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Check here if the organization is not required to attach Schedule B. You must also sign the declaration at the end of this letter.

04B_002_

0425876265 Oct. 22, 2012 LTR 2697C O R 57-1141278 201112 44 00021176

LUNEVICA FOUNDATION
60 MOUNTAINTOP RD
BERNARDSVILLE NJ 07924



029116

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that ratern.

Signature of Officer or Trustee

Date

75+10

Schedule B (Form 890, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No 1545-0047

2012

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

	Ash a second sed					
Name of the organization						Employer Identification number
Lunevica Foundation						57-1141278
Organization type (check one):						
Filers of: Section:						
Form 980 or 990-EZ		3	(enter number) organization			
			4947(a)(1	l) none	kempt charitable trust not treated as a private fou	indation
			527 polls	ical or	Bnization .	
Farm 9	90-PF		501(c)(3)	exem	t private foundation	
			4947(8)(1	l) none	kempt cheritable trust treated as a private founda	ition
			501(c)(3)	taxabi	private foundation	
Check	If your organization is	cove	ered by th	e Gen	rai Rule or a Special Rule.	
note. (Only a section 501(c)(7 Hons.), (8)), or (10) o	organiza	tion can check boxes for both the General Rule s	and a Special Rule. See
General Rule						
GOLIOLAL MAIG						
For an organization filing Form 990, 990- property) from any one contributor. Com			Form 99 Contributo	0, 990- r. Com	EZ, or 990-PF that received, during the year, \$5,0 plete Parts I and II.	000 or more (in money or
Special Rules						
	4. 44. 949/1917 202/	000	anu izun	UK I KAI	Form 990 or 990-EZ that met the 33½ % suppor vi) and received from any one contributor, during amount on (i) Form 990, Part VIII, line 1h, or (ii) Fo	Almania and an annual to the contract of the c
	Corning trie year, tota	CUI	រះរាជបុររល់រន	on mo	ation filing Form 990 or 990-EZ that received from e than \$1,000 for use exclusively for religious, che n of cruelty to children or animals. Complete Parts	Solonia animatika Ilaana
	not total to more than \$1,000. If this box year for an exclusively religious, charitable applies to this organization because it re			organi use.exc nis box haritab se it re	ation filing Form 990 or 990-EZ that received froi iusively for religious, charitable, etc., purposes, b is checked, enter here the total contributions that a, etc., purpose. Do not complete any of the part served nonexclusively religious, charitable, etc., c	m any one contributor, ut these contributions did were received during the s unless the General Rule
Caution. An organization that is not covered by the 990-EZ, or 990-PF), but it must answer "No" on E			not covere	ed by th	e General Bule and/or the Consul Bules design	t file Schedule B (Form 990,

For Paperwork Reduction Act Natice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat No 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

	(Form 990, 990-EZ, or 990-PF) (2012)		·	Page 2		
	rganization Foundation		1	mployer identification number 57-1141278		
Part I	Contributore (see instructions)					
	Contributors (see instructions).	use duplicate c	opies of Part I if additional space i	s needed.		
(a) No.	Name, address, and	ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	Ivan Tniunovich			Person		
	80 Mountainto Rd			Payroll		
į	BU WOUNDING NA		\$ 91,400	Noncash 🗹		
	Bernardsville, NJ 07924			(Complete Part II if there is a noncash contribution)		
(a)	(6)		(c)	(d)		
No.	Name, address, and	ZIP + 4	Total contributions	Type of contribution		
				Person 🗆		
				Payroll 🔲		
			<u> </u>	Noncesh []		
	884,/00-00-00-00-00-00-00-00-00-00-00-00-00-			(Complete Part II if there is a noncash contribution)		
(a) No.	(b)		(c)	(d)		
- 10.	Name, address, and	ZIP+4	Total contributions	Type of contribution		
				Person		
			***************************************	Payroll		
			\$	Noncesh 🔲		
ì		<u> </u>		(Complete Part II if there is a noncash contribution.)		
(a)	(6)					
No.	Nême, address, and	ZIP + 4	(c) Total contributions	(d) Type of contribution		
i						
			••••	Person Payroil		
1	***************************************		 \$	Noncash 🗍		
i		1		(Complete Part II if there is a noncash contribution.)		
(a)	A.			- Toncash contribution.)		
No.	Name, address, and	ZIP + 4	(c) Total contributions	(d) Type of contribution		
				Person		
			********	Payroll [
	***************************************	<u> </u>	\$ <u></u>	Noncash 🔲		
	1000			(Complete Part II if there is a noncash contribution.)		
(a)	(b)	<u> </u>	(c)	(d)		
No.	Name, address, and	ZIP + 4	Total contributions	Type of contribution		
				Person		
į		1		Payroll [
ł			······································	Nancash []		
}			••	(Complete Part II if there is a noncash contribution.)		
		 	Behavita F			
		1	acusquis E	i (Form 890, 990-EZ, or 990-PF) (2012)		

ame or o	rgamzation		Emo	oyer identification numbe
	Foundation			57-1141278
Part II	Noncash Property (see instruction	ns). Use duplicate co	pies of Part II if additional space	e is needed.
(a) No. from Part ((b) Description of noncesh p	roperty given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	831,000 common shares of Helicoe Bioecie	ices (HLCS)		
			\$ 91,400	
(a) No. from Part I	(b) Description of noncash p	roperty given	(c) FMV (or estimate) (see instructions)	(d) Date received
		***************************************	\$	
(a) No. from Part I	(b) Description of noncash p	raperty given	(c) FMV (or estimate) (see instructions)	(d) Data received
			\$	
(a) No. from Part I	(b) Description of noncash (roperty given	(c) FMV (or estimate) (see instructions)	(d) Date received
T#22			\$	
(a) No. from Part I	(b) Description of noncash (roparty given	(c) FMV (or estimate) (466 instructions)	(d) Date received
			s	
(a) No. from Part I	(b) Description of noncesh	property given	(c) FMV (or estimate) (see Instructions)	(d) Date received
ļ			\$	

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Schedule B (Form 990, 990-EZ, or 890-PF) (2012)		_	_	Page 4				
lame of or				Employer identification number				
Part III	that total more than \$1,000 for the For organizations completing Part contributions of \$1,000 or less for	ne year. Complete colu ili, enter the total of ext the year. (Enter this inf	mns (a) throu clusively religi ormation onc	ous, charitable, etc.,				
Ta) No.	Use duplicate copies of Part III if a	doitional space is need	eo					
(a) No. from Part)	(b) Purpose of gift	(c) Uee o	f gift	(d) Description of how gift is held				
		(e) Transf	or of gift					
	Transferse's name, address		Relationship of transferor to transferee					

(s) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				

-	Transferee's name, address	, and ZIP + 4	Re	Mationship of transferor to transferee				

(a) No.								
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
}		(a) Tonna	40					
Ì		(e) rene	afor al gift					
}	Yransferee's name, address	s, and 2IP + 4	R	elationship of transferor to transferee				
ì				988.,,				
Ĭ			***************************************					
(a) No. (rom Pert I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
Į			144,,					
4000	***************************************	**	**********					
,	(e) Transfer of gift							
ļ	Transferee's name, eddres	a, and ZIP + 4	P	elstionship of transferme to transferme				
	***************************************	**		-				
Ì	**************************************							
				Schedule B (Form 990, 990-22, or 990-PF) (2				

	0-PF (2011)	1		_			Page 10	
Part		tion	(see instr	uctions and Part	VII-A, question 9)		
1 a	If the foundation has received a ruling	etermination	n letter that it is a	private operating				
	foundation, and the ruling is effective fo							
		noatio	a is a private operating foundation described in section 4842(j)(3) or 4942(j)(5)					
20	Enter the lesser of the adjusted net income from Part I or the minimum		Tax year		Prior 3 years		(e) Total	
	investment return from Part X for		(a) 2011	(b) 2010	(c) 2009	(4) 2008		
h	85% of line 2a							
	Qualifying distributions from Part XII.	 			 	 		
	line 4 for each year listed	1	<u> </u>		ţ	1		
đ	Amounts included in line 2c not used directly for active conduct of exempt activates			†				
8	Qualifying distributions made directly for active conduct of exempt activess Subtract line 2d from line 2c							
3	Complete 3a, b, or c for the alternative test relied upon.			1	 			
a	"Assets" alternative test-enter:							
	(1) Value of all assets	1			1			
	(2) Value of assets qualifying under				 			
	section 4942(j)(3)(B)(i)	1	l	<u> </u>	1			
Þ	"Endowment" sitemative test—enter 45 of minimum investment return shown in Part X, line 6 for each year listed						,	
ε	"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	-	 			ļ <u>-</u>		
	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				 -	<u> </u>		
Part		on (C	omplete (this part only if t	he foundation	had \$5,000 or me	ore in assets at	
	any time during the year-	~ 94 6	Instruction	one.)		`.		
1	Information Regarding Foundation	Man	agere:					
8	List any managers of the foundation	who	have contrib	buted more than 21	% of the total con	tributions received	by the foundation	
lvon T	before the close of any tax year (but infunction	onty r	riney have	contributed more ti	han \$5.000) (See	section 507(d)(2).)		
ь	List any managers of the foundation ownership of a partnership or other e	n who entity)	of which th	or more of the sto e foundation has a	ck of a corporation 10% or greater in	on (or an equally la terest.	rge portion of the	
2	Information Regarding Contribution	n G-	0:4	non Schola-shi-	oto Don-			
-	Check here ▶ ☑ If the foundation	only	makes cor	etibutions to occar	etc., Programs :			
	unsolicited requests for funds. If the	tound	tation make	is offs, grants, arc.	. (see instructions)	to individuals or or	capizations under	
	other conditions, complete items 2a.	b, c,	and d.	a game, granta, etc.		TO MENTOGRIS OF DE	Benzanona duoe	
8	The name, address, and telephone n	umbe	of the pen	son to whom applie	cations should be	addressed:		
	The day of the black							
p	The form in which applications should	d be	a bettledda	and information and	materials they sh	ould include:		
C	Any submission deadlines		 					
a	Any restrictions or limitations on a factors:	wardi	such as	by geographical a	weas, charitable	lields, kinds of ins	ultutions, or other	
							Form 990-PF (2011)	