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Form **990-PF** 

## Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service  Note The foundation ma	reated as a Private be able to use a copy of this i	E Foundation return to satisfy state repo	orting requirements.	2011
For calendar year 2011 or tax year beginning		, and ending		
Name of foundation			A Employer identification	number
JOSEPH M. LEVINE FOUNDATI	ON			
C/O LINDA MARC			36-3036492	
Number and street (or P O box number if mail is not delivered to stre	et address)	Room/suite	B Telephone number	
5891 S. LAKESHORE DRIVE			(314) 341-	
City or town, state, and ZIP code			C If exemption application is p	ending, check here
HILLSBORO, MO 63050-1419			<u> </u>	
G Check all that apply:	Initial return of a for	mer public charity	D 1 Foreign organizations	s, check here
Final return Address change	Amended return Name change		Foreign organizations me 2. check here and attach co	eeting the 85% test,
	exempt private foundation		7	
Section 4947(a)(1) nonexempt charitable trust	Other taxable private foundat	IOD	E If private foundation sta under section 507(b)(1)	
	iting method: X Cash	Accrual	F If the foundation is in a	
·	Other (specify)		under section 507(b)(1)	
	lumn (d) must be on cash b	asis.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		,	N/A	
2 Check X If the foundation is not required to attach Sch B  Interest on savings and temporary cash investments				
4 Dividends and interest from securities	1,777.	1,777.		STATEMENT 1
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	2,600.			
b Gross sales price for all assets on line 6a 24, 187.  Capital gain net income (from Part IV, line 2)				• • •
7 Capital gain net income (from Part IV, line 2)		2,600.		·
8 Net snort-term capital gain		<del>,</del>		
9 Income modifications 10- Gross sales less returns				
10a and allowances  b Less Cost of goods sold				
c Gross profit or (loss)		<del> </del>		
11 Other income				
12 Total. Add lines 1 through 11	4,377.	4,377.		
13 Compensation of officers, directors, trustees, etc	0.	0.		0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees	1 765			
16a Legal fees b Accounting fees c Other professional fees	1,765.	0.	RE	EIVED 1
9 17 Interest				PICTURE
17 Interest 18 Taxes STMT 3 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings	22.	0.	MAR	, , , , , , , , , , , , , , , , , , ,
19 Depreciation and depletion			MAR	F A ZOIZ O
E 20 Occupancy				
21 Travel, conferences, and meetings		_	0,90	RM, UT
22 Printing and publications				- 3 3 9 9
	2,426.	1,206.		0.
23 Other expenses STMT 4  Total operating and administrative expenses Add lines 13 through 23				
<u> </u>	4,213.	1,206.		0.
25 Contributions, gifts, grants paid	18,650.			18,650.
26 Total expenses and disbursements. Add lines 24 and 25	22,863.	1,206.		18,650.
27 Subtract line 26 from line 12:	22,003.	1,200.	·	10,030.
8 Excess of revenue over expenses and disbursements	<18,486.	•		
b Net investment income (if negative, enter -0-)		3,171.		
C Adjusted net income (if pecative enter -0-)			N/A	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2011)

JOSEPH M. LEVINE FOUNDATION

For	m 99	0-PF (2011) C/O LINDA MARC		36-30364			
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	<u> </u>		
	ai t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	7,217.	10,303.			
		Savings and temporary cash investments	1,058.	1,058.	1,058.		
	3	Accounts receivable ►					
		Less; allowance for doubtful accounts			<del></del>		
	4	Pledges receivable					
		Less: allowance for doubtful accounts ▶	· -				
	5	Grants receivable	·				
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons	· · · · · · · · · · · · · · · · · · ·	<del></del>			
	7						
		Less: allowance for doubtful accounts ▶					
ets	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges	-				
		Investments - U.S. and state government obligations	62 216	40 720	44 060		
		Investments - corporate stock STMT 5	62,316.	40,728.	44,860.		
		Investments - corporate bonds		· <del> · · · · · · · · · · · · · · · · ·</del>			
	11	Investments - land, buildings, and equipment basis					
	40	Less accumulated depreciation					
		Investments - mortgage loans					
	13	Investments - other			<del>_</del>		
	14	Land, buildings, and equipment: basis					
	45	Less accumulated depreciation	· · · - · · ·				
	15	Other assets (describe )		+			
	4.6	Total assets (to be completed by all filers)	70,591.	52,089.	56,221.		
	17	Accounts payable and accrued expenses	70,331.	32,003.	30,2211		
	18	Grants payable					
"	19						
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons		· · · · · · · · · · · · · · · · · · ·			
Ξ	21		-				
Ë		Other liabilities (describe > EXCISE TAX PAYABLE)	48.	32.			
	23	Total liabilities (add lines 17 through 22)	48.	32.			
		Foundations that follow SFAS 117, check here					
		and complete lines 24 through 26 and lines 30 and 31.					
ès	24	Unrestricted					
auc	25	Temporarily restricted					
Ba	26	Permanently restricted					
5		Foundations that do not follow SFAS 117, check here					
Ę		and complete lines 27 through 31.					
S	27	Capital stock, trust principal, or current funds	625,000.	625,000.			
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.			
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	<554,457.>	<572,943.	>		
Se	30	Total net assets or fund balances	70,543.	52,057.			
	31	Total liabilities and net assets/fund balances	70,591.	52,089.			
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances				
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30				
•		st agree with end-of-year figure reported on prior year's return)	<del></del>	1	70,543.		
2	-	r amount from Part I, line 27a		2	<18,486.>		
		er increases not included in line 2 (itemize)		3	0.		
		lines 1, 2, and 3		4	52,057.		
		reases not included in line 2 (itemize)		5	0.		
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	52,057.		
			··· <del>···</del>		Form <b>990-PF</b> (2011)		

C/O LINDA MARC

36-3036492

Page 3

(a) List and desc 2-story brick wa	and Losses for Tax on ribe the kind(s) of property sold (d arehouse; or common stock, 200 s	e.g., real estate,		(b) How a P - Pur D - Do	acquired chase nation	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
<u>1a</u>				<u> </u>		<u>.                                    </u>		
b SEE ATTACHED	STATEMENT	<del></del> .						
<u> </u>	<del></del>							
<u>d</u>				<u> </u>				
e (e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				ın or (loss) (f) mınus (	
a								
<b>b</b>								·
С								<u> </u>
d				_				<del></del>
e 24,187.			21,58	<u> </u>				2,600.
Complete only for assets showing	ng gain in column (h) and owned l					) Gains (Co		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any			l. (k), but no Losses (	from col. (I	
8								
b								
<u> </u>								
<u> </u>								
_e			-		1			2,600.
2 Capital gain net income or (net ca	apital loss) { If gain, also er	nter in Part I, line -0- in Part I, line	7 7	} 2				2,600.
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5)	and (6):						
If gain, also enter in Part I, line 8,		, , , , , , , , , , , , , , , , , , , ,		}				
If (loss), enter -0- in Part I, line 8		····		<u> </u>			N/A	
Part V Qualification U	Inder Section 4940(e) f	or Reduced	Tax on Net	Invest	ment Inc	come		
If section 4940(d)(2) applies, leave t Was the foundation liable for the sec If "Yes," the foundation does not qua	ction 4942 tax on the distributable	complete this pa	ırt.					Yes X No
1 Enter the appropriate amount in		Structions before	making any entri					(d)
(a) Base period years Calendar year (or tax year beginni	ing in) Adjusted qualifying		Net value of no			··	Distrib col. (b) div	(d) ution ratio ided by col. (c))
2010		15,912.			84,467			.188381
2009		19,726.			00,442			.196392
2008		12,500.			26,936		-	.098475
2007		11,400.			57,932			.072183
2006		18,350.		1	64,926	<b>)</b>		.111262
2 Total of line 1, column (d)						2		.666693
3 Average distribution ratio for the the foundation has been in existe	•	tal on line 2 by 5,	or by the number	r ot years		3		.133339
4 Enter the net value of noncharital	ble-use assets for 2011 from Part	X, line 5				4		67,504.
5 Multiply line 4 by line 3						5		9,001.
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)					6		32.
7 Add lines 5 and 6						7		9,033
8 Enter qualifying distributions from	m Part XII, line 4					8	_	18,650
If line 8 is equal to or greater tha See the Part VI instructions.	n line 7, check the box in Part VI,	line 1b, and comp	olete that part usin	ng a 1% ta	x rate.			

	JUSEPH M. DEVINE FOUNDATION				2.0	2026	400	_	
	990-PF (2011) C/O LINDA MARC rt VI Excise Tax Based on Investment Income (Section 4940(a)	1	040(b) 4040(a	\ or 4	36-	3036	492	ction	age 4
				<del>), 01 4</del>	340	366 11	istiu	CLIOI	13)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter								
	Date of ruling or determination letter: (attach copy of letter if necessary)			l					32.
Þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	<b>L</b> a	ind enter 1%	ľ	1				<u> </u>
	of Part I, line 27b	) art	Line 12 col (h)						
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of F			,	2				0.
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others	enu	er -u-)		3				32.
-	Add lines 1 and 2		en ()		4				0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others	s eni	ter -u-)		5				32.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				-				<u>J                                    </u>
	Credits/Payments:	1							
		a			1	i			
		b			1				
	,	ic			1				
		d	-		١,				Λ
	Total credits and payments. Add lines 6a through 6d				8				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	1			9				32.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				10				<u> </u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		Refun	dod N	11	<del>                                     </del>			
	Enter the amount of line 10 to be: Credited to 2012 estimated tax   rt VII-A   Statements Regarding Activities		[ Neturi	ieu -		!			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation	n or	did it participate or i	ntervene	ın.			Yes	No
14	any political campaign?	11 01	ala it participate or i	11101 70110			1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (	<b>SPP</b>	instructions for defir	ution)?			1b		X
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and co				ed or				
	distributed by the foundation in connection with the activities.	٠,٠,٠	o or arry rriatorialo (	JUD.,,J.,			·		
	Did the foundation file Form 1120-POL for this year?						10		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	r.							
u	(1) On the foundation. $\blacktriangleright$ \$ 0. (2) On foundation managers. $\blacktriangleright$			0.					
۵	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure				-				
٠	managers. > \$O.			•					
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 instru	ume	nt, articles of incorp	oration,	or				
_	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes						3		<u> </u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?						4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?				N	I/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?						5		X
	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 dir	rectio	ons that conflict with	the stat	e law				
	remain in the governing instrument?						6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?						7_	X	
	If "Yes," complete Part II, col (c), and Part XV.								
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	▶.							
	IL								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorn	ney (	General (or designate	e)					
	of each state as required by General Instruction G? If "No," attach explanation						8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section			) for cal	endar				
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," comp	plet	e Part XIV				9		_X_

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

10 X Form **990-PF** (2011)

JOSEPH M. LEVINE FOUNDATION 36-3036492 Page 5 C/O LINDA MARC Part 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 instructions) X 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? 12 If "Yes," attach statement (see instructions) 13 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A 341-8920 Telephone no.  $\triangleright$  (314) 14 The books are in care of ► LINDA MARC  $ZIP+4 \rightarrow 63050-1419$ Located at ▶ 5891 S. LAKESHORE DRIVE, HILLSBORO, MO 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here **▶** 15 N/A and enter the amount of tax-exempt interest received or accrued during the year Yes No 16 At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, 16 X securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): Yes X No (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) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (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 L Yes X No 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 after Yes X No 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 16 section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected X before the first day of the tax year beginning in 2011? 1c 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning Yes X No before 2011? If "Yes," list the years b 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 N/A 2b statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No

b If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2011.)

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

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

N/A

3b

4a

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JOSEPH M. LEVINE FOUNDAT Form 990-PF (2011) C/O LINDA MARC	1014		36-30364	92 Page 6
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)	J age o
5a During the year did the foundation pay or incur any amount to:		(00/////		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4045/a\\2	□ v <sub>e</sub>	s X No	
(2) Influence the outcome of any specific public election (see section 4955); (	• • • • • • • • • • • • • • • • • • • •		is Law No	
* * * * * * * * * * * * * * * * * * * *	or to carry on, directly or main		s X No	
any voter registration drive?	0		s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y6	8 LA NO	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		- T	
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t		( <del></del> )	
the prevention of cruelty to children or animals?			es 🔀 No	
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify un	der the exceptions described (	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A 5	ib
Organizations relying on a current notice regarding disaster assistance check t	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined		1
expenditure responsibility for the grant?	N	Ī∕A 🗀 Ye	s No	
If "Yes," attach the statement required by Regulations section 53 494	5-5(d).			1 1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?		☐ Ye	s X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a property of the property o	ersonal benefit contract?			6b   X
If "Yes" to 6b, file Form 8870.			<del>                                     </del>	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribute.		16		'b
Information About Officers Directors Truct		nagers Highly		<u> </u>
Part VIII Paid Employees, and Contractors	ees, roundation Ma	magers, mgm	•	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deterred compensation	(e) Expense account, other
Wrown Earlan	to position	enter -0-)	compensation	allowances
VICKI FABIAN	VICE-PRESIDEN	L.		
881 SILVER ROCK LN	0 15	i i		
BUFFALO GROVE, IL 60089	0.15			•
MARVIN H. GLICK		0.	0.	0.
	SECRETARY	0.	0.	0.
208 S. LASALLE STREET	SECRETARY			
208 S. LASALLE STREET CHICAGO, IL 60604	SECRETARY 0.15	0.	0.	0.
208 S. LASALLE STREET	SECRETARY			
208 S. LASALLE STREET CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA	SECRETARY  0.15 PRESIDENT	0.		0.
208 S. LASALLE STREET CHICAGO, IL 60604 PEGGY MARC KAZ	SECRETARY 0.15			
208 S. LASALLE STREET CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA	SECRETARY  0.15 PRESIDENT	0.	0.	0.
208 S. LASALLE STREET CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657	SECRETARY  0.15 PRESIDENT  0.15	0.	0.	0.
208 S. LASALLE STREET CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657 BERTHA LEVINE LEWIS 3150 N. LAKE SHORE DRIVE	SECRETARY  0.15 PRESIDENT  0.15	0.	0.	0.
208 S. LASALLE STREET CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657 BERTHA LEVINE LEWIS	O.15 PRESIDENT  0.15 VICE-PRESIDEN  0.15	0. T	0.	0.
208 S. LASALLE STREET CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657 BERTHA LEVINE LEWIS 3150 N. LAKE SHORE DRIVE CHICAGO, IL 60657 2 Compensation of five highest-paid employees (other than those inc	0.15 PRESIDENT  0.15 VICE-PRESIDEN  0.15 ULGE-ORESIDEN  0.15 Unded on line 1). If none,	0. T 0. enter "NONE."	0.	0. 0. (e) Expense
208 S. LASALLE STREET CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657 BERTHA LEVINE LEWIS 3150 N. LAKE SHORE DRIVE CHICAGO, IL 60657	0.15 PRESIDENT  0.15 VICE-PRESIDEN  0.15 Sluded on line 1). If none, (b) Title, and average hours per week	0. T	O. O. O.	O.  O.  (e) Expense account, other
208 S. LASALLE STREET CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657 BERTHA LEVINE LEWIS 3150 N. LAKE SHORE DRIVE CHICAGO, IL 60657 2 Compensation of five highest-paid employees (other than those incompanies of each employee paid more than \$50,000	0.15 PRESIDENT  0.15 VICE-PRESIDEN  0.15 ULGE-ORESIDEN  0.15 Unded on line 1). If none,	0. T 0. enter "NONE."	0.	0. 0. (e) Expense
208 S. LASALLE STREET CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657 BERTHA LEVINE LEWIS 3150 N. LAKE SHORE DRIVE CHICAGO, IL 60657 2 Compensation of five highest-paid employees (other than those inc	0.15 PRESIDENT  0.15 VICE-PRESIDEN  0.15 Sluded on line 1). If none, (b) Title, and average hours per week	0. T 0. enter "NONE."	O. O. O.	O.  O.  (e) Expense account, other
208 S. LASALLE STREET CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657 BERTHA LEVINE LEWIS 3150 N. LAKE SHORE DRIVE CHICAGO, IL 60657 2 Compensation of five highest-paid employees (other than those incompanies of each employee paid more than \$50,000	0.15 PRESIDENT  0.15 VICE-PRESIDEN  0.15 Sluded on line 1). If none, (b) Title, and average hours per week	0. T 0. enter "NONE."	O. O. O.	O.  O.  (e) Expense account, other
208 S. LASALLE STREET CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657 BERTHA LEVINE LEWIS 3150 N. LAKE SHORE DRIVE CHICAGO, IL 60657 2 Compensation of five highest-paid employees (other than those incompanies of each employee paid more than \$50,000	0.15 PRESIDENT  0.15 VICE-PRESIDEN  0.15 Sluded on line 1). If none, (b) Title, and average hours per week	0. T 0. enter "NONE."	O.  O.  (d) Contributions to employee benefit plans and defered	O.  O.  (e) Expense account, other
208 S. LASALLE STREET CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657 BERTHA LEVINE LEWIS 3150 N. LAKE SHORE DRIVE CHICAGO, IL 60657 2 Compensation of five highest-paid employees (other than those incompanies of each employee paid more than \$50,000	0.15 PRESIDENT  0.15 VICE-PRESIDEN  0.15 Sluded on line 1). If none, (b) Title, and average hours per week	0. T 0. enter "NONE."	O.  O.  (d) Contributions to employee benefit plans and defered	O.  O.  (e) Expense account, other
208 S. LASALLE STREET CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657 BERTHA LEVINE LEWIS 3150 N. LAKE SHORE DRIVE CHICAGO, IL 60657 2 Compensation of five highest-paid employees (other than those incompanies of each employee paid more than \$50,000	0.15 PRESIDENT  0.15 VICE-PRESIDEN  0.15 Sluded on line 1). If none, (b) Title, and average hours per week	0. T 0. enter "NONE."	O.  O.  (d) Contributions to employee benefit plans and defered	O.  O.  (e) Expense account, other
208 S. LASALLE STREET CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657 BERTHA LEVINE LEWIS 3150 N. LAKE SHORE DRIVE CHICAGO, IL 60657 2 Compensation of five highest-paid employees (other than those incompanies of each employee paid more than \$50,000	0.15 PRESIDENT  0.15 VICE-PRESIDEN  0.15 Sluded on line 1). If none, (b) Title, and average hours per week	0. T 0. enter "NONE."	O.  O.  (d) Contributions to employee benefit plans and defered	O.  O.  (e) Expense account, other
208 S. LASALLE STREET CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657 BERTHA LEVINE LEWIS 3150 N. LAKE SHORE DRIVE CHICAGO, IL 60657 2 Compensation of five highest-paid employees (other than those incompanies of each employee paid more than \$50,000	0.15 PRESIDENT  0.15 VICE-PRESIDEN  0.15 Sluded on line 1). If none, (b) Title, and average hours per week	0. T 0. enter "NONE."	O.  O.  (d) Contributions to employee benefit plans and defered	O.  O.  (e) Expense account, other
208 S. LASALLE STREET CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657 BERTHA LEVINE LEWIS 3150 N. LAKE SHORE DRIVE CHICAGO, IL 60657 2 Compensation of five highest-paid employees (other than those incompanies of each employee paid more than \$50,000	0.15 PRESIDENT  0.15 VICE-PRESIDEN  0.15 Sluded on line 1). If none, (b) Title, and average hours per week	0. T 0. enter "NONE."	O.  O.  (d) Contributions to employee benefit plans and defered	O.  O.  (e) Expense account, other
208 S. LASALLE STREET CHICAGO, IL 60604 PEGGY MARC KAZ 555 CORNELIA CHICAGO, IL 60657 BERTHA LEVINE LEWIS 3150 N. LAKE SHORE DRIVE CHICAGO, IL 60657 2 Compensation of five highest-paid employees (other than those incompanies) (a) Name and address of each employee paid more than \$50,000	0.15 PRESIDENT  0.15 VICE-PRESIDEN  0.15 Sluded on line 1). If none, (b) Title, and average hours per week	0. T 0. enter "NONE."	O.  O.  (d) Contributions to employee benefit plans and defered	O.  O.  (e) Expense account, other

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

JOSEPH M. LEVINE FOUNDATION Form 990-PF (2011) C/O LINDA MARC	36-3	036492 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation No. 19 Paid Employees, and Contractors (continued)		<u> </u>
3 Five highest-paid independent contractors for professional services. If none, enter "NONI	<u> </u>	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<u> </u>	
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		<del></del>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical infornumber of organizations and other beneficiaries served, conferences convened, research papers produced, et	mation such as the	Expenses
1 <u>N/A</u>	-	
2		
•		
3		
4		
Don't IV P 0		
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 a	nd 2	Amount
1 N/A		
I M/A		
2		
All other program-related investments. See instructions.		
ن ت	l	

Total. Add lines 1 through 3

C/O LINDA MARC

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
-	Average monthly fair market value of securities	1a	59,326.
	Average of monthly cash balances	1b	59,326. 9,206.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	68,532.
	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	68,532.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,028.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	67,504.
6	Minimum investment return. Enter 5% of line 5	6	3,375.
P	art XI 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	3,375.
2a	Tax on investment income for 2011 from Part VI, line 5		
	Income tax for 2011. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	32.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,343.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,343.
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	3,343.
	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	T	1a	18,650.
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	
	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	18,650.
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	32.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	18,618.
	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

Form **990-PF** (2011)

C/O LINDA MARC Part XIII Undistributed Income (see instructions)

		(a) Corpus	( <b>b</b> ) Years prior to 2010	(c) 2010	( <b>d)</b> 2011
1 Di	stributable amount for 2011 from Part XI,	517-51			
	ne 7		I		3,343.
	ndistributed income, if any, as of the end of 2011				
	nter amount for 2010 only		I	0.	
	otal for prior years:				
	,		0.		
3 E>	ccess distributions carryover, if any, to 2011:				
a Fr	om 2006 10,237.				
<b>b</b> Fr	om 2007 3,590.				
<b>c</b> Fr	om 2008 6,163.				
<b>d</b> Fr	om 2009 14,752.				
<b>e</b> Fr	om 2010 11,765.				
f To	otal of lines 3a through e	46,507.			
4 Q	ualifying distributions for 2011 from				
Pa	art XII, line 4: ▶\$ 18,650.	,			
a A	oplied to 2010, but not more than line 2a			0.	
	pplied to undistributed income of prior				
yε	ears (Election required - see instructions)		0.		
c Tr	reated as distributions out of corpus				
(E	lection required - see instructions)	0.			
d A	pplied to 2011 distributable amount				3,343.
e R	emaining amount distributed out of corpus	15,307.			
(If	cess distributions carryover applied to 2011 an amount appears in column (d), the same amount ust be shown in column (a))	0.			0.
6 E	nter the net total of each column as				
	orpus Add lines 3f, 4c, and 4e Subtract line 5	61,814.			
	rior years' undistributed income. Subtract	02/0220			
	ne 4b from line 2b		0.		
	nter the amount of prior years'				· · · · · · · · · · · · · · · · · · ·
ur de th	ndistributed income for which a notice of efficiency has been issued, or on which he section 4942(a) tax has been previously essessed		0.		
d S	ubtract line 6c from line 6b. Taxable				
ar	mount - see instructions		0.		
еU	ndistributed income for 2010. Subtract line				
4:	a from line 2a. Taxable amount - see instr.			0.	
	ndistributed income for 2011. Subtract				
lir	nes 4d and 5 from line 1. This amount must				
b	e distributed in 2012				0.
7 A	mounts treated as distributions out of				
	orpus to satisfy requirements imposed by				
S	ection 170(b)(1)(F) or 4942(g)(3)	0.			
	xcess distributions carryover from 2006				
	ot applied on line 5 or line 7	10,237.			
	xcess distributions carryover to 2012.				
	ubtract lines 7 and 8 from line 6a	51,577.			
	nalysis of line 9:				
	xcess from 2007 3,590.				
	xcess from 2008 6, 163.				
	xcess from 2009 14,752.				
	xcess from 2010 11,765. xcess from 2011 15,307.	{			
e E	xcess from 201115_, 307 .	j l	1	l	I

	M. LEVINE F	OUNDATION		26.20	26400
Form 990-PF (2011) C/O LIN Part XIV Private Operating F		ata estado and Dod VII	A guestion (I)	36-30	36492 Page 1
			-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo  b Check box to indicate whether the found			un caction	4942(j)(3) or 49	42(j)(5)
	Tax year	ig toutidation described	Prior 3 years	4342())(3) 01 43	42())(3)
2 a Enter the lesser of the adjusted net	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
income from Part I or the minimum investment return from Part X for	(4) 2011	(4) 20 10	(0) = 000	(0)	(4)
each year listed					
b 85% of line 2a					<del> </del>
c 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					
e Qualifying distributions made directly					
for active conduct of exempt activities.	-				
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income  Part XV   Supplementary Info	prmation (Comple	te this part only	if the foundat	ion had \$5.000 or me	ore in assets
at any time during					
1 Information Regarding Foundation					
a List any managers of the foundation wh		than 2% of the total con	tributions received by	the foundation before the clo	se of any tax
year (but only if they have contributed i					
NONE					
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large p	ortion of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribut Check here ► X if the foundation	only makes contributions	to preselected charitable	organizations and do		
the foundation makes gifts, grants, etc.	<del></del>			s, complete items 2a, b, c, and	1 d.
a The name, address, and telephone num	nber of the person to who	m applications should be	e addressed:		
<b>b</b> The form in which applications should	be submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	ds, such as by geographic	al areas, charitable fields	, kinds of institutions	, or other factors:	
123601 12-02-11					Form <b>990-PF</b> (2011

Part XV

C/O LINDA MARC

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Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or Foundation show any relationship to contribution Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year PUBLIC CHARITY RELIGIOUS PROGRAMS ANSHE SHOLOM BNAI ISRAEL CONGREGATION N/A 540 W. MELROSE ST 500. CHICAGO, IL 60657 ARK, THE N/A PUBLIC CHARITY SOCIAL SERVICES PROGRAMS 6540 N. CALIFORNIA AVE 1,000, CHICAGO, IL 60645 PUBLIC CHARITY SOCIAL SERVICES BOYS TOWN N/A PROGRAMS 1 PENN PLAZA #6250 1,000. NEW YORK NY 10119-0002 PUBLIC CHARITY CAMP CHI N/A 5050 CHURCH ST. SOCIAL SERVICES SKOKIE, IL 60077-1254 PROGRAMS 2,000. CAMP RAMAH N/A PUBLIC CHARITY SOCIAL SERVICES PROGRAMS 65 E. WACKER PL #1200 CHICAGO IL 60601 2,500. SEE CONTINUATION SHEET(S) ▶ 3a Total 18,650. b Approved for future payment NONE **▶** 3b Total

Part XVI-A **Analysis of Income-Producing Activities** 

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
Effet gross amounts amous ethorwise maleates.	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
4 Decoror converse revenues	Buširiess code	Amount	sion	Amount	function income
1 Program service revenue:	Code				
8	-				
b	-				
c					<del></del>
d					
e	i l				
•					
g Fees and contracts from government agencies					
2 Membership dues and assessments					-
	-		<u> </u>		<del></del>
3 Interest on savings and temporary cash			•		
investments			1 4	4 555	
4 Dividends and interest from securities		**	14	1,777.	<del></del>
5 Net rental income or (loss) from real estate:				·· ·	
a Debt-financed property					
b Not debt-financed property	•				
6 Net rental income or (loss) from personal					
property					
7 Other investment income		,			
8 Gain or (loss) from sales of assets other			1 4	2 600	
than inventory			14	2,600.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:	1				
a					
b				:	
c	I			·	
<u> </u>	-			-	
6	-	0.		1 377	<u> </u>
12 Subtotal. Add columns (b), (d), and (e)		U •		4,3110	<u>0.</u> 4,377.
13 Total Add line 12, columns (b), (d), and (e)				13	4,3//.
(See worksheet in line 13 instructions to verify calculations.)				<del></del>	
Part XVI-B Relationship of Activities	to the Acc	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which inc			contri	buted importantly to the accor	iplisnment of
the foundation's exempt purposes (other tha	n by providing to	inds for such purposes).			
		-			
		· · · · · · · · · · · · · · · · · · ·		· <del></del>	
					-
	<del></del>				
		<del></del>		· · · · · · · · · · · · · · · · · · ·	
				· <del></del>	
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	·				
		<del></del>		<del> </del>	
123821 12-02-11	<del></del>			<del></del>	Form <b>990-PF</b> (2011)
12-02-11					FULH <b>330-F</b> F (2011)

C/O LINDA MARC

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Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(1) (1) Cash X (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) X 1b(2) (2) Purchases of assets from a noncharitable exempt organization X (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) X (5) Loans or loan guarantees 1b(5) X (6) Performance of services or membership or fundraising solicitations 1b(6) X c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements (a) Line no N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see instr.)? Sign Here X Yes Signature of officer or trustee Title Date Check X If Print/Type preparer's name Preparer's signature Date self- employed Paid 03/11/12 LAWRENCE MANELIS P00442537 Firm's EIN ► 36-2651528 Preparer Firm's name ► LAWRENCE MANELIS **Use Only** Firm's address ▶ 2150 E. LAKE COOK ROAD (847) <u>808-9800</u> BUFFALO GROVE, IL 60089 Phone no.

250.

11,650.

C/O LINDA MARC Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to contribution Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor CHAI LIFELINE N/A PUBLIC CHA SOCIAL SERVICES PROGRAMS 6600 N. LINCOLN AVE #300 500, LINCOLNWOOD, IL 60712 CHICAGOLAND JEWISH HIGH SCHOOL N/A PUBLIC CHA EDUCATIONAL PROGRAMS 1095 LAKE COOK ROAD DEERFIELD, IL 60015 5,000. FRIENDS OF ISRAEL DISABLED VETERANS PUBLIC CHA SOCIAL SERVICES N/A 1133 BROADWAY, SUITE 232 PROGRAMS NEW YORK, NY 10010 250. FRIENDS OF TSAD KADIMA N/A PUBLIC CHA EDUCATIONAL PROGRAMS 1745 LAKE ELEANOR DRIVE 250, DEERFIELD IL 60015-2055 PUBLIC CHA ILLINOIS HOLOCAUST MUSEUM & EDUCATION N/A EDUCATIONAL PROGRAMS CENTER 9641 WOODS DRIVE 2,400. SKOKIE, IL 60077 ISRAEL GUIDE DOG CENTER FOR THE BLIND N/A PUBLIC CHA SOCIAL SERVICES 968 EASTON ROAD - H PROGRAMS WARRINGTON PA 18976-9941 250. ISRAEL SPECIAL KIDS FUND N/A PUBLIC CHA SOCIAL SERVICES PROGRAMS 505 EIGHTH AVE #803 500, NEW YORK, NY 10018 MAOT CHITIM N/A PUBLIC CHA SOCIAL SERVICES 7366 N. LINCOLN AVE. PROGRAMS LINCOLNWOOD, IL 60712 250. PUBLIC CHA SOCIAL SERVICES NORTHWEST HOME & REHABILITATIONS CTR N/A 6300 N CALIFORNIA AVE PROGRAMS 1,000, CHICAGO IL 60659-1702 SIMON WIESENTHAL CENTER PUBLIC CHA SOCIAL SERVICES N/A PROGRAMS 1399 S. ROXBURY

LOS ANGELES CA 90035

Total from continuation sheets

JOSEPH M. LEVINE FOUNDATION

C/O LINDA MARC

36-3036492

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient PUBLIC CHA MEDICAL PROGRAMS TIKVAH LAYELED N/A 322 WEST 52ND, P.O. BOX 1097 NEW YORK NY 10019 250. UNITED STATES HOLOCAUST MUSEUM N/A PUBLIC CHA EDUCATIONAL PROGRAMS 100 RAOUL WALLENBERG PL SW WASHINGTON, DC 20024 750, Total from continuation sheets

Part IV. Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (c) Date acquired (d) Date sold (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. (mo., day, yr.) (mo., day, yr.) P 12/26/0806/13/11 VANGUARD ST INVEST GRADE ADMIRAL SHARES 1a 1111.111 b 560.748 VANGUARD ST INVEST GRADE ADMIRAL SHARES P 12/26/08/09/22/11 c 562.852 VANGUARD ST INVEST GRADE ADMIRAL SHARES 12/26/08/09/29/11 P d CAPITAL GAINS DIVIDENDS g h k 1 m п 0 (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 10,733. 1,267. 12,000 6,000. 5,417. 583. b 5,437 563. 6,000. 187. 187. d f g h T j m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (ı) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any 1,267. 583. b 563. C 187. d е h 1 m n 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2,600. 2 Capital gain net income or (net capital loss) 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 N/A

FORM 990-PF DIVIDENT	OS AND	INTER	EST F	ROM SE	CUR	RITIES	STATEMENT	1
SOURCE		GROSS	AMOU			TAL GAINS	COLUMN (A	۷)
VANGUARD S-T INV GR ADM SHS	-	_	1,9	64.	-	187.	1,7	777.
TOTAL TO FM 990-PF, PART I, I	JN 4		1,9	64.		187.	1,7	777.
FORM 990-PF	AC	COUNTI	NG FE	ES			STATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS		(B) INVEST INCOM		(C) ADJUSTED NET INCOM		
ACCOUNTING, TAX PREPARATION		1,765.			0.			0.
TO FORM 990-PF, PG 1, LN 16B		1,765.			0.			0.
FORM 990-PF		TAX	ES				STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS		(B) INVEST INCOM		(C) ADJUSTED NET INCOM		
EXCISE TAX ON INVESTMENT INCOME PRIOR OVERACCRUAL - EXCISE		32.			0.			0.
TAX		<10.	>		0.			0.
TO FORM 990-PF, PG 1, LN 18	<del></del>	22.	=		0.			0.
FORM 990-PF	0	THER E	XPENS	ES			STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS		(B) INVEST INCOM		(C) ADJUSTED NET INCOM		
MANAGEMENT STATE FILING FEE		2,411. 15.		1,20	06.			0.
TO FORM 990-PF, PG 1, LN 23		2,426.		1,20	06.			0.

FORM 990-PF CORPORATE STOCE	ζ	STATEMENT 5
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
VANGUARD S-T INV GRADE ADM SHS	40,728.	44,860.
TOTAL TO FORM 990-PF, PART II, LINE 10B	40,728.	44,860.