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SCANILL SEP

Form **990-PF** 

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

OMB No 1545-0052

Depariment of the<sup>‡</sup>Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. For calendar year 2011 or tax year beginning and ending A Employer identification number Name of foundation SHIRLEY & MILTON LEVY FAMILY CHARITABLE TRUST 22-6480716 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number P.O. BOX 9175 (508)390-2318 City or town, state, and ZIP code C If exemption application is pending, check here FRAMINGHAM, MA 01701 Initial return G Check all that apply: Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, 2. check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: X Cash Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 3,751,699. (Part I, column (d) must be on cash basis.) ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income N/A Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 48 48 STATEMENT 3 33,016. STATEMENT 33,016. Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 372,385 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 374,125. 372,385 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 0 SEP 1 0 11 Other income 405,449 405,449. Total Add lines 1 through 11 0 0. 0 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 0. 1,250 1,250 STMT 3 **b** Accounting fees c Other professional fees 17 Interest 5,059. 35. 18 Taxes STMT 4 1,101 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications Operating 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 6,309 2,351 861 144,861 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 144.896. 151,170 2.351 Add lines 24 and 25 27 Subtract line 26 from line 12: 254,279 8 Excess of revenue over expenses and disbursements 403,098 b Net investment income (if negative, enter -0-) N/AC Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2011)

Form	QQN_DE	/2011\
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CHARITABLE TRUST

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Part	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of y	· · · · · · · · · · · · · · · · · · ·
	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	8,261.	254,733.	<u>254,733.</u>
2	Savings and temporary cash investments			
3	Accounts receivable ►	-		
	Less; allowance for doubtful accounts ▶			
4	Pledges receivable ►			
	Less: allowance for doubtful accounts ▶			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other	- "		
	disqualified persons			
7	Other notes and loans receivable			
'	Less; allowance for doubtful accounts			
,, a	Inventories for sale or use			
ਨ ।				
ASS	Prepaid expenses and deferred charges			
10	a Investments - U.S. and state government obligations	1 207	1 075	2 522 126
	b Investments - corporate stock STMT 5	1,397.	1,975.	2,522,126.
l l	c Investments - corporate bonds	<del></del>		
11	Investments - land, buildings, and equipment basis			
	Less accumulated depreciation			
12	Investments - mortgage loans			
13	Investments - other STMT 6	978,268.	986,564.	974,840.
14	Land, buildings, and equipment: basis			
	Less accumulated depreciation			·
15	Other assets (describe ►)			
16	Total assets (to be completed by all filers)	987,926.	1,243,272.	3,751,699.
17	Accounts payable and accrued expenses	1,250.		
18	Grants payable			
ဖွာ့ 19	Deferred revenue			
Liabilities 51	Loans from officers, directors, trustees, and other disqualified persons			
·휴 21	Mortgages and other notes payable			
그   <sub>22</sub>	Other liabilities (describe )			
23	Total liabilities (add lines 17 through 22)	1,250.	0.	
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
8 24	Unrestricted			
Fund Balanc	<del>-</del>			
2 als	· · · · · ·			
B 26				
֖֡֝֝֝֡֡֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	·			
	and complete lines 27 through 31.	EO 171	EO 171	
Assets or 22 25 25 25 25 25 25 25 25 25 25 25 25	· · · · · · · · · · · · · · · · · · ·	58,171.	58,171.	
9S 28		0.	0.	
¥  29		928,505.	1,185,101.	
₹ 30	Total net assets or fund balances	986,676.	1,243,272.	
31	Total liabilities and net assets/fund balances	987,926.	1,243,272.	<del></del>
Parl	Analysis of Changes in Net Assets or Fund Ba	alances		
- 41				
1 Tota	al net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
(mı	ist agree with end-of-year figure reported on prior year's return)		1	<u>986,676.</u>
2 Ent	er amount from Part I, line 27a		2	254,279.
3 Oth	er increases not included in line 2 (itemize) BASIS_ADJUST	<b>IMENT</b>	3	2,317.
	I lines 1, 2, and 3		4	1,243,272.
5 Dec	reases not included in line 2 (itemize)		5	0.
	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	1,243,272.
				Form <b>990-PF</b> (2011)

	RITABLE TRUST						44	-040	0/16	raye 3
	and Losses for Tax on In		income	763 H	low scon	red .				
	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			P-Purchase   1/		;) Date ac (mo., day	quired , yr.)	(d) Date (mo., da	e sold v, yr.)	
<del>-</del>	S WHSL CLUB INC			υ-	Donatio D	///	2/25		10/03	
b	B WIISH CHOB INC				<u> </u>		2/23	<u>, , , , , , , , , , , , , , , , , , , </u>	10/0	<u> </u>
C										
d										
e						L_				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale	,			(h) Gair (e) plus (	n or (loss f) minus		
a 374,125.			1,74	0.					372	<u>,385.</u>
b							_	_		
C			<u></u>							
<u>d</u>										<del></del>
Complete only for accets shows	ng gain in column (h) and owned by t	he foundation	on 12/31/60			<u> </u>	Coupe (Col	(h) goin	minus	
Complete only for assets shown	(i) Adjusted basis		cess of col. (i)			còl. (	Gains (Col k), but no	t less tha	n <b>-</b> 0-) <b>or</b>	
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any				Losses (f	rom col. (		205
<u>a</u>		<u> </u>							3/4	,385.
<u>b</u> c				$\dashv$						**
d	1									
e										
<del></del>	∫ If gain, also enter	ın Part I. line	7	7						
2 Capital gain net income or (net c	apital loss) If (loss), enter -0-	· in Part I, line	7	·	2				372	<u>,385.</u>
3 Net short-term capital gain or (Id	oss) as defined in sections 1222(5) an	d (6):								
If gain, also enter in Part I, line 8		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		<b>]</b> [						
If (loss), enter -0- in Part I, line 8	ladar Castian 4040(a) far	Daduard	Tour on No.	<u> </u>	3	l		N/A	<u> </u>	
	Jnder Section 4940(e) for					int incc	ille	_		
(For optional use by domestic privat	te foundations subject to the section 4	1940(a) tax on	net investment ir	ncome	.)					
f section 4940(d)(2) applies, leave	this part blank.									
Mae the foundation liable for the co	ction 4942 tax on the distributable am	ount of any ve	ear in the hace no	rınd2					□ Ves	X No
	alify under section 4940(e). Do not co			nou.					100	140
	each column for each year; see instru			es.						
(a) Base period years	(b)			(c)				Dıstrı	(d) bution ratio	
Calendar year (or tax year beginn			Net value of no				+	col. (b) di	vided by col.	
2010		8,035.				,026.				41869
2009		6,263.				,093.		<del></del>	_	59142
2008		4,268.	-			,607.				54855
2007		8,838. 7,249.				,819, ,759,		-		<u>38041</u> 44282
2006		1,449.	<u> </u>		,04/	, 139	+ +		• 0	44202
2 Total of line 1, column (d)							2		. 2	38189
	5-year base period - divide the total o	on line 2 by 5	or by the number	r of ve	ars					<u> </u>
the foundation has been in exist	·	on mic 2 by 0,	or by the names	, o, yo	ui 5		3		.0	47638
Enter the net value of noncharita	able-use assets for 2011 from Part X,	line 5					4		3,561	,486.
Multiply line 4 by line 3							5		169	,662.
Enter 1% of net investment inco	me (1% of Part I, line 27b)						6		4	,031.
									450	<b>CO</b> 2
7 Add lines 5 and 6							7		1/3	<u>,693.</u>
	om Dort VII. line 4								1 / /	206
B Enter qualifying distributions fro					<b>^</b> .		8			,896.
If line 8 is equal to or greater that See the Part VI instructions.	an line 7, check the box in Part VI, line	t 1b, and comp	piete that part usi	ng a 1'	% tax rat	te.				
oce the Fart VI moti detions.									Corm 000_	DE (0044)

SHIRLEY & MILTON LEVY FAMILY

_	, SHADEL & MITON DEVI FAMILI	1716	_	\ <b>4</b>
_	990-PF (2011) CHARITABLE TRUST 22-6480 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see		ction	age 4
	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.			
14	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1	8,0	62.
•	of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
	Add lines 1 and 2		8,0	62.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		8,0	<u>62.</u>
6	Credits/Payments:			
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 2,880.			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)  6c 13,300.			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d	1	6,1	80.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		8,1	
	Enter the amount of line 10 to be: Credited to 2012 estimated tax ▶ 8,118. Refunded ▶ 11			<u>0.</u>
	rt VII-A Statements Regarding Activities	1 1	<u> </u>	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		<u>X</u>
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	1		
	distributed by the foundation in connection with the activities.			
	Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			i
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ► \$0.			7.7
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u> </u>
_	If "Yes," attach a detailed description of the activities	j		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			v
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a tax return on Form 990-T for this year?  N/A	4a		
D	,	4b 5		X
Э	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5-		- 21
•	If "Yes," attach the statement required by General Instruction T.  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
6	By language in the governing instrument, or	-		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	
•	If "Yes," complete Part II, col (c), and Part XV.	<u> </u>	<u></u>	
Яa	Enter the states to which the foundation reports or with which it is registered (see instructions)			
Ja	MA			
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
•	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		_X_
10	Jud any pareone bacoma substantial contributors during the tay year?	10		x

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had not been removed from jeopardy before the first day of the tax year beginning in 2011?

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Total number of other employees paid over \$50,000

All other program-related investments. See instructions.

Total. Add lines 1 through 3

<u> </u>	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	- 22	occupate lations
_		iuations,	See instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		2 522 671
a	Average monthly fair market value of securities	_1a	3,522,071. 93,651.
b	Average of monthly cash balances	1b	93,651.
C		1c	2 (15 700
đ	Total (add lines 1a, b, and c)	1d	3,615,722.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation) 1e 0.		•
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,615,722.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	54,236.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,561,486.
<u>6</u>	Minimum investment return. Enter 5% of line 5	6	178,074.
P	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	178,074.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	8,062.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	170,012.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	170,012.
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	170,012.
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	144,896.
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:		
a	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 XIII, line 4	4	144,896.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	144,896.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies fo	
	4940(e) reduction of tax in those years.	•	

Part XIII . Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				450 046
line 7				170,012.
2 Undistributed income, if any, as of the end of 2011			142 061	
a Enter amount for 2010 only			143,861.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2011:				
<b>a</b> From 2006				
<b>b</b> From 2007				
<b>c</b> From 2008				
<b>d</b> From 2009				
e From 2010				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from		·		
Part XII, line 4: ►\$ 144,896.				
a Applied to 2010, but not more than line 2a			143,861.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		· · · · · · · · · · · · · · · · · · ·		
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				1,035.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below;				
a 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 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				<u> </u>
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by			İ	
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.	_			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011				

c Any submission deadlines:

b The form in which applications should be submitted and information and materials they should include:

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

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year FLORIDA STAGE 501(C)3 CONTRIBUTIONS TO ALL 262 S. OCEAN BLVD. RECIPIENTS WERE MADE 1,000. MANALAPAN, FL 33462 TO FURTHER SEE ATTACHED 501(C)3 THE ACTIVITIES AND PROGRAMS FOR WHICH THEY WERE 143,861, ACCORDED TAX EXEMPT STATUS UNDER IRC SECTION 501 (C)(3)► <u>3a</u> 144.861. Total **b** Approved for future payment NONE Total

CHARITABLE TRUST

ter gross amounts unless otherwise indicated.		ed business income		ed by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
Program service revenue:	code	Amount	sion	Amount	function income
·					
	<b>I</b>				
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
nterest on savings and temporary cash					
nvestments			14	48.	
Dividends and interest from securities			14	33,016.	
Net rental income or (loss) from real estate:					
Debt-financed property					_
Not debt-financed property					
Net rental income or (loss) from personal					
property		1			
Other investment income				†	
Gain or (loss) from sales of assets other		<u> </u>	1 1		
than inventory			18	372,385.	
Net income or (loss) from special events			<del>  - ' </del>	3.2,300	
Gross profit or (loss) from sales of inventory					· -·-··
Other revenue:					
a b	1		-		·
c			- · ·		·
· ·	_				
				1	
d	_				· · · ·
de		(		405 449	
e Subtotal. Add columns (b), (d), and (e)			).	405,449.	405.44
d  e  Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations	S.)			13	405,44
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  art XVI-B Relationship of Activitie	s.) es to the Acc	complishment of	<b>Exempt</b> I-A contribu	Purposes	
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activitie  e No.  Explain below how each activity for which	s.) es to the Acc	complishment of	<b>Exempt</b> I-A contribu	Purposes	
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activitie  The No.  Explain below how each activity for which	s.) es to the Acc	complishment of	<b>Exempt</b> I-A contribu	Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activitie  The No. Explain below how each activity for which	s.) es to the Acc	complishment of	<b>Exempt</b> I-A contribu	Purposes	
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activitie  The No. Explain below how each activity for which	s.) es to the Acc	complishment of	<b>Exempt</b> I-A contribu	Purposes	
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activitie  The No. Explain below how each activity for which	s.) es to the Acc	complishment of	<b>Exempt</b> I-A contribu	Purposes	
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activitie  e No.  Explain below how each activity for which	s.) es to the Acc	complishment of	<b>Exempt</b> I-A contribu	Purposes	
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  Belationship of Activitie  The No. Explain below how each activity for which	s.) es to the Acc	complishment of	<b>Exempt</b> I-A contribu	Purposes	
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activitie  e No.  Explain below how each activity for which	s.) es to the Acc	complishment of	<b>Exempt</b> I-A contribu	Purposes	
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activitie  e No.  Explain below how each activity for which	s.) es to the Acc	complishment of	<b>Exempt</b> I-A contribu	Purposes	
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activitie  The No. Explain below how each activity for which	s.) es to the Acc	complishment of	<b>Exempt</b> I-A contribu	Purposes	
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activitie  The No. Explain below how each activity for which	s.) es to the Acc	complishment of	<b>Exempt</b> I-A contribu	Purposes	
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activitie  The No.  Explain below how each activity for which	s.) es to the Acc	complishment of	<b>Exempt</b> I-A contribu	Purposes	
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activitie  The No.  Explain below how each activity for which	s.) es to the Acc	complishment of	<b>Exempt</b> I-A contribu	Purposes	
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activitie  The No.  Explain below how each activity for which	s.) es to the Acc	complishment of	<b>Exempt</b> I-A contribu	Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  we worksheet in line 13 instructions to verify calculations  Eart XVI-B  Relationship of Activitie  ne No.  Explain below how each activity for which	s.) es to the Acc	complishment of	<b>Exempt</b> I-A contribu	Purposes	

Form 990-PF (2		TABLE TRUS'			<u> </u>			Page 13
Part XVII	Information Re Exempt Organ		ers To a	and Transactions a	and Relation	ships With Nonc	haritable	
1 Did the or	ganization directly or indi	rectly engage in any of t	he followin	g with any other organization	on described in se	ction 501(c) of	Yes	s No
the Code	(other than section 501(c	)(3) organizations) or in	section 52	7, relating to political organ	nizations?			
a Transfers	from the reporting found	ation to a noncharitable	exempt or	ganızatıon of:				
(1) Cash	1						1a(1)	X
<b>(2)</b> Other	r assets						1a(2)	X
<b>b</b> Other tran	nsactions;						]	
	s of assets to a noncharita						1b(1)	X_
(2) Purcl	hases of assets from a no	ncharitable exempt orga	anization				1b(2)	X
٠.	al of facilities, equipment,						1b(3)	X
	bursement arrangements	•					1b(4)	X
	s or loan guarantees						1b(5)	X
	ormance of services or me		-				1b(6)	X
	of facilities, equipment, ma	-	-	· -			1c	X_
				dule. Column (b) should al				
				ed less than fair market valu	ie in any transacti	on or snaring arrangeme	nt, snow in	
(a) Line no	d) the value of the goods, (b) Amount involved			e exempt organization	(d) Danama			
(W) Ellio No	(b) Amount involved	(c) Name of no	N/A	exempt organization	(u) Descript	ion of transfers, transactions,	and snaring arranger	nents
<del></del>	<del></del>		IV/A					
				·				
	<del></del>			-				
		<del></del> -						
	·							
	•	<u> </u>						
			•			•		
	ndation directly or indirec i 501(c) of the Code (othe			or more tax-exempt organi	izations described		Yes [	X No
	omplete the following sch		,,					
	(a) Name of org			(b) Type of organization		(c) Description of relat	ionship	-
	N/A							
Sign Here	elief, it is true correct, and cor	piplete Declaration of prepar		ng accompanying schedules and n taxpayer) is based on all inform	nation of which prepa		May the IRS discus return with the prepshown below (see IX Yes	arer
	nature of officer or trustee Print/Type preparer's na		roperation -	Date	Title	Check If P	TIN	
	y yilly ype preparer S lik	aiiie   P	reparer's s		Date	Check if P	LIN	
Paid	TAV WEDDED	,	_4/		8/mlin	, ,	00031660	۵
Preparer	JAY WEBBER		911	_~~~~	13/3/10	Firm's EIN ▶ 26	P0031660	<u> </u>
Use Only	Firm's name ► CBI	L TOPIAS	U			FIRM'S EIN P 40	-3/33I34	
July Chily	Firm's address ► 50	O BOVI.COOM	CMD E	<u> </u>				
	1	STON, MA 0		15.1		Phone no. 61	7-761-06	00
	<u>, DO</u>	U LOLI IIII U	<u> </u>		<del></del>	11 Hono Ho. <b>01</b>	Form <b>990-PF</b>	
								\~~ · · /

SHIRLEY & MILTON LEVY FAMILY CHARITABLE - CONTRIBUTIONS						
	0044					
AMEDICAN EDIENDO OF IODAEL DINILIADACANO ODCUECTOA	2011					
AMERICAN FRIENDS OF ISRAEL PHILHARMONIC ORCHESTRA	1,000 00					
AMERICAN FRIENDS OF HEBREW UNIVERSITY-Scholarship	1,000 00					
AMERICAN JEWISH COMMITTEE	1,000 00					
AMERICAN FRIENDS OF MAGAN DAVID ADOM	2,000.00					
BENJAMIN M BANKS MD FELLOWSHIP IN GASTROENTEROLOGY	12,000.00					
B'NAI B'RITH - ANTI DEFAMATION LEAGUE	1,000 00					
BRANDEIS UNIVERSITY	5,000 00					
DANA FARBER CANCER INSTITUTE	1,000.00					
FACING HISTORY AND OURSELVES	3,000 00					
FLORIDA STAGE	1,000.00					
HADASSAH ANGEL OF MERCY	1,000.00					
HARVARD COLLEGE FUND-MEMORIAL GIFT	1,000.00					
HEBREW SENIORLIFE (formerly Rehab)	10,000 00					
JEWISH FEDERATION OF PALM BEACH	61,861 00					
KRAVIS CENTER	2,000.00					
LOWN CARDIOVASCULAR RESEARCH FOUNDATION	5,000.00					
MORSE GERIATRIC CENTER	1,000.00					
MUSEUM OF FINE ARTS-BOSTON	5,000.00					
NEW CENTER OF ART AND CULTURE	1,000 00					
NEWTON WELLESLEY HOSPITAL	2,000.00					
NORTON MUSEUM OF ART	1,000 00					
PALM BEACH COMMUNITY CHEST	1,000 00					
SIMMONS COLLEGE - SCHOOL OF SOCIAL WORK	1,000 00					
SMITH COLLEGE ALUMNAE FUND	8,000.00					
TECHNION	5,000 00					
UNITED WAY OF PALM BEACH COUNTY	2,000.00					
US HOLOCAUST MEMORIAL MUSEUM	2,000.00					
WASHINGTON INSTITUTE FOR NEAR EAST STUDY	5,000.00					
WORLD JEWISH CONGRESS	1,000.00					
	\$143,86					

.

		<del></del>			<del></del>	
FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CA	SH IN	IVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
MELLON BANK OF NEW ENGLAND						48.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A				48.
FORM 990-PF DIVIDENT	OS AND INTER	EST FROM	SECUE	RITIES	STATEMENT	2
SOURCE	GROSS	AMOUNT		TAL GAINS	COLUMN (A AMOUNT	)
QUANTITATIVE FUNDS TJX DIV		9,397. 23,619.		0.	9,3 23,6	
TOTAL TO FM 990-PF, PART I, I	ın 4	33,016.		0.	33,0	16.
FORM 990-PF	ACCOUNTI	NG FEES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
CBIZ TOFIAS	1,250.	1,	250.			0.
TO FORM 990-PF, PG 1, LN 16B	1,250.	1,	250.			0.
FORM 990-PF	TAX	ES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE		(C) ADJUSTED NET INCOM		
COMMONWEALTH OF MASS US TREASURY FOREIGN TAX	35. 3,923. 1,101.		0. 0. 101.			35. 0. 0.
TO FORM 990-PF, PG 1, LN 18	5,059.	1,	101.			35.

FORM 990-PF	CORPO	DRATE STOCK	STATEMENT	5	
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE	
TJX COMPANIES		-	1,975.	2,522,12	6.
TOTAL TO FORM 990-PF, PART II,	LINE 1	LOB =	1,975.	2,522,12	6.
FORM 990-PF	OTHER	INVESTMENTS		STATEMENT	-6
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	ı
DESCRIPTION  QUANTITATIVE INC. INVESTMENTS			BOOK VALUE 986,564.		

## Form **8868**

(Rev January 2012)

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

Internal Rev	enue Service Pille a Sepa	irate appi	ication for each return.			
• If you	are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box			<b>▶</b> [X]
-	are filing for an Additional (Not Automatic) 3-Month Ex	•		this form)	•	- —
•	omplete Part II unless you have already been granted a	·=		·=	rm 8868	
	ic filing (e-file). You can electronically file Form 8868 if y		·	•		a corporation
	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					
	rs gov/efile and click on e-file for Charities & Nonprofits		,,,,,			
Part I			ubmit original (no copies ne	eded).		
A corpor	ation required to file Form 990-T and requesting an autor					
Part I oni				•		
All other	corporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to reques	st an exten	sion of time	
	ome tax returns					
Type or	Name of exempt organization or other filer, see instru-	ctions.		Employe	rıdentıficatıo	n number (EIN) or
print	SHIRLEY & MILTON LEVY FAMIL					(
p	CHARITABLE TRUST			X	22-64	80716
File by the	Number, street, and room or suite no. If a P.O. box, si	ee instruct	tions		cunty number	
due date for filing your	P.O. BOX 9175	oo manao			ounty name	CI (COI4)
return See instructions	City, town or post office, state, and ZIP code For a fo	reign add	rass saa instructions		<del></del>	
	FRAMINGHAM, MA 01701	neign add	1633, 366 IIISHUCHORS.			
	TIGHTINGIPHI, PPA 01701				·····	<del></del>
Entor the	Deturn and for the return that this application is for (file		to application for each water.			0 4
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4
<u> </u>		<b>D</b> -4	[A		·	1
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
Form 990		01	Form 4720			09
Form 990		04	Form 5227			
	7-T (sec. 401(a) or 408(a) trust)	05	Form 6069			
Form 990	)-T (trust other than above)	06	Form 8870		<del></del>	
	THE FELDBERG OF					
	poks are in the care of $\triangleright$ P.O. BOX 9175					<del></del>
	none No ► <u>(508) 390-2318</u>		FAX No 🕨			
	organization does not have an office or place of business					. ▶ 📖
• If this	is for a Group Return, enter the organization's four digit (					
oox 🕨	. If it is for part of the group, check this box				ers the exter	nsion is for
1 I re	quest an automatic 3-month (6 months for a corporation					
	AUGUST 15, 2012 , to file the exemp	t organizat	tion return for the organization name	ed above.	The extension	on
	or the organization's return for:					
<b>&gt;</b>	X calendar year $2011$ or					
	tax year beginning	, an	d ending		•	
2  f t	ne tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	n	
L	Change in accounting period					
				<del></del>		
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, ei	nter the tentative tax, less any			
nor	refundable credits. See instructions.			3a	\$	16,180.
b If th	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
est	mated tax payments made Include any prior year overp	ayment al	lowed as a credit	3b_	\$	2,880.
c Bal	ance due. Subtract line 3b from line 3a Include your pa	yment wit	h this form, if required,			
	using EFTPS (Electronic Federal Tax Payment System).			Зс	\$	13,300.
	If you are going to make an electronic fund withdrawal v					
	or Privacy Act and Paperwork Reduction Act Nation					1969 (Pay 1-2012)

Form 8868 (Rev. 1-2012)				_	Page 2
If you are filing for an Additional (Not Automatic) 3-Monti	n Extension, o	complete only Part II and check th	ıs box .		<b>.</b> X
Note. Only complete Part II if you have already been granted				3868.	
<ul> <li>If you are filing for an Automatic 3-Month Extension, com</li> </ul>	plete only Pa	art I (on page 1).			
Part II Additional (Not Automatic) 3-Mont	h Extensio	<b>n of Time.</b> Only file the origi	nal (no c	opies ne	eded).
		Enter filer'	s identifyin	g number	, see instructions
e or Name of exempt organization or other filer, see instructions			Employer identification number (EIN) or		
SHIRLEY & MILTON LEVY FAMILY			1		
y the CHARITABLE TRUST			X 22-6480716		
Number, street, and room or suite no. If a P.O. box, see instructions.  See P.O. BOX 9175			Social se	curity num	ber (SSN)
City, town or post office, state, and ZIP code. For	r a foreign add	Iress, see instructions.			
FRAMINGHAM, MA 01701					
Enter the Return code for the return that this application is fo	r (file a separa	te application for each return)			0 4
Application Return Application			···		Return
ls For	Code	Is For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	Form 4720			09
Form 990-PF	04	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			
STOP! Do not complete Part II if you were not already grain	nted an auton	natic 3-month extension on a pre	viously file	d Form 88	368
THE FELDBERG	OFFICE				
<ul> <li>The books are in the care of</li></ul>	<u> - FRA</u>	MINGHAM, MA 01701			
Telephone No. ► <u>(508)</u> 390-2318	_	FAX No. >			
<ul> <li>If the organization does not have an office or place of business.</li> </ul>	iness in the Ur	nited States, check this box			. ▶ 📙
<ul> <li>If this is for a Group Return, enter the organization's four of</li> </ul>	igit Group Exe	emption Number (GEN)	If this is fo	the whole	group, check this
box If it is for part of the group, check this box	and atta	ach a list with the names and ElNs	of all memb	ers the ex	ension is for.
4 I request an additional 3-month extension of time until		BER 15, 2012			
5 For calendar year $2011$ , or other tax year beginning		, and endi			
6 If the tax year entered in line 5 is for less than 12 month	ns, check reas	on: Initial return	Final r	eturn	
Change in accounting period					
7 State in detail why you need the extension				<del></del>	
ADDITIONAL TIME IS NEEDED TO			M THIR	D PAR	TIES IN
ORDER TO FILE A COMPLETE AND	D ACCUR	ATE RETURN			
			<del></del>		<del></del>
8a If this application is for Form 990-BL, 990-PF, 990-T, 47	'20, or 6069, e	enter the tentative tax, less any			16 100
nonrefundable credits. See instructions			8a	\$	16,180.
b If this application is for Form 990-PF, 990-T, 4720, or 60					
tax payments made Include any prior year overpayments	nt allowed as	a credit and any amount paid			1 € 100
previously with Form 8868.			<u>8</u> b	\$	16,180.
c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using					0
EFTPS (Electronic Federal Tax Payment System) See i		at he completed for Dort II	8c	\$	0.
Under penalties of perjury, Laeclare that I have examined this form, in It is true, correct, and conselete, and that I am authorized to prepare t		st be completed for Part II panying schedules and statements, and		f my knowl	edge and belief,
Signature Title			Date		1/6/12
					n <b>8868</b> (Rev. 1-2012)
//					= = - v ·= · · · <del>- · · -</del> /
$\mathcal{U}$					