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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

2010

OMB No 1545-0052

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

		ck all that apply		return	Initial return of a for	na enaing mer public cha		Final re	 turn
					X Address change	· —	me ch	nange	
Na	me of	foundation					A E	mployer identification nu	mber
TH	E ST	EVEN J LEVINSON M	EDICAL RE	SEARCH FOUN	IDATION, INC		İ	22-3525	125
Nu	mber a	and street (or P O box number	er if mail is not	delivered to street ad	dress)	Room/suite	ВТ	elephone number (see pag	e 10 of the instructions)
c/o	L W	OLLIN 89 FIFTH AVE	NUE			400		212-785-2	2610
		wn, state, and ZIP code				_	Clfe	exemption application is pe	nding, check here
NE	W Y	ORK			NY	10003-3020		Foreign organizations, che	
Н	Che	ck type of organization	X Section	on 501(c)(3) exe			7	Foreign organizations med	_
		tion 4947(a)(1) nonexe					i	check here and attach con	nputation ▶ 🔲
T	Fair	market value of all ass	ets at end	J Accounting r	nethod X Cash	Accrual		onvate foundation status w der section 507(b)(1)(A), c	
		ear (from Part II, col (c)).	☐ Other (sc	ecify)			he foundation is in a 60-m	_
		16) ▶ \$	1.488.026	(Part I, column (d	d) must be on cash bas	is)		der section 507(b)(1)(B), c	
Pa	rt I	Analysis of Revenue			(a) Revenue and				(d) Disbursements
		amounts in columns (b), (c),	=		expenses per	(b) Net investr	nent	(c) Adjusted net	for charitable
		the amounts in column (a) (see page 11 of	f the instructions))	books	income		ıncome	purposes (cash basis only)
	1	Contributions, gifts, grants,	etc , received (attach schedule)					(
	2	Check ► X If the foundati		•					
	3	Interest on savings and			0	-	0		
,	4	Dividends and interest fi			12,208	1	2,208		
į	5 a	a Gross rents					0		
ı	l	b Net rental income or (los	ss)	0					- 1
Revenue	6 8	a Net gain or (loss) from s	ale of assets	not on line 10	0				
'ĕ	ı	b Gross sales price for all ass	ets on line 6a	0					
Re	7	Capital gain net income	(from Part IV	/, line 2)			10	RECEIVE	
. –	8	Net short-term capital ga	ain				I	70	
	9	Income modifications		â			19	,	701
	10 a	a Gross sales less returns an	d allowances	0			1-1	FEB 1 3 2012	
		b Less Cost of goods so	d	0			<u> </u>		
	•	c Gross profit or (loss) (at	tach schedul	e)	0			OGDEN	187
	11	Other income (attach so	•		0		0	JEIN, Up	
	12	Total. Add lines 1 throu	-		12,208	1	2,208	0	7
es	13	Compensation of officer		•	0				
Expenses	14	Other employee salanes							
ē	15	Pension plans, employe						<u> </u>	
	16	a Legal fees (attach sche	=		0		0		
ive		b Accounting fees (attach	•	4.4.5	0		<u>0</u> 0		
		c Other professional fees Interest	(attach sche	aule)	0		- 0	0	0
str	18				220				0
: <u>≅</u>	19	Taxes (attach schedule) (see			228		0 0	 	
<u>Έ</u>	20	Depreciation (attach sci Occupancy	iedule) alid (repletion				<u> </u>	
Ą	21	Travel, conferences, an	d maatings	•					
פַ	22	Printing and publication	•						
ซี	23	Other expenses (attach			0		0	0	0
D.	24	Total operating and ac	•	a aynansas				<u>-</u>	-
äŧi		Add lines 13 through 23		o expenses.	228		0	lo	О
Operating and Administra	25	Contributions, gifts, grai			85,000				85,000
Õ	26	Total expenses and disbur		lines 24 and 25	85,228		0	0	
	27	Subtract line 26 from lin		 -	00,220			<u> </u>	05,000
	1	a Excess of revenue over ex		sbursements	-73,020				
		b Net investment incom	=		75,520		2,208		
		c Adjusted net income (•				_,_00		
					<u> </u>			0	

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

		F (2010) THE STEVEN J LEVINSON MEDICAL RESEARCH FOL	Beginning of year		-3525125 Page 2 of year
Pai	rt II	Balance Sheets should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	1,428,254	1,355,234	1,355,254
	3	Accounts receivable ▶ 0			
		Less allowance for doubtful accounts	0		0
	4	Pledges receivable 0		* ** *** ***	
		Less allowance for doubtful accounts	0		0
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the instructions)	o	C	0
	7	Other notes and loans receivable (attach schedule)	-		<u>'</u>
'n	•	Less allowance for doubtful accounts	0	· (0
Assets	8	Inventories for sale or use		<u>-</u>	1
158	9	Prepaid expenses and deferred charges			
4		Investments—U.S. and state government obligations (attach schedule)	0		0
	i i	b Investments—corporate stock (attach schedule)	0		0
		c Investments—corporate bonds (attach schedule)	0	(0
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)	0		0
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	0	(0
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)	0		0
	15	Other assets (describe ART HELD FOR PUBLIC EXHIBIT)	223,150	223,150	132,772
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	1,651,404	1,578,38	1,488,026
	17	Accounts payable and accrued expenses			4
S	18	Grants payable .	} -}		
Liabilities	19	Deferred revenue .	-		4
ğ	20 21	Loans from officers, directors, trustees, and other disqualified persons			·
Ë	22	Mortgages and other notes payable (attach schedule) Other liabilities (describe			<u>, </u>
	23	Total liabilities (add lines 17 through 22)	0		<u> </u>
			 		<u> </u>
es		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted			
<u>a</u>	25	Temporanly restricted			╡ ' ' '
Ba	26	Permanently restricted			- '
ğ		Foundations that do not follow SFAS 117, check here			1 '
Ξ		and complete lines 27 through 31.			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Net Assets or Fund Baland	27	Capital stock, trust principal, or current funds	1,651,404	1,578,38	4
Ş	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Se	29	Retained earnings, accumulated income, endowment, or other funds			
As	30	Total net assets or fund balances (see page 17 of the			
et		instructions)	1,651,404	1,578,38	<u>4</u>
Z	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	1,651,404	1,578,38	4
	rt III		00 / 1		
7		I net assets or fund balances at beginning of year—Part II, column (a), line	e 30 (must agree with	_	4 054 404
2		of-year figure reported on prior year's return)		1 2	1,651,404
2		r amount from Part I, line 27a er increases not included in line 2 (itemize)		3	-73,020 0
4		er increases not included in line 2 (itemize)		<u>3</u>	1,578,384
5		reases not included in line 2 (itemize)		5	1,570,304
6		I net assets or fund balances at end of year (line 4 minus line 5)—Part II,	column (b). line 30	6	1,578,384
-					

If "Yes." complete Part XIV

their names and addresses

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

9

10

Form	990-PF (2010) THE STEVEN J LEVINSON MEDICAL RESEARCH FOUNDATION, INC 22-352	25125	Р	age 5
Par	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		×
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A	رين		
14	The books are in care of ► LONNIE WOLLIN Telephone no ► 212-785-26	10		
	Located at ► ZIP+4 ► 07632			
15	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041—Check here			
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	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			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)	1		1
	(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?			- {
	(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)?			
	(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	1		i
	after termination of government service, if terminating within 90 days)	'		:
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			1
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here			
С	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?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	<u> </u>		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			1
а	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?			!
b	If "Yes," list the years 20 , 20 , 20 , 20 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 page 22 of the instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	1-5	2 t 1	
	2 0	1		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business	1		[
	enterprise at any time during the year? . Yes X No		٠ ا	;
b	If "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	1		;
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)	1		
	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)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its chantable			
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		Ιx

	n 990-PF (2010) THE STEVEN J LEVINSON M Int VII-B Statements Regarding Activities				2-3525125	P	age 6
5a	 (1) Carry on propaganda, or otherwise attempt to (2) Influence the outcome of any specific public on, directly or indirectly, any voter registration (3) Provide a grant to an individual for travel, stude (4) Provide a grant to an organization other than in section 509(a)(1), (2), or (3), or section 494 (5) Provide for any purpose other than religious, educational purposes, or for the prevention of the fany answer is "Yes" to 5a(1)–(5), did any of the time. 	r amount to b influence legislation (election (see section 48 or drive?) dy, or other similar pur a charitable, etc., orgate 40(d)(2)? (see page 22 charitable, scientific, lift oruelty to children or	section 4945(e))? 955), or to carry poses? inization described of the instructions) derary, or animals?	Yes X Yes X Yes X Yes X Yes X	No		
	Regulations section 53 4945 or in a current notice of Organizations relying on a current notice regarding If the answer is "Yes" to question 5a(4), does the fotax because it maintained expenditure responsibility	regarding disaster assi disaster assistance choundation claim exemp	stance (see page 22 leck here] No	N/A	- '
	If "Yes," attach the statement required by Regulation Did the foundation, during the year, receive any fur premiums on a personal benefit contract? Did the foundation, during the year, pay premiums,	nds, directly or indirect	y, to pay] No 6b		X
_b	If "Yes" to 6b, file Form 8870 At any time during the tax year, was the foundation if "Yes," did the foundation receive any proceeds o art VIII Information About Officers,	r have any net income	attributable to the tra	ansaction?	No 7b	ees.	i i
	and Contractors						
	List all officers, directors, trustees, founda (a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expen		
sc	HEDULE ATTACHED	00	-0-)	and deferred compensation)		0
		00	0	C)		0
		00		<u> </u>			0
	Compensation of five highest-paid employ	00 yees (other than the	ose included on li	ne 1—see page 23 of the	e instruction	ons).	0
(a	If none, enter "NONE." Name and address of each employee paid more than \$50,	(b) Title, and avera hours per week devoted to positir	(c) Compensat	(d) Contributions to employee benefit plans and deferred compensation	(e) Exper	ise acco	
ЙĊ	NE						
	····						
То	tal number of other employees paid over \$50,0	000		>	Form 9	90-PF	(2010)

Form 990-PF (2010) THE STEVEN J LEVINSON MEDICAL RESEARCH FOUNDA	TION, INC	22-3525125 Page 7
Part VIII Information About Officers, Directors, Trustees, Found	ation Managers, Highly Paid	Employees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see page 2	3 of the instructions). If none, ente	r "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		0
		0
		0
		0
	•	
		0
Total number of others receiving over \$50,000 for professional services	<u> </u>	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical the number of organizations and other beneficiaries served, conferences convened, research papers pro		Expenses
1	10000	
······		
2		
*		
•••••		
3		
4		
Part IX-B Summary of Program-Related Investments (see page 2	4 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on line	s 1 and 2	Amount
1		
2		
•••••		
All other program-related investments. See page 24 of the instructions	1	
3		
		0
Total. Add lines 1 through 3	<u> </u>	. 0

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

	4	Aut Undistributed Income (see page 26 of t	ne manachons)			
1		Distributable amount for 2010 from Part XI,	(a) Corpus	(b) Years pnor to 2009	(c) 2009	(d) 2010
		line 7				70,038
2		Undistributed income, if any, as of the end of 2010				
	a	Enter amount for 2009 only			72,014	,
	b	Total for prior years 20 , 20 , 20		0		
3		Excess distributions carryover, if any, to 2010			·	
	a	From 2005				
		From 2006 0				
	c	From 2007 0				
	4	From 2008 0				
	a					
	e	From 2009 0				
	f	Total of lines 3a through e	0			
4		Qualifying distributions for 2010 from Part				
		XII, line 4 > \$85,000				
	а	Applied to 2009, but not more than line 2a			72,014	
	b	Applied to undistributed income of prior years				
		(Election required—see page 26 of the instructions)		o		
	С	Treated as distributions out of corpus (Election			-	
		required—see page 26 of the instructions)	0			
	d	Applied to 2010 distributable amount				12,986
		Remaining amount distributed out of corpus	0			12,000
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				
O		indicated below:				
	_					
	а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0	-		
	D	Prior years' undistributed income Subtract				
		line 4b from line 2b	•	0		
	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		ol		
	e	Undistributed income for 2009 Subtract line				
	•	4a from line 2a Taxable amount—see page 27 of the				
					ار	
	•	Instructions			0	
	•	Undistributed income for 2010 Subtract			Į	
		lines 4d and 5 from line 1. This amount must				
_		be distributed in 2011				57,052
7		Amounts treated as distributions out of				
		corpus 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 2005				
		not applied on line 5 or line 7 (see page 27 of the				
		instructions)	l o			
9		Excess distributions carryover to 2011.				
-		Subtract lines 7 and 8 from line 6a	0			
10		Analysis of line 9	├ ─			
		· · · · · · · · · · · · · · · · · · ·				
	a	Excess from 2006 0				
	D	Excess from 2007 0				
	C	Excess from 2008 0				
	d	Excess from 2009 0				
	е	Excess from 2010 0				

	1 990-PF (2010) THE STEVEN J LEVINSON				22-352	
	t XIV Private Operating Foundations (s			nd Part VII-A, qu	iestion 9)	N/A
1 a	If the foundation has received a ruling or determination, and the ruling is effective for 2010, ent			. ▶	N/A	
	Check box to indicate whether the foundation is a	pnvate operating fou	ndation described ii	n section	4942(j)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
	investment return from Part X for each	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	year listed	0	0	O	0	0
b	85% of line 2a	0	0	0	0	0
С	Qualifying distributions from Part XII, line 4 for each year listed	0	0	0	0	0
d	Amounts included in line 2c not used directly for active conduct of exempt activities .					0
	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0	0
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		-			0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed .	0	0	0	0	0
С	110					
-	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Pa 1	rt XV Supplementary Information (Con assets at any time during the ye Information Regarding Foundation Manage	ar—see page 2			,000 or more in	
а	List any managers of the foundation who have corbefore the close of any tax year (but only if they have				the foundation	
BE	DE LEVINSON LEANDRO	P RIZZUTO				
b	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which	or more of the stock			ortion of the	
2 a	Information Regarding Contribution, Gran Check here ► X if the foundation only makes unsolicited requests for funds. If the foundation may under other conditions, complete items 2a, b, c, at The name, address, and telephone number of the	contributions to presakes gifts, grants, etc and d	selected chantable (c) (see page 28 of th	organizations and do ne instructions) to ind		tions
b	The form in which applications should be submitted	d and information an	nd materials they sh	ould include		
c	Any submission deadlines					<u> </u>
d	Any restrictions or limitations on awards, such as factors	by geographical area	is, chantable fields,	kinds of institutions,	or other	· · · · · ·

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During to	If recipient is an individual,		Payment	<u> </u>
Recipient	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year COLUMBIA UNIVERSITY	N/A	PUBLIC	RESEARCH	25,000
NEW YORK NY ISRAEL CANCER RESEARCH FUND	N/A	PUBLIC	RESEARCH	60,000
NEW YORK NY				
				:
				95.000
Total b Approved for future payment			<u>▶</u> 3a	85,000
b Approved for falling payment				
-	J	<u> </u>	<u> </u>	
Total			▶ 3	hl /

Part XVI-A Analysis of Income-Producing Acti	vities				
Enter gross amounts unless otherwise indicated	Unrelated bus	iness income	Excluded by section	n 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
a		0		0	0
b		0		0	0
C		0		0	0
d		0		0	0
е		0		0	0
f		0		0	0
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments				<u> </u>	
4 Dividends and interest from securities		. "		~ 16 ¹ = 16 ¹ + 12 = 17	
5 Net rental income or (loss) from real estate	<u> </u>	*		- age money a softened &	the contract
a Debt-financed property					
b Not debt-financed property .	ļ				
6 Net rental income or (loss) from personal property	ļ				
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory				0	
9 Net income or (loss) from special events	<u> </u>				
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a		0		0	
b		0		0	
c	·	0		0	
d	-	0		0	
e	in tage to your dig. I want you have y	0		0	
12 Subtotal Add columns (b), (d), and (e)	· 副图 · 李拉亚(1)	0	The formation	0	
13 Total. Add line 12, columns (b), (d), and (e)	udatiana \			13	0
(See worksheet in line 13 instructions on page 29 to verify calc		of Europe A D			
Part XVI-B Relationship of Activities to the Actine No. Explain below how each activity for which income				montanthy to	
the accomplishment of the foundation's exempt page 29 of the instructions)					
		·			
l l					

Part XVII	Information Regarding	Transfers To and	Transactions	and Relationships W	/ith Noncharitable
	Exempt Organizations				

		ction 8	panization directly 501(c) of the Code ons?								Yes	No
а	Trans	sfers f	rom the reporting	foundation to	a noncharitat	ole exempt orga	nization of.					1
	(1) C	ash								1a(1)		Χ_
	(2) C	ther a	assets							1a(2)		X
b	Other	r trans	sactions [.]									
	(1) S	ales	of assets to a non-	charitable exe	empt organiza	tion				1b(1)		X
	(2) P	urcha	ases of assets fror	m a noncharit	able exempt o	organization				1b(2)		Χ
	(3) R	Rental	of facilities, equip	oment, or othe	er assets					1b(3)		X
	(4) R	Reimb	ursement arrange	ements						1b(4)		X
	(5) L	.oans	or loan guarantee	es .						1b(5)		Χ_
	(6) P	erfor	mance of services	or members	hip or fundrais	ing solicitations	·			1b(6)		X
С	Shari	ng of	facilities, equipme	ent, mailing lis	sts, other asse	ets, or paid emp	loyees			1c		X
	value	of th	ver to any of the al e goods, other as ny transaction or s	sets, or service sharing arrang	ces given by the jement, show	ne reporting fou in column (d) th	ndation If th	e foundation rec	eived less tha	n fair n	narke	t d.
(a) l	Line no	(b) Amount involved	(c) Name	of noncharitable e	xempt organization	(d) Des	cription of transfers, t	ransactions, and s	nanng an	angem	ents
			0)								
			0									
		↓	0									
		1	0	<u> </u>								
		4_	0	<u> </u>								
		+	0									
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		+	0	+								
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		_	0					<u> </u>				
		<u>Ļ</u>				1 4 1						
	desc	rıbed	idation directly or i in section 501(c) omplete the follow	of the Code (other than sec					Yes X] No	
			a) Name of organization			Type of organization	n	(c) [Description of relati	onship		
Si			enalties of perjury, I dec is true, correct, and cor									
He	ere /	1	0/1////////	WIANV	\mathcal{U}		1461	10/	RESIDENT			
	ľ	Sign	nature of officer or truste	ee			Date	———) ∏it				——
			Print/Type preparer's r		Preparer's signa	ature	100	Date		PTIN		
Pa	id		, r -r	,	1		/.///		Check I if			
	epar	er	LONNIE E WOLL	IN /	1 70	rie W	weller,	1/28/2012	self-employed	P012	<u>824</u> 7	4
	e Oi		Firm's name ► L(ONNIE EWO	LLIN, P.C				Firm's EIN	13-336	8041	
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SJ LEVINSON MEDICAL RESEARCH FDN

TITLE	TITL	E	COMPENSATION	BENEFITS	EXPENSE ACCT
DIRECTOR	PRES	P/T	0	0	
DIRECTOR	VP	P/T	0	0	
DIRECTOR	VP	P/T	0	0	
DIRECTOR			0	0	
DIRECTOR	VP	P/T	0	0	
DIRECTOR	VP	Р/Т	0	0	
DIRECTOR	VP	P/T	0	0	
DIRECTOR	SECY-TREASU	JRER P/T	0	0	
	DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR	DIRECTOR PRES DIRECTOR VP DIRECTOR VP DIRECTOR VP DIRECTOR VP DIRECTOR VP	DIRECTOR PRES P/T DIRECTOR VP P/T	DIRECTOR PRES P/T 0 DIRECTOR VP P/T 0 DIRECTOR VP P/T 0 DIRECTOR 0 0 0 DIRECTOR VP P/T 0 DIRECTOR VP P/T 0 DIRECTOR VP P/T 0	DIRECTOR PRES P/T 0 0 DIRECTOR VP P/T 0 0 DIRECTOR VP P/T 0 0 DIRECTOR 0 0 0 DIRECTOR VP P/T 0 0