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Form 990-PF	
Department of the Treasury	

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

EXTENSION ATTACHED 52 2010

_				e able to use a copy of thi				10/01/01
_		lendar year 2010, or tax year beginnin	ıg	11/	<del> </del>	and endir	<del>-</del>	10/31,20 11
G	Che	ck all that apply Initial return		Initial return o	•	blic charit	_	Final return
_		Amended retu	ırn	Addres	ss change	<u> </u>	Name change	<del></del>
Na	me o	f foundation					A Employer ident	fication number
		-						5050051
_		MICHAEL & CAROL LOWENSTEIN						-5953051
		r and street (or P O box number if mail is not de	livered	to street address)		Room/sui	te B Telephone number	(see page 10 of the instructions)
		AILROAD AVENUE						001 000 5000
		FLOOR					C If exemption applic	03) 862-5800
Ci	y or t	own, state, and ZIP code					pending, check her	
_							D 1 Foreign organiza	
_		NWICH, CT 06830-6378					2. Foreign organization 85% test, check	ations meeting the here and attach
H	_	• • •		c)(3) exempt private for			computation	
$\perp$		Section 4947(a)(1) nonexempt charitable trus		Other taxable private			E If private foundation	n status was terminated
ı		1	_	unting method: X Ca	ash Acc	rual	under section 507(	b)(1)(A), check here . P
	_	ear (from Part II, col. (c), line		ther (specify) column (d) must be on			I.	in a 60-month termination
					r casir basis.)	1	under section 507(	b)(1)(B), check here .  (d) Disbursements
نا	art I	Analysis of Revenue and Expenses total of amounts in columns (b), (c), and (c) may not necessarily equal the amounts in	d)	(a) Revenue and expenses per books	(b) Net inve		(c) Adjusted net income	for chantable purposes
$\neg$		column (a) (see page 11 of the instruction		18,654,963.				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule) if the foundation is not require		10,034,903.				<del> </del>
	2	Check ▶ ☐ attach Sch B						<del>                                     </del>
	3	Interest on savings and temporary cash investme		4,931.		4,931.		ATCH 1
	4	Dividends and interest from securities		1,331.		1,331.		AICII_I
		Gross rents						
		Net rental income or (loss)  Net gain or (loss) from sale of assets not on line		4,552.				<del>                                     </del>
Revenue	b	Gross sales price for all 2 641 6		1,000			<del></del>	<del></del>
Vel	7	assets on line 6a			2,44	5,396.		
Re	e R	Net short-term capital gain	<i>L</i> ) .		,	,	<del></del>	
	9	Income modifications	 					
	-	Gross sales less returns						
	16	and allowances  Less Cost of ecods sold						
		Gross profitor (foss) (attach schedule)						
	11	Other income (attach schedule)						
	12	Stal. Add Pines 1 thrology 1		18,664,446.	2,45	0,327.		
		Compensation of officers, directors, trustees, etc		0.				
	14	Other employee salaries and wages						
es	15	Pension prans, employee benefits						
Operating and Administrative Expenses		Legartees (attach schedule) ATCH 2		4,425.		1,106.	C	
ğ	Ь	Accounting fees (attach schedule) ATCH		3,250.		812.	C	2,438
ē	С	Other professional fees (attach schedule)						
ativ	17	Interest					,	
str	18	Taxes (attach schedule) (see page 14 of the instruction	ions)					
ini	19	Depreciation (attach schedule) and deplete	on .		ļ <u>.</u>			
þ	20	Occupancy						<del></del>
þ	21	Travel, conferences, and meetings			-			
lan	22	Printing and publications						
ing	23	Other expenses (attach schedule) ATCH		201.	-	-		201
rat	24	Total operating and administrative expen	ises.	7.076		1 010	,	
) De		Add lines 13 through 23		7,876.	ļ	1,918.		
	25	Contributions, gifts, grants paid		346,430.		1 010		346,430
_	26	Total expenses and disbursements Add lines 24 ar	nd 25	354,306.	<u> </u>	1,918.		352,388.
	27	Subtract line 26 from line 12		10 210 140			1	
		Excess of revenue over expenses and disbursement		18,310,140.	2 44	8,409.		<del> </del>
	1	Net investment income (if negative, ente			2,44	0,409.	<del></del>	<del></del>
		<ul> <li>Adjusted net income (if negative, enter -0</li> </ul>	J-1	i	1		i	i

For Paperwork Reduction Act Notice, see page 30 of the instructions.  $_{\rm 0E1410\,1\,000}$ 

JSA

914-18,19

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6	art II	* Balance Sheets Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		End of	year
Ľ	CI L II	amounts only (See instructions )	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1 ,	Cash - non-interest-bearing	1,961,841.	2,494,50	06.	2,494,506.
		Savings and temporary cash investments				
		Accounts receivable				
		Less allowance for doubtful accounts ▶				
		Pledges receivable				<del> </del>
		Less allowance for doubtful accounts			1	
		Grants receivable				
		Receivables due from officers, directors, trustees, and other		-		
		disqualified persons (attach schedule) (see page 15 of the instructions)				
	7	Other notes and loans receivable (attach schedule)				
		Less allowance for doubtful accounts				
	ì	Inventories for sale or use				
Assets		Prepaid expenses and deferred charges				
ASS		Investments - U S and state government obligations (attach schedule) **	0.	4,564,69	)1.	4,566,955.
`	ь	Investments - corporate stock (attach schedule) ATCH 6	471,470.	13,684,25	_	14,856,959.
		Investments - corporate bonds (attach schedule)				
	11	Investments - land, buildings,		-		
		Less accumulated depreciation			Ì	
	12	(attach schedule)				
	13	Investments - other (attach schedule)				
		Land, buildings, and				
		Less accumulated depreciation				
	15	(attach schedule) Other assets (describe		<del></del>		
	16	Total assets (to be completed by all filers - see the			$\neg$	
		instructions Also, see page 1, item I)	2,433,311.	20,743,45	51.	21,918,420.
_	17	Accounts payable and accrued expenses				
	18	Grants payable			一	
S	19	Deferred revenue			$\neg \uparrow$	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			$\overline{}$	
ĕ	21	Mortgages and other notes payable (attach schedule)		<del></del>		
Ë	22	Other liabilities (describe			$\rightarrow$	
		Cition industries (document of			$\dashv$	
	23	Total liabilities (add lines 17 through 22)			0.1	
		Foundations that follow SFAS 117, check here				
		and complete lines 24 through 26 and lines 30 and 31.				
S	24	Unrestricted			1	
Š	25	Temporarily restricted				
ala	26	Permanently restricted				
or Fund Balanc	-"	Foundations that do not follow SFAS 117,				
Ē		check here and complete lines 27 through 31.				
ř	27	Capital stock, trust principal, or current funds				
ts	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
sse	28 29 30	Retained earnings, accumulated income, endowment, or other funds	2,433,311.	20,743,45	51.	
ž	30	Total net assets or fund balances (see page 17 of the				
Š		instructions)	2,433,311.	20,743,45	1.	
	31	Total liabilities and net assets/fund balances (see page 17				
		of the instructions)	2,433,311.	20,743,45	51.	
E	art II	Analysis of Changes in Net Assets or Fund				
_		net assets or fund balances at beginning of year - Part		must agree with		
		of-year figure reported on prior year's return)	-	_	1	2,433,311.
2		r amount from Part I, line 27a	2	18,310,140.		
		r increases not included in line 2 (itemize)			3	
4	Add	lines 1, 2, and 3			4	20,743,451.
		eases not included in line 2 (itemize)			5	
		net assets or fund balances at end of year (line 4 minus line	e 5) - Part II, column (b), I	ine 30	6	20,743,451.
_						

\*\*ATCH 5

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	s and Losses for Tax on Inv		(b) How	(c) Date	1.05
• (a) List an	acquired P-Purchase	acquired (mo , day, yr )	(d) Date sold (mo , day, yr )		
1a SEE PART IV SCHE	nck warehouse, or common stock, 200 s	113 11120 007	D-Donation	, , , , , ,	
b					
C					
d					
е				<u> </u>	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a					
b					
<u>c</u>				·	
_ d					
<u>e</u>			-		
Complete only for assets	showing gain in column (h) and owned by			Gains (Col (h) g (k), but not less t	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	Losses (from co	
_a			-		
<u>b</u>				<del>.</del>	
<u>c</u>					
_d	-				
<u>e</u>	. If	gain, also enter in Part I, line 7			
2 Capital gain net income or		(loss), enter -0- in Part I, line 7	2	2.	445,396.
3 Net short-term capital gain	or (loss) as defined in sections 1222			<u> </u>	
	line 8, column (c) (see pages 13 and				
<del>-</del>	line 8	1	3		
Part V Qualification	Under Section 4940(e) for Redu	iced Tax on Net Investment In	come		
(For optional use by domestic	private foundations subject to the se	ection 4940(a) tax on net investment	income.)	)	
If section 4940(d)(2) applies,	leave this part blank.				
				_	
	the section 4942 tax on the distributa		period	<u></u>	Yes X No
	not qualify under section 4940(e). Do ount in each column for each year, se		making	any ontrios	<u> </u>
1 Enter the appropriate amo			making	(d)	
Base period years	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	Ì	Distribution ra (col (b) divided by	
Calendar year (or tax year beginning in) 2009	185,668.	2,090,556.			0.088813
2008	382,440.	1,022,464.			0.374038
2007	417,209.	1,728,215.			0.241410
2006	0.	850,240.			0.000000
2005			•		
				<del> </del>	
2 Total of line 1, column (d)	)		2		0.704261
3 Average distribution ratio	for the 5-year base period - divide th				
number of years the found	dation has been in existence if less t	han 5 years	3		0.176065
4 Enter the net value of nor	charitable-use assets for 2010 from	Part X, line 5	4	20,	186,962.
			_	•	
5 Multiply line 4 by line 3			5	3,	554,217.
6 Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		24,484.
Citter 170 of flet investine	THE HOOME (170 OF FAIL I, III C 275)	• • • • • • • • • • • • • • • • • • • •			
7 Add lines 5 and 6			7	3,	578,701.
9 Enter qualifican distributes	one from Part VIII line 4		8		352,388.
8 Enter qualifying distribution if line 8 is equal to or g	reater than line 7, check the box	in Part VI, line 1b, and complete t	hat part	using a 1% ta	x rate. See the
Part VI instructions on pa					

Form	990-PF (2010)			Page 4
Par	t VI , Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the income	structi	ons)	
 1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		48,9	968.
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		48,9	68.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		48,9	968.
6	Credits/Payments			
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 3,779.			
b	Exempt foreign organizations-tax withheld at source 6b 0.			
C	Tax paid with application for extension of time to file (Form 8868) 6c 60,000.			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		63,7	<u> 79.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid   10		14,8	311.
11	Enter the amount of line 10 to be Credited to 2011 estimated tax   14,811. Refunded  11			
Par	t 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		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			.,
	of the instructions for definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1		
	published or distributed by the foundation in connection with the activities	1		.,
C	Did the foundation file Form 1120-POL for this year?	1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation   \$\Bigsim \] (2) On foundation managers   \$\Bigsim \]			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers   \$	_		, v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
_	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		į	,
_	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		
_ b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	-	X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_ 5		<u> </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			
		6	Х	
7	conflict with the state law remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		X	-
, 8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	- <u>-</u> -	<del></del>	
Ja	CT.			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	x	ļ
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	00	<del></del>	
,	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9		X
		<b>_</b>	<del> </del>	-

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

names and addresses

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?

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Par	t VII-B Statements Regarding Activities for	Which Form 47	20 May Be Requir	red (contin	ued)		<del></del>
	<ul> <li>During the year did the foundation pay or incur any amount</li> <li>(1) Carry on propaganda, or otherwise attempt to influence</li> <li>(2) Influence the outcome of any specific public election (so directly or indirectly, any voter registration drive?</li> <li>(3) Provide a grant to an individual for travel, study, or other section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see</li> <li>(5) Provide for any purpose other than religious, chantable purposes, or for the prevention of cruelty to children or any purpose.</li> </ul>	e legislation (section 4 ee section 4955), or to ee section 4955), or to er similar purposes? ole, etc., organization e page 22 of the instr., scientific, literary, or animals?	described in uctions)	Yes	X No X No X No X No		
ь	If any answer is "Yes" to 5a(1)-(5), did any of the transa Regulations section 53 4945 or in a current notice regard					5b	
6a b 7a b Par	Organizations relying on a current notice regarding disaster if the answer is "Yes" to question 5a(4), does the foundation because it maintained expenditure responsibility for the gra if "Yes," attach the statement required by Regulations section on a personal benefit contract?	assistance check he n claim exemption fro nt?	re	Yes Yes Yes Yes	•		х
1	List all officers, directors, trustees, foundation man	agers and their co	mpensation (see pa	ge 22 of the		•	
	(a) Name and address	hours per week devoted to position	(If not paid, enter	employee bene and deferred com	fit plans	(e) Expense other allow	
AT	TACHMENT 7		0.		0.	-	0.
	Compensation of five highest-paid employees (othe If none, enter "NONE."	er than those inclu	ded on line 1 - see p	age 23 of the	e instructi	ions).	
	n) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contribut employee b plans and de compensa	enefit eferred	(e) Expense other allov	
	NONE						
							<del></del>
ota	number of other employees paid over \$50,000 .		· · · · · · · · · · · · · · · ·			▶ Form <b>990</b>	-PF (2010)

Part VIII	and Contractors (continued)	Lilipio	yees,
3 Five	highest-paid independent contractors for professional services (see page 23 of the instructions	s). If no	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
N/A			
		$\longrightarrow$	
			<del> </del>
		ŀ	
Total numb	per of others receiving over \$50,000 for professional services		NONE
			1101112
Part IX-A	Summary of Direct Charitable Activities		
List the fou	ndation's four largest direct chantable activities during the tax year include relevant statistical information such as the num	iber of	Evanas
organization	s and other beneficiaries served, conferences convened, research papers produced, etc		Expenses
1 N/A			
		$\longrightarrow$	· · · · · · · · · · · · · · · · · · ·
2		}	
		$\longrightarrow$	
3		[	
		[	
<b>4</b>			
Part IX-B	Summary of Program-Related Investments (see page 24 of the instructions)		<del></del>
	e two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 NONE			
2		[	
All -40			
	gram-related investments See page 24 of the instructions		
3 NONE	· 	<b>-</b> -	
<del>-</del>		$\rightarrow$	· · · · · · · · · · · · · · · · · · ·

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreig see page 24 of the instructions.)	n foundation	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	16,829,023.
b	Average of monthly cash balances	1b	3,665,355.
C		1c	0.
d	Total (add lines 1a, b, and c)	1d	20,494,378.
е	Total (add lines 1a, b, and c)  Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	i i	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	20,494,378.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	307,416.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	20,186,962.
6	Minimum investment return. Enter 5% of line 5	6	1,009,348.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here and do not complete this page 25.		
1	Minimum investment return from Part X, line 6	1	1,009,348.
2 a	1 - 1		
b			
C		2c	48,968.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	960,380.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	960,380.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	960,380.
_		· · ·	300,000.
	Qualifying Distributions(see page 25 of the instructions)	<del></del>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		250 200
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	352,388.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	0.
ь	, , , , , , , , , , , , , , , , , , , ,	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	352,388.
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 (see page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	352,388.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when cal qualifies for the section 4940(e) reduction of tax in those years	culating wh	ether the foundation

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Pai	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
	line 7				960,380.
2	Undistributed income, if any, as of the end of 2010				
а	Enter amount for 2009 only				
	Total for prior years 20 08,20 07,20 06				
3	Excess distributions carryover, if any, to 2010				
а	From 2005				
ь	From 2006				
С	From 2007 306, 422.				
d					
е	From 2009 81,209.				
f	Total of lines 3a through e	726,586.	<u> </u>	·····	
4	Qualifying distributions for 2010 from Part XII,				
	line 4 ▶ \$352,388.				
а	Applied to 2009, but not more than line 2a				ļ
Ь	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)				
C	Treated as distributions out of corpus (Election				
	required - see page 26 of the instructions)			<u> </u>	352,388.
	Applied to 2010 distributable amount	0.			332,300.
	Remaining amount distributed out of corpus	607,992.		<del></del>	607,992.
5	Excess distributions carryover applied to 2010 . (If an amount appears in column (d), the same	001, 332.			007,332.
	amount must be shown in column (a) )				
6	Enter the net total of each column as indicated below:				
_	Corpus Add lines 3f, 4c, and 4e Subtract line 5	118,594.			
	Prior years' undistributed income Subtract	· · ·			
b	line 4b from line 2b				
c	Enter the amount of prior years' undistributed			<del>.</del>	
	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				
е	Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount - see page	•			
	27 of the instructions				
f	Undistributed income for 2010 Subtract lines				
	4d and 5 from line 1 This amount must be				
7	distributed in 2011				
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	instructions)			- · ·	1
-	applied on line 5 or line 7 (see page 27 of the				
0	Instructions)				
9	Subtract lines 7 and 8 from line 6a	118,594.			
10					
	Excess from 2006				
b	Excess from 2007				
С	Excess from 2008				
d	Excess from 2009 81,209.				
e	Excess from 2010				<u></u>

Pa	rt XIV Private Oper	ating Foundations (	see page 27 of the	instructions and Par	t VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private opera	ating	
	foundation, and the ruling		<del>-</del>		. •	1040(1/5)
b	Check box to indicate whe		ivate operating foundation		4942(j	)(3) or 4942(J)(5)
2 a		Tax year (a) 2010	(b) 2009	Prior 3 years (c) 2008	(d) 2007	(e) Total
	justed net income from Part I or the minimum investment	(a) 2010	(b) 2003	(0) 2000	(d) 2007	
	return from Part X for each year listed		•		-	
b	85% of line 2a	_			·	
•	Qualifying distributions from Part					
·	XII, line 4 for each year listed .					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	of exempt activities Qualifying distributions made directly for active conduct of					
3	exempt activities Subtract line 2d from line 2c					
•	alternative test relied upon				1	
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying under section					
b	4942(j)(3)(B)(i)					,
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed					
c	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents, payments on securities loans (section 512(a)(5)),					
	or royalties)					<u> </u>
	(2) Support from general public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(iii)					
	port from an exempt					
	organization					
Pa	at any time of	during the year - se	e page 28 of the ir	only if the found structions.)	ation had \$5,000	or more in assets
1	Information Regarding					
а	List any managers of before the close of any	the foundation who he tax year (but only if the	nave contributed mor ney have contributed	e than 2% of the tota more than \$5,000). (S	l contributions receives section 507(d)(2).)	ed by the foundation
	ATTACHME					<del></del>
b	List any managers of ownership of a partner					large portion of the
	N/A					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarsh	ip, etc., Programs:	<del></del>	
	Check here ► X if the unsolicited requests for organizations under other contents.	for funds If the found	dation makes gifts,	grants, etc. (see page		and does not accept ons) to individuals or
а	The name, address, an		_, , ,		addressed	
b	The form in which appl	ications should be subr	mitted and information	and materials they sho	ould include	
С	Any submission deadlii	nes				
	A				م الدال الداع الد	
d	Any restrictions or li factors	imitations on awards	, sucn as by geogr	apnicai areas, charita	ible lieids, Kinds of	institutions, or other

Part XV Supplementary Information (continued)								
3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient	CONTINUENT	·				
a Paid during the year								
A DELLA CLIMENTO								
ATTACHMENT 9								
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Total		<u></u>	▶ 3a	346,430.				
<b>b</b> Approved for future payment								
		1						
<del></del>	·	<del></del>	d,	· · · · · · · · · · · · · · · · · · ·				

Form 990-PF (	·					Page <b>12</b>
Part XVI-		ucing Act	ivities	<del></del>	·	
Enter gross a	amounts unless otherwise indicated	(a)	ated business income (b)	(c)	r section 512, 513, or 514 (d)	(e) Related or exempt function income (See page 28 of
1 Program	service revenue	Business code	Amount	Exclusion code	Amount	the instructions)
		<u> </u>				<del>-</del>
ř —						
g Fees	and contracts from government agencies					
2 Members	ship dues and assessments					
	n savings and temporary cash investments					
	s and interest from securities	-		14	4,931.	· · · · · · · · · · · · · · · · · · ·
	al income or (loss) from real estate					
	-financed property					<del></del>
	lebt-financed property			<del>-  </del>		
	vestment income					
	oss) from sales of assets other than inventory			18	4,552.	
•	me or (loss) from special events					
	ofit or (loss) from sales of inventory					
11 Other re	venue a					
b				<del></del>		
		_		-		
				+		
e	Add columns (b) (d) and (c)		•		9,483.	
	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)			<u> </u>	<u> </u>	9,483.
	neet in line 13 instructions on page 29 to					·
Part XVI-	B Relationship of Activities	to the Ac	complishment of E	Exempt Purp	oses	
Line No. ▼	Explain below how each activit accomplishment of the foundationstructions.)					
						•
		*** **				
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•	•	, Exempt Orga	inizations									
1 D	old the	e organization directly	or indirectly	engage in any of the	following	with any	other orga	anization de	scribed		Yes	No
	-			section 501(c)(3) orga								
		ations?	(		,	-,	,	g p				
	•		indation to a nonc	haritable exempt organiza	tion of							
				• •						10/11		Х
				• • • • • • • • • • • • • • • • • • • •						1a(1)		X
•	•			• • • • • • • • • • • • • • • • • • • •	• • • • • •		• • • • •			1a(2)		<u> </u>
		ansactions										,,
				ganization						1b(1)		X
(2	2) Pui	chases of assets from a	noncharitable exe	empt organization						1b(2).		X
(:	3) Re	ntal of facilities, equipme	ent, or other assets	3						1b(3)		X
(4	4) Rei	mbursement arrangeme	nts							1b(4)		X
(	5) Loa	ans or loan guarantees								1b(5)		X
(	6) Pei	formance of services or	membership or fu	ndraising solicitations						1b(6)		Х
c S	Sharino	of facilities, equipment.	mailing lists, othe	r assets, or paid employee	es					1c		Х
	_		-	Yes," complete the foll				should alway	s show		fair r	market
		•		ices given by the rep	_			•				
		•		gement, show in colum	=							
(a) Line		(b) Amount involved		onchantable exempt organiza				s, transactions,				
(a) Line	3110	N/A	(c) Name of the	orienantable exempt organiza		N/A	uon or transier	3, 44/134040113,	and snam	ig arrair	gemen	
		N/A				N/A						
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	-	-										
		•	•	filiated with, or relate	•		•	•	Г			
d	lescrib	ed in section 501(c) of	the Code (other th	nan section 501(c)(3)) or	in section 52	277		· · · · · ·	L	Ye	es 🔼	∐ No
b li	f "Yes,	" complete the following				<del></del>						
		(a) Name of organization	١	(b) Type of organ	nization		(1	c) Description o	f relationsh	np		
							_					
												_
	Unde	er penalties of perjury, de	eclare that I have	xamined this return, includir of preparer (other than taxpa)	ng accompany	yıng schedu	les and state	ments, and to	the best o	f my k	nowled	ge and
Sign	belie			of preparer ( <u>other than tax</u> pay		<ul> <li>is based or</li> </ul>	n all information	on of which pre	eparer has	any kno	wledge	е
Here		1.m.	ee T	westers	9 1	4/12	<b>k</b> 1	Direct	TOY			
nere	<b> </b>	Signature of officer or trustee	_ \ ,		Date	<del></del>	— ▶ <del>_</del>	<u>.</u>				
	1. 8	Print/Type preparer's		Preparer's signature	- Dave	I	Date .	<u> </u>	Te	TIN		
		Fillion ype preparers	nanie	r reparer s signature	_/		0/	/	$ \perp$	IIIN		
Paid				MARIA		1/10	7/12/	Check	_ ,	2000	00==	
Prep	arer	MARTIN GREIF		101/000		7	/-/		ployed			38
			GLADREY LL	·	/			Firm's EIN	<b>→</b> 42-07	/143:	25	
Use (	uniy	Firm's address ▶ 11	.85 AVENUE	OF THE AMERICAS	/							
		NÉ	W YORK, N	Υ		1003	6	Phone no	212 37	2-1	316	
		<u> </u>							F	orm <b>99</b>	0-PF	(2010)

Information Regarding Transfers To and Transactions and Relationships With Noncharitable

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

Department of the Treasury

#### **Schedule of Contributors**

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

OMB No 1545-0047

201**0** 

Internal Revenue Service Name of the organization Employer identification number THE MICHAEL & CAROL LOWENSTEIN FOUNDATION INC 20-5953051 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 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 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).

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 or	ganization THE MICHAEL & CAROL LOWENSTEIN FOUNDAT	CION INC	Employer identification number 20-5953051
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	MICHAEL B. & CAROL LOWENSTEIN  55 RAILROAD AVE. 2ND FLOOR  GREENWICH, CT 06830	\$2,000,000.	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
2 _	ESTATE OF RICHARD LOWENSTEIN  1060 SEVEN OAKS LANE  MAMARONECK, NY 10543	\$806,610.	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
3_	ESTATE OF RICHARD LOWENSTEIN  1060 SEVEN OAKS LANE  MAMARONECK, NY 10543	\$3,521,325.	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
4 _	ESTATE OF RICHARD LOWENSTEIN  1060 SEVEN OAKS LANE  MAMARONECK, NY 10543	\$12,327,028.	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
		\$	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
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

of Part II

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

Name of organization THE MICHAEL & CAROL LOWENSTEIN FOUNDATION INC

Employer identification number

20-5953051

of

Part II	Noncash	Property	(see	instructions)
---------	---------	----------	------	---------------

all II	Trondon Froperty (coo mondeducino)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	29 SHS OF BERKSHIRE HATHAWAY INC CL A	_	
		\$ 3,521,325.	1/20/2011
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	SHARES IN KENSICO OFFSHORE FUND, LTD	_	
		\$\$	11/1/2010
(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

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		HIO AILD EC	Description			P	Date	Date sold	
Gross sale	Depreciation	Cost or	FMV	Adj basis	Excess of	Þ			
price less expenses of sale	allowed/ allowable	other	as of	as of 12/31/69	FMV over adj basis	ł	or (loss)		
expenses of sale	allowable	basis	12/31/69	1. 12/31/69	<u>auj pasis</u>	$\dagger$	(1033)	75	
		4,982 SHS O	FFNFG				06/27/2007	12/03/2010	
63,669.		196,262.					-132,593.		
		10 SHS OF BI	SK-D				01/20/2011	02/24/2011	
1,274,981.		10 5115 01 51	A CONTRACTOR				1,274,981.	02,21,2011	
_,						ı			
		10 SHS OF BI	RK-A				01/20/2011	03/03/2011	
1,303,008.						ľ	1,303,008.		
COTAL GAIN (L	oss)						2,445,396.		
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NET INVESTMENT INCOME	3,135. 1,536. 260.	4,931.
REVENUE AND EXPENSES PER BOOKS	3,135. 1,536. 260.	4,931.
DESCRIPTION	DIVIDEND INCOME DIVIDEND INCOME: SEQUOIA FUND INTEREST INCOME: US TREASURY BILLS	TOTAL

LEGAL FEES
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PART
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FORM

CHARITABLE <u>PURPOSES</u>	3,319.	3,319.
ADJUSTED NET INCOME		0
NET INVESTMENT INCOME	1,106.	1,106.
REVENUE AND EXPENSES PER BOOKS	4,425.	4,425.
		TOTALS
DESCRIPTION	LEGAL FEES	

FEES
ACCOUNTING
PART I
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\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	CHAKLTABLE PURPOSES	2,438.	2,438.
ADJUSTED	INCOME		0.
NET	INVESTMENT	812.	812.
REVENUE AND	EXPENSES PER BOOKS	3,250.	3,250.
			TOTALS
	DESCRIPTION	ACCOUNTING	

EXPENSES
OTHER
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990PF,
FORM

REVENUE AND EXPENSES PER BOOKS

TOTALS

DESCRIPTION FILING FEES

CHARITABLE PURPOSES 201.

ATTACHMENT 4

201.

OBLIGATIONS
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DESCE	DESCRIPTION					

BILL	
TREASURY	11
ns	5/2011
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4,567	DOE

US OBLIGATIONS TOTAL

ENDING	BOOK VALUE

ENDING	FMV	

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	INC. SECURITIES	•	OFFSHORE FUND, LTD
	H	INC	)RE
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IOI		FUND	)FF
DESCRIPTION	JEFFERIES	SEQUOIA B	KENSICO (

TOTALS

ENDING <u>FMV</u>	1,182,970. 111,586. 13,562,403.	14,856,959.
ENDING BOOK VALUE	1,233,952. 123,274. 12,327,028.	13,684,254.

EXPENSE ACCT AND OTHER ALLOWANCES	Ö	o		0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0	Ċ	.0	•0
COMPENSATION	Ö	Ö	.0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR 2.00	DIRECTOR 2.00	DIRECTOR 1.00	GRAND TOTALS
NAME AND ADDRESS	MICHAEL B. LOWENSTEIN 55 RAILROAD AVENUE 2ND FLOOR GREENWICH, CT 06830-6378	CAROL LOWENSTEIN 55 RAILROAD AVENUE 2ND FLOOR GREENWICH, CT 06830-6378	THOMAS COLEMAN 55 RAILROAD AVENUE 2ND FLOOR GREENWICH, CT 06830-6378	

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

Α	TTA	CHMENT	8

### FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

MICHAEL LOWENSTEIN CAROL LOWENSTEIN

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SAY YES TO EDUCATION INC 320 PARK AVENUE NEW YORK, NY 10022	NONE. 501(C)(3)	GENERAL	30,000
COALITION FOR THE HOMELESS 129 FULTON STREET NEW YORK, NY 10038	NONE 501(C)(3)	GENERAL	10, 200.
WHITE PLAINS HOSPITAL 41 EAST POST ROAD WHITE PLAINS, NY 10601	NONE. 501(C)(3)	GENERAL	5,000
BYRAM HILLS EDUCATION FOUNDATION PO BOX 872 ARMONK, NY 10504	NONE 501(C)(3)	GENERAL	5,000
UJA FEDERATION OF NEW YORK 701 WESTCHESTER AVE SUITE 203E WHITE PLAINS, NY 10604	NONE 501(C)(3)	GENERAL	75,000
SUMMER SEARCH NEW YORK CITY 90 BROAD STREET, SUITE 202 NEW YORK, NY 10004	NONE 501(C)(3)	GENERAL	4,700

ATTACHMENT 9 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
BIRTHRIGHT ISRAEL FOUNDATION P O BOX 1784 NEW YORK, NY 10156	NONE 501(C)(3)	GENERAL	26,000
ROSENTHAL JEWISH COMMUNITY CENTER 600 BEAR RIDGE ROAD PLEASANTVILLE, NY 10570	NONE 501(C)(3)	GENERAL	9,820
TEMPLE SHAARAY TEFILA OF WESTCHESTER 89 BALDWIN ROAD BEDFORD CORNERS, NY 10549	NONE 501(C)(3)	GENERAL	18,960
BODY WISE CONNECTION 211 NORTH GREELEY AVENUE CHAPPAQUA, NY 10514	NONE. 501(C)(3)	GENERAL	1,000
AMERICAN JEWISH COMMITTEE 235 MAIN STREET WHITE PLAINS, NY 10601	NONE. 501(C)(3)	GENERAL	1,000
FACING HISTORY & OURSELVES NATIONAL FOUNDATION INC 14 EAST 4TH STREET, SUITE 3003 NEW YORK, NY 10012	NONE 501(C)(3)	GENERAL	14,000

ATTACHMENT 9 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
EROM THE TOP INC 295 HUNTINGTON AVENUE, SUITE 201 BOSTON, MA 02115	NONE 501 (C) (3)	GENERAL	1,000
JINSA 1779 MASSACHUSETTS AVE, NW SUITE 515 WASHINGTON, DC 20036	NONE 501(C)(3)	GENERAL	5,000
JEWISH HERITAGE PROGRAMS 4037 PINE STREET PHILADELPHIA, PA 19104	NONE. 501(C)(3)	GENERAL	500
HOPE & HEROES CHILDREN'S CANCER FUND 161 FORT WASHINGTON AVENUE, IP-7 NEW YORK, NY 10032	NONE 501(C)(3)	GENERAL	1,000
BREAST CANCER RESEARCH FOUNDATION 60 EAST 56TH STREET 8TH FLOOR NEW YORK, NY 10022	NONE. 501(C)(3)	GENERAL	1,000
THE ISRAEL PROJECT 2020 K STREET NW SUITE 7600 WASHINGTON, DC 20006	NONE 501(C)(3)	GENERAL	100,000

ATTACHMENT 9 (CONT'H)

Condition of the property of t	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CROHN'S & COLITIS FOUNDATION OF AMERICA 200 BLOOMINGDALE ROAD WHITE PLAINS, NY 10605	NONE 501(C)(3)	GENERAL	1,000
TRUSTEES OF COLUMBIA UNIVERSITY CELIAC DISEASE CENTER AT COLUMBIA UNIVERSITY HARKNESS PAVILION-180 FORT WASHINGTON AVE, STE 934 NEW YORK, NY 10032	NONE 501(C)(3)	GENERAL	2,000
NEW YORK PUBLIC RADIO P O BOX 1550 NEW YORK, NY 10116	NONE 501(C)(3)	GENERAL	250
FRIENDS OF THE ISRAELI DEFENSE FORCES TZAHAL SHALOM OF NORTHERN WESTCHESTER P O BOX 451 ARMONK, NY 10504	NONE 501(C)(3)		1,000

TOTAL CONTRIBUTIONS PAID

346,430

ATTACHMENT 9
PAGE 31

#### SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Name of estate or trust

## **Capital Gains and Losses**

► Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable)

OMB No 1545-0092

Employer identification number

2010

THE MICHAEL & CAROL LOWENSTEIN FOUNDATION INC 20-5953051 Note: Form 5227 filers need to complete onlyParts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less Part I (f) Gain or (loss) for (c) Date sold (e) Cost or other basis (b) Date acquired (a) Description of property (Example 100 shares 7% preferred of "Z" Co) the entire year Subtract (e) from (d) (d) Sales price (see instructions) (mo, day, yr) (mo, day, yr) 1a **b** Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1b 2,577,989. Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2009 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, 2,577,989. Long-Term Capital Gains and Losses - Assets Held More Than One Year Part II (f) Galn or (loss) for the entire year Subtract (e) from (d) (a) Description of property (Example 100 shares 7% preferred of "Z" Co) (b) Date acquired (c) Date sold (e) Cost or other basis (d) Sales price (mo, day, yr) (mo, day, yr) (see instructions) 6a -132,593. b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 Gain from Form 4797, Part I 10 10 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2009 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, 12 -132,593.Schedule D (Form 1041) 2010 For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2010				Fage Z
Part III Summary of Parts I and II	4	(1) Beneficiaries'	(2) Estate's	(3) Total
Caution: Read the instructions before completing this	1	(see instr.)	or trust's	2,577,989.
Net short-term gain or (loss)	13		_	2,377,909.
14 Net long-term gain or (loss):	14a			-132,593.
a Total for year	14b			132,030.
c 28% rate gain	14c			· ·
15 Total net gain or (loss). Combine lines 13 and 14a	15			2,445,396.
Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form	$\overline{}$	T. Part I. line 4a) If lines	: 14a and 15. colum	<del></del>
o Part V, and do not complete Part IV If line 15, column (3), is a net loss, complete P	art IV a	and the Capital Loss C	arryover Workshe	ets necessary
Part IV Capital Loss Limitation				
6 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, P	Part I, III	ne 4c, if a trust), the si	maller of	
				()
a The loss on line 15, column (3) or b \$3,000  Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, pag	je 1, lir	ne 22 (or Form 990-T, I	ine 34), is a loss, c	omplete the Capital Loss
Carryove/Worksheeton page 7 of the instructions to figure your capital loss carryove Part V Tax Computation Using Maximum Capital Gains Rate				<del></del>
Part V Tax Computation Using Maximum Capital Gains Rate Form 1041 filers. Complete this part only if both lines 14a and 15 in colu		2) are daine or an ar	nount is entered	in Part I or Part II and
here is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more			nount is entered	ii) i ait i oi i ait ii and
Caution: Skip this part and complete the worksheet on page 8 of the instruct				
Either line 14b, col (2) or line 14c, col. (2) is more than zero, or				
Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.				
Form 990-T trusts. Complete this part only if both lines 14a and 15 are				
of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this pa either line 14b, col. (2) or line 14c, col. (2) is more than zero.	irt and	complete the work	sneet on page o	of the instructions if
		147		<u> </u>
Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	•	17		
18 Enter the smaller of line 14a or 15 in column (2) but not less than zero				
but not less than zero				
from Form 1041, line 2b(2) (or enter the qualified				
dividends included in income in Part I of Form 990-T) 19				
20 Add lines 18 and 19			ţ	
21 If the estate or trust is filing Form 4952, enter the		<del></del>		
amount from line 4g, otherwise, enter -0 <b>21</b>				
22 Subtract line 21 from line 20. If zero or less, enter -0-		22		
23 Subtract line 22 from line 17 If zero or less, enter -0-		23		
Enter the smaller of the amount on line 17 or \$2,300		24		
ls the amount on line 23 equal to or more than the amount on line 24?				
Yes. Skip lines 25 and 26, go to line 27 and check the "No" box.			,	
No. Enter the amount from line 23		25		
Subtract line 25 from line 24		26		
27 Are the amounts on lines 22 and 26 the same?				
Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or lin	ne 22	27		
			1	
Enter the amount from line 26 (If line 26 is blank, enter -0-)	• • •	28		
20 Outbeachter 20 from her 27		20		
29 Subtract line 28 from line 27			30	
Multiply line 29 by 15% (15)			· · · · · · <del>  </del>	
31 Figure the tax on the amount on line 23. Use the 2010 Tax Rat (see the Schedule Ginstructions in the instructions for Form 1041)			1	
(See the Schedule Sinstituctions in the instituctions for Folin 1041).	• • •		3,	
32 Add lines 30 and 31			32	
32 Add lines 30 and 31	te Sch	nedule for Estates a	· · · · · · <del></del>	
(see the Schedule Ginstructions in the instructions for Form 1041)				
34 Tax on all taxable income. Enter the smaller of line 32 or line 33				
G, line 1a (or Form 990-T, line 36)				

Schedule D (Form 1041) 2010

#### **SCHEDULE D-1** (Form 1041)

**Continuation Sheet for Schedule D** (Form 1041)

➤ See instructions for Schedule D (Form 1041).

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

2010

Department of the Treasury Internal Revenue Service Name of estate or trust

THE MICHAEL & CAROL LOWENSTEIN FOUNDATION INC

Employer identification number 20-5953051

Short-Term Capital Gains and Losses - Assets Held One Year or Less (d) Sales price (see page 4 of the (e) Cost or other basis (b) Date (c) Date sold (mo , day, yr ) (f) Gain or (loss) Subtract (e) from (d) (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (see page 4 of the instructions) acquired (mo , day, yr ) instructions) 1a 10 SHS OF BRK-A 01/20/2011 02/24/2011 1,274,981. 1,274,981. 1,303,008. 1,303,008. 10 SHS OF BRK-A 01/20/2011 03/03/2011

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b ......

2,577,989.

Name of estate'or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side

Employer identification number

(a) Description of property (Example 100 sh 7% preferred of "Z" Co )	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
a 4,982 SHS OF FNFG	06/27/2007	12/03/2010	63,669.	196,262.	-132 <b>,</b> 593.
		12, 00, 2010	, , , , , , , ,	130/2021	102,030
					· · · · · · · · · · · · · · · · · · ·
	-				
					-
					·
				- "	
		•			
	. 1				
6b Total. Combine the amounts in colu	mn (f). Enter here and	on Schedule D, line	e 6b	<i></i>	-132,593

# FEDERAL FOOTNOTES

FORM 990-PF, PART VII-A - STATEMENTS REGARDING ACTIVITIES

LINE 10 - SUBSTANTIAL CONTRIBUTORS

DONEE NAME AND ADDRESS

ESTATE OF RICHARD LOWENSTEIN 1060 SEVEN OAKS LANE MAMARONECK, NY 10543