250.	
TO FORM 990-PF, PG 1, LN 23	250.	0.		250.	
FORM 990-PF OTHER DECREASE	ES IN NET AS	SETS OR FUND	BALANCES S	STATEMENT 7	
DESCRIPTION				AMOUNT	
BOOK/TAX DIFFERENCE ON CONTRI	BUTED SECUR	ITIES		18,376.	
TOTAL TO FORM 990-PF, PART II	II, LINE 5		_	18,376.	

FORM 990-PF	CORPORATE STOCK		STATEMENT 8	
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE	
3,985 SHARES GABRIEL RESOURCES	LTD	9,204.		
TOTAL TO FORM 990-PF, PART II,	LINE 10B 9,20		31,883.	
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 9	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
M.H. DAVIDSON & CO. MHD MANAGEMENT & CO. DK GROUP LLC	COST COST COST	522,805. 526,704. 163,485.	522,805. 526,704. 163,485.	
TOTAL TO FORM 990-PF, PART II,	LINE 13	1,212,994.	1,212,994.	

#### Form **8868**

(Rev January 2011)

Department 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 1709

• If you	are filing for an Automatic 3-Month Extension, complet	te only Pa	irt I and check this box		•	X	
-	are filing for an Additional (Not Automatic) 3-Month Ex	-		form)	•		
•	omplete Part II unless you have already been granted a				n 8868		
	ic filing (e-file). You can electronically file Form 8868 if y		•			oration	
	to file Form 990 T), or an additional (not automatic) 3 moi						
•	ofile any of the forms listed in Part I or Part II with the exc		·		•		
	Benefit Contracts, which must be sent to the IRS in pap	•					
	ris gov/efile and click on e-file for Charities & Nonprofits		(coo mondonomo, y ar moro dotano ory a			<b>-</b>	
Part I			bmit original (no copies needed)				
	ation required to file Form 990-T and requesting an autor		······································	plete			
Part I onl	, , ,				•		
	, corporations (including 1120-C filers), partnerships, REM	IICs. and t	rusts must use Form 7004 to request ar	extens	ion of time		
	ome tax returns	,					
Type or	Name of exempt organization			Emple	yer identification	number	
print	, turno o o occorrigario de la constanta de la				114111501		
<b>P</b> 11110	LEVART FAMILY FOUNDATION			26-1561922			
File by the	Number, street, and room or suite no. If a P.O. box, so	ee instruc	tions		<u>, 1001988</u>		
due date for filing your	65 EAST 55TH, 19TH FLOOR	00 111011100					
return See instructions	City, town or post office, state, and ZIP code. For a fo	reign add	ress see instructions				
	NEW YORK, NY 10022	ororgi, add	1000, 500 HISTORIONS				
	11211 10111, 111 10022						
Enter the	Return code for the return that this application is for (file	a conara	te application for each return)			0 4	
Lintor tine	The latti code for the retain that this application is for the	a separa	te application for each return,			012	
Applicat	ion	Return	Application		Return		
		Code	Is For				
Is For Form 990	· · · · · · · · · · · · · · · · · · ·	01	Form 990-T (corporation)		Code		
Form 990		02	Form 1041 A		07		
Form 990		1	Form 4720		08		
Form 990		03	· · · · · · · · · · · · · · · · · · ·		09		
	······································	05	Form 5227 Form 6069		10		
	OT (sec. 401(a) or 408(a) trust)	<del> </del>	<del></del>	<del></del>		11	
FUIII 990	O-T (trust other than above)	<u>  06</u>	Form 8870 EAST 55TH STREET, 1	Omu	ELOOD N	12	
• The b	ooks are in the care of <b>VORK</b> , NY 10022		EAST SSIR SIREET, I	JIn	FLOOR - N	IEW	
	none No $\triangleright$ (212)446-4000	-3333	TAYN.				
		Al I I-	FAX No D			[]	
	organization does not have an office or place of business		· · · · · · · · · · · · · · · · · · ·				
	is for a Group Return, enter the organization's four digit						
box 🕨	If it is for part of the group, check this box				ers the extension is	for	
1 I re	equest an automatic 3-month (6 months for a corporation	•	·		<b></b>		
		t organiza	ition return for the organization named a	above.	he extension		
IS T	or the organization's return for						
	► X calendar year 2010 or						
	tax year beginning	, an	nd ending		<del></del>		
2 If t	If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return						
	Change in accounting period						
3a Ift	his application is for Form 990 BL, 990 PF, 990-T, 4720,	or 6069, e	inter the tentative tax, less any	1			
пo	nrefundable credits. See instructions			3a	<u>\$</u>	<u>5,439.</u>	
<b>b</b> if t	his application is for Form 990-PF, 990 T, 4720, or 6069,	enter any	refundable credits and				
est	imated tax payments made. Include any prior year overp	oayment a	llowed as a credit	3b	\$ 1	,439.	
c Ba	lance due. Subtract line 3b from line 3a Include your pa	ayment wit	th this form, if required,				
by	using EFTPS (Electronic Federal Tax Payment System)	See instru	ictions	3c	\$ 5	5,000.	
Caution.	If you are going to make an electronic fund withdrawal v	with this F	orm 8868, see Form 8453 EO and Form	8879-E	O for payment inst	tructions	

Form 8868 (Rev. 1-2011)					Page 2	
If you are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II and check this bo	x	<b>&gt;</b>	X	
Note. Only complete Part II if you have already been granted an a				8868		
• If you are filing for an Automatic 3-Month Extension, complet	te only Pa	art I (on page 1)		<del></del>		
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no co	pies n	needed)		
Type or Name of exempt organization	Empl	loyer identification	number			
print LEVART FAMILY FOUNDATION	2	6-1561922				
File by the extended Number, street, and room or suite no. If a P.O. box, see instructions						
due date for 65 EAST 55TH, 19TH FLOOR						
return See City, town or post office, state, and ZIP code For a fo	reign add	ress, see instructions.				
NEW YORK, NY 10022				· —		
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 4	
	Γ	[			<del></del>	
Application	Return	Application			Return	
Is For	Code	ls For	****		Code	
Form 990	01	Form 1041.A	<del></del> -	······································	00	
Form 990-BL Form 990-EZ	03	Form 1041:A Form 4720			08	
Form 990-PF	03	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
STOP! Do not complete Part II if you were not already granted	·	<u> </u>	slv file	ed Form 8858.		
		EAST 55TH STREET, 1			EW	
• The books are in the care of ▶ YORK, NY 10022-		·				
Telephone No. ► (212) 446-4000		FAX No ▶				
If the organization does not have an office or place of business	s in the Ur	nited States, check this box				
• If this is for a Group Return, enter the organization's four digit (	Group Exe	emption Number (GEN) If thi	s is foi	r the whole group, c	heck this	
box ▶ . If it is for part of the group, check this box ▶	and atta	ach a list with the names and EINs of all	memb	ers the extension is	for.	
	OVEM	BER 15, 2011.				
5 For calendar year $2010$ , or other tax year beginning		, and ending				
6 If the tax year entered in line 5 is for less than 12 months, cl.  Change in accounting period	6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return					
7 State in detail why you need the extension						
ADDITIONAL INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE						
RETURN IS NOT YET AVAILABLE						
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any				
nonrefundable credits. See instructions				<b>\$</b> 6	,439.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						
tax payments made. Include any prior year overpayment all	owed as a	a credit and any amount paid		_		
previously with Form 8868.			8b	<b>\$</b> 6	<u>,439.</u>	
c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using			•		•	
EFTPS (Electronic Federal Tax Payment System). See instru			Вс	\$	0.	
_		d Verification				
Under penalties of perjury, I declare that I have examined this form, includ it is true, correct, and complete, and that I am authorized to prepare this fo	ing accomp orm	panying schedules and statements, and to the	best o	of my knowledge and b	eliet,	
Signature ▶ Title ▶ I	PRESI	DENT	Date	•		
· · · · · · · · · · · · · · · · · · ·				Form 8868 (Re	ev. 1·2011)	