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## -.... 990-PF

Department of the Treasury

Internal Revenue Service

# Return of Private Foundation Treated as a Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements OMB No 1545-0052

2011

For calendar year 2011 or tax year beginning 7/1/2011 6/30/2012 , and ending Name of foundation A Employer Identification number THE STEVEN J LEVINSON MEDICAL RESEARCH FOUNDATION, INC 22-3525125 B Telephone number (see instructions) Room/suite Number and street (or P O box number if mail is not delivered to street address) 400 212-785-2610 c/o L. WOLLIN 89 FIFTH AVENUE City or town, state, and ZIP code C If exemption application is pending, check here 10003-3020 **NEW YORK** G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Amended return Final return 2. Foreign organizations meeting the 85% test, 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 J Accounting method: X Cash F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here of year (from Part II, col. (c), Other (specify) 1,424,258 line 16) ▶ \$ (Part I, column (d) must be on cash basis (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per income income purposes the amounts in column (a) (see instructions) ) books (cash basis only) 1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check If the foundation is not required to attach Sch B 3 Interest on savings and temporary cash investments 11,452 11,452 Dividends and interest from securities 5 a Gross rents e 100 - 1 marie 18 mile 18 16 16 b Net rental income or (loss) **GENNIKASe**nue 6 a Net gain or (loss) from sale of assets not on line 10 - 1/2 A b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications . . . . . 10 a Gross sales less returns and allowances B **b** Less. Cost of goods sold c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) . 8 Total. Add lines 1 through 11 11,452 11,452 13 Compensation of officers, directors, trustees, etc. Other employee salaries and wages . . . Pension plans, employee benefits ... 16 a Legal fees (attach\_schedule)-0 0 b Accounting lees (attach schedule) 0 0 Ω 0 Administrative c Other professional fees (attach schedule) 0 0 0 Interest . 500 0 19 Depreciation (attach\_schedule) and depletion 0 700 20 OGDEN Occupancy 21 Travel, conferences, and meetings 22 Printing and publications . 23 Other expenses (attach schedule) 0 0 Operating 24 Total operating and administrative expenses. 1,200 Add lines 13 through 23 . . . 74,000 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 75,200 74,000 Subtract line 26 from line 12: E-500 -63,748 a Excess of revenue over expenses and disbursements **那种思想的** b Net investment income (if negative, enter -0-). c Adjusted net income (if negative, enter -0-)

Form **990-PF** (2011)

1 Cash—non-interest-be 2 Savings and temporar 3 Accounts receivable	5	(a) Book Value	(b) Book Value	10
2 Savings and temporar 3 Accounts receivable	5	1	(5) 50011 101100	(c) Fair Market Value
3 Accounts receivable				
i	y cash investments	1,355,234		
Lace allowance for de	<b>•</b>	0 製製造工工工		TENTAL STATES
Less. anowance for ut	oubtful accounts	0 0	0	0
4 Pledges receivable	<b>.</b>	O THE STATE OF THE		
Less: allowance for do	oubtful accounts	0 0	0	0
5 Grants receivable .				
6 Receivables due from	officers, directors, trustees, and other			
disqualified persons (a	attach schedule) (see instructions) .	0	0	0
7 Other notes and loans red	ceivable (attach schedule)	0 部等原态框包经		
Less allowance for doubt	ful accounts 🕨	0 0	0	0
9 8 Inventories for sale or	use		<u> </u>	<u></u>
9 Prepaid expenses and 10 a Investments—U S and sta	deferred charges			
10 a Investments—US and str	ate government obligations (attach schedule)	0	0	0
b Investments—corpora	te stock (attach schedule)	0	0	0
	te bonds (attach schedule)	0	0	0
11 Investments—land, buildii	ngs and equipment basis	O THE STATE OF THE PARTY OF THE	WY AND THE PARTY OF THE PARTY O	LA MEN TO LE
Less accumulated depre	ciation (attach schedule)	0 0	0	0
12 Investments—mortgag				
13 Investments—other (a		0	0	0
14 Land, buildings, and e		O The Control of the	THE PARTY OF	四次 声的 多形 1
· _ · _ ·	ciation (attach schedule)	0 0	0	0
· ·	► ART HELD FOR PUBLIC EXHIBIT	) 223,150	223,150	132,772
· ·	empleted by all filers—see the	<b>'</b>		
instructions Also, see	•	1,578,384	1,514,636	1,424,258
17 Accounts payable and	accrued expenses			
18 Grante navable				
19 Deferred revenue				
温 )	ors, trustees, and other disqualified persons .	0	0	3 1
21 Mortgages and other r	notes payable (attach schedule)	0	0	
22 Other liabilities (descri		) 0	0	
23 Total liabilities (add l		′   0	0	
Foundations that fol	low SFAS 117, check here .			
9 and complete lines 2	4 through 26 and lines 30 and 31.	1		
and complete lines 2  24 Unrestricted	vanoagn zo ana mos oo ana on			
	• • • • • • • • • • • • • • • • • • • •		<del></del>	Salar W.
26 Permanently restricted				
01	not follow SFAS 117, check here		<del> </del>	(A) 12 17 16 16 18 17 18
and complete lines 2				
5 27 Capital stock, trust prii	ncipal, or current funds	1,578,384	1,514,636	<b>以</b> 。
28 Paid-in or capital surpl	lus, or land, bldg , and equipment fund	1,070,007	7,017,000	
29 Retained earnings, ac	cumulated income, endowment, or other funds			
V 30 Total net assets or fi	und balances (see instructions)	1,578,384	1,514,636	
31 Total liabilities and r	net assets/fund balances (see	1,070,001	1,011,000	
instructions).		1,578,384	1,514,636	是 小部
1	ges in Net Assets or Fund Balances		1,017,000	12 250 - 94 - 12
Part III Analysis of Chan	ices at beginning of year—Part II. column (a) li		1	1 . === == .
Part III Analysis of Chan  1 Total net assets or fund balar	nces at beginning of year—Part II, column (a), li n prior year's return)			1.578.384
Part III Analysis of Chan  1 Total net assets or fund balar end-of-year figure reported or	n prior year's return)		1 2	1,578,384
Part III Analysis of Chan  1 Total net assets or fund balar end-of-year figure reported or 2 Enter amount from Part I, line	n prior year's return)		2	-63,748
Part III Analysis of Chan  1 Total net assets or fund balar end-of-year figure reported or 2 Enter amount from Part I, line 3 Other increases not included	n prior year's return)  27a	· · · · · · · · · · · · · · · · · · ·	2 3	-63,748 0
Part III Analysis of Chan  1 Total net assets or fund balar end-of-year figure reported or  2 Enter amount from Part I, line	n prior year's return)  27a in line 2 (itemize)	· · · · · · · · · · · · · · · · · · ·	3 4	-63,748

Form 990-PF (2011) THE STEVEN J LEVINSON MEDICAL RESEARCH FOUNDATION, INC. 22-3525125

Page 2

(a) List and describe the	d Losses for Tax on Inve e kind(s) of property sold (e g , real est se, or common stock, 200 shs MLC C	ate,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a			2 201143011		· · · · · · · · · · · · · · · · · · ·
b					
<b>c</b> ·					
_d			<u> </u>		<u> </u>
_e	·		<u> </u>		<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	10,	or other basis ense of sale		n or (loss) f) minus (g)
_a0	0		0		
<b>b</b> 0	0		0		(
<u>c</u> 0	0		0		
<b>d</b> 0	0		0		
<u>e0</u>	0[		0		
Complete only for assets show	ving gain in column (h) and owned	d by the foundat	ion on 12/31/69		(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	• •	ess of col (i) of (j), if any		t less than -0-) or rom col (h))
<b>a</b> 0	0		0		
<b>b</b> 0	0		0		(
<b>c</b> 0	0		0		(
_ <b>d</b> 0	0		0		
_ <b>e</b> 0	ol		0		
2 Capital gain net income or		also enter in Pa enter -0- in Pa		2	(
	or (loss) as defined in section line 8, column (c) (see instruc				
	4040(-) 5 7			3	
Part V Qualification Unc					
If section 4940(d)(2) applies, le Was the foundation liable for the If "Yes," the foundation does no	ne section 4942 tax on the dis ot qualify under section 4940(	e). Do not con	oplete this part.		
(a)	ount in each column for each	year, see trie i	nstructions before	making any entrie	(d)
Base penod years	(b)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(c)	Dis	inbution ratio
Calendar year (or tax year beginning it			of noncharitable-use as	sets (col (b)	divided by col (c))
2010	<del></del>	1,878	1,403,		0.060489
2009		5,772	1,468,		0 051587
2008		2,000	1,550,		0.001290
2007		5,000		627	0.044277
2006		5,600	505,	239	0.050669
2 Total of line 1, column (d)					0.208312
3 Average distribution ratio for the number of years the for	undation has been in existence				0.041662
4 Enter the net value of nonc	haritable-use assets for 2011	from Part X, Ii	ine 5	. 4	1,326,602
5 Multiply line 4 by line 3 .				5	55,269
6 Enter 1% of net investment	income (1% of Part I, line 27	b)		6	115
7 Add lines 5 and 6				7	55,384
8 Enter qualifying distribution	s from Part XII, line 4 er than line 7, check the box i			8	74,000

the Part VI instructions.

By state legislation that effectively amends the governing instrument so that no mandatory directions

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,"

8 a Enter the states to which the foundation reports or with which it is registered (see instructions)

b 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

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

Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV

that conflict with the state law remain in the governing instrument?

complete Part XIV

their names and addresses

7

8b

10

Form	990-PF (2011) THE STEVEN J LEVINSON MEDICAL RESEARCH FOUNDATION, INC. 22-352	5125	Pa	age 5
<u>Par</u>	t 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)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had	├ <del>``</del>		
	advisory privileges? If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A		1	
14	The books are in care of ► LONNIE WOLLIN Telephone no. ► (201) 816-8	404		
	Located at ► 124 PROSPECT ST., RIDGEWOOD NJ ZIP+4 ► 07450			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			
	and enter the amount of tax-exempt interest received or accrued during the year • 15			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Χ
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of		流流	
	the foreign country			
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	拉拉	Yes	No
1a	During the year did the foundation (either directly or indirectly).	<b>5</b> 74		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No	馬伯		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		1	
	(5) Transfer any income or assets to a disqualified person (or make any of either available		3	
	for the benefit or use of a disqualified person)?	223		3
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	) A+5+7	الماسي ال	3,24
	if the foundation agreed to make a grant to or to employ the official for a period	75 31 P		Frt
	after termination of government service, if terminating within 90 days )		'	!
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	63. L	1.54	اران المنطقة
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here	v. 15		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?		30.	THE STATE OF THE S
,	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	1c	GIE.	TOWNS
4	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d		響	<b>公园</b>
	and 6e, Part XIII) for tax year(s) beginning before 2011?		泛	
	If "Yes," list the years 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)	耀		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions )	2b	N/A	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<b>▶</b> 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
L	enterprise at any time during the year?			
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)		本	
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011)	199	就經	
la			N/A	<del></del>
⊦a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	4a	18 18 18 18 18 18 18 18 18 18 18 18 18 1	X Establi
-	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X
				/ \

-om	1 990-PF (2011) THE STEVEN J LEVINSON N	MEDICAL RESEARC	CH FOUNDATION,	INC.	22-35	<u> 25125                                  </u>	Page <b>b</b>
Pa	rt VII-B Statements Regarding Activiti	es for Which Forn	n 4720 May Be R	equired (continued	)		
5a	During the year did the foundation pay or incur any	amount to:				200	
	(1) Carry on propaganda, or otherwise attempt to	o influence legislation (	section 4945(e))? .	· · Yes	X No		14.B
	(2) Influence the outcome of any specific public	election (see section 4	955); or to carry	_			
	on, directly or indirectly, any voter registration	n drıve? .		Yes	X No		125
	(3) Provide a grant to an individual for travel, stu	ıdy, or other simılar pur	poses?	Yes	X No		
	(4) Provide a grant to an organization other than	a charitable, etc , orga	anization described		_	23, 23, 100 to 46	1.4.2
	in section 509(a)(1), (2); or (3), or section 49-	40(d)(2)? (see instructi	ons) , .	·	X No	3.1	拉马
	(5) Provide for any purpose other than religious, educational purposes, or for the prevention of			· · Yes	X No	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b	If any answer is "Yes" to 5a(1)-(5), did any of the t	transactions fail to qual	ify under the exception	ons described in		<b>一位推</b>	
	Regulations section 53.4945 or in a current notice	regarding disaster ass	istance (see instruction	ons)?		5b N/A	
	Organizations relying on a current notice regarding	disaster assistance cl	neck here		• 🗌	が選びる	F - 3
C	If the answer is "Yes" to question 5a(4), does the for	oundation claim exemp	otion from the				
	tax because it maintained expenditure responsibilit	ty for the grant?		Yes	∐ No		16.1
	If "Yes," attach the statement required by Regulation	ons section 53 4945–5	(d)			2.1	1 64
Зa	Did the foundation, during the year, receive any fur	nds, directly or indirect	ly, to pay			Estate State	
	premiums on a personal benefit contract?	•		· Yes	X No	Edi Der	125 3
b	Did the foundation, during the year, pay premiums	, directly or indirectly, o	on a personal benefit	contract?		6b	X
	If "Yes" to 6b, file Form 8870						1
	At any time during the tax year, was the foundation	, , ,			X No	The Wind	1 医香味剂
_	If "Yes," did the foundation receive any proceeds of				<del></del>	7b	
P	Information About Officers,	Directors, Truste	es, Foundation	Managers, Highly	Paid Er	nployees,	
_	and Contractors	-4:	al 41	41 4 1 4 41			
1	List all officers, directors, trustees, found	ation managers and (b) Title, and average	(c) Compensation	(d) Contributions to			
	(a) Name and address	hours per week devoted to position	(If not paid, enter	employee benefit plan and deferred compensat	5	other allowanc	
SCI	HEDULE ATTACHED	.00	0		0		0
					Ì		
		00	0	<u> </u>	0		0
		00	0		_ 0		0
		.00	0	]			0
2	Compensation of five highest-paid employ enter "NONE."	·	ose included on li	ne 1—see instructio	ns). If no	one,	
		(b) Title, and avera		(d) Contributions	to		
(a)	Name and address of each employee paid more than \$50,		(c) Compensati	on employee benefit plans and deferre compensation		e) Expense acco other allowanc	
10	NE .	_					
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	<del></del>	<del></del>		<del></del>			
			ĺ				
ot	al number of other employees paid over \$50,0						0
					[		( )

Form **990-PF** (2011)

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)  3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."  (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation  NONE  0  10  10  10  10  10  10  10  10  10	Form 990-PF (2011	1) THE STEVEN J LEVINSON MEDICAL RESEARCH FOL	INDATION, INC.	22-3525125 Page 7
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."  (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation  NONE 0  0  10  10  10  10  10  10  10  10  1	Part VIII	Information About Officers, Directors, Trustees, Fo	oundation Managers, Highly Pai	d Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."  (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation  NONE 0  0  10  10  10  10  10  10  10  10  1		and Contractors (continued)		• •
(a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation  O  O  Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities  List the foundation's four largest direct chantable activities during the tax year include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc  Expenses  1  2  3 4	3 Five highe		nstructions). If none, enter "NONE."	
NONE  O  O  Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activites during the tax year include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc  Expenses  1  2  4				(c) Compensation
Total number of others receiving over \$50,000 for professional services > 0  Part IX-A Summary of Direct Charitable Activities  List the foundations four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc  2  3 4				
Total number of others receiving over \$50,000 for professional services   Part IX-A Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc  Expenses  2  3 4				0
Total number of others receiving over \$50,000 for professional services   Part IX-A Summary of Direct Charitable Activities  List the foundation's four largest direct chantable activities during the tax year include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc  Expenses  2  4				0
Total number of others receiving over \$50,000 for professional services   Part IX-A Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc  1  2  3  4			- <del></del>	0
Total number of others receiving over \$50,000 for professional services . ▶ 0  Part IX-A Summary of Direct Charitable Activities  List the foundation's four largest direct chantable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc  1  2  3  4				0
Part IX-A Summary of Direct Charitable Activities  List the foundation's four largest direct chantable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.  1 2 4				0
List the foundation's four largest direct chantable activities during the tax year include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc  1 2 3 4	Total number	of others receiving over \$50,000 for professional services .		0
the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc  1 2 3 4	Part IX-A	Summary of Direct Charitable Activities		
1				Expenses
2	4	<u> </u>	- <del></del>	
3	*			
4				
3	2			
4				
4				
4	3			
	4			
Part IX-B Summary of Program-Related Investments (see instructions)				
Part IX-B Summary of Program-Related Investments (see instructions)				
Tartix 5 Cultimary of Fregram rectated investments (see instructions)	Part IX-B	Summary of Program-Related Investments (see ins	structions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  Amount	Describe the two I	largest program-related investments made by the foundation during the tax year of	on lines 1 and 2	Amount
1	1			
2				
<u> </u>		•		
All other program-related investments. See instructions	All other program-	-related investments See instructions		
3	3			
				_
Total. Add lines 1 through 3	Total. Add line	es 1 through 3		

Form 990-PF (2011)

Form	990-PF (201,1) THE STEVEN J LEVINSON MEDICAL RESEARCH FOUNDATION, INC.	22-3	525125 Page <b>8</b>
Pa	rt X Minimum Investment Return (All domestic foundations must complete this part. Foreign	founda	
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	A4.44	
	purposes:	2.3	
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	1,346,804
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	1,346,804
е	Reduction claimed for blockage or other factors reported on lines 1a and	1 2 2	
	1c (attach detailed explanation)	4	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,346,804
4	Cash deemed held for charitable activities. Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	20,202
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,326,602
6	Minimum investment return. Enter 5% of line 5	6	66,330
Par	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here  and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	66,330
2a	Tax on investment income for 2011 from Part VI, line 5	5-35	
b	Income tax for 2011. (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	115
3	Distributable amount before adjustments Subtract line 2c from line 1	3	66,215
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	66,215
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	66,215
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	£ . 4, . , 1	
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	74,000
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		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

income Enter 1% of Part I, line 27b (see instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4 .

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

4

5

6

Form 990-PF (2011)

5

6

74,000

73,885

115

		(a)	(b)	(c)	(d)
1	Distributable amount for 2011 from Part XI, line 7	Corpus	Years prior to 2010	2010	2011
2	Undistributed income, if any, as of the end of 2011.	Activity of the	English Table 18 18 18 18	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	66,215
a	Enter amount for 2010 only	Fred Miles of the Contract		57.052	Taring Care and the
b		产品。如果中国"····································	0		Part of the same
3	Excess distributions carryover, if any, to 2011	F. 10 2 1	A THE OF LIVE AND A THE A	1	- E
а	From 2006	O The second	المراجعين المراجع المر		1 3 m. 8 6 8 g co 1 3 8 1 g
b	From 2007		· 建二分的		
С	From 2008				F . 4. at 1
đ	From 2009			J. 15.	
е	From 2010	O Comment of the state of the s	A Pour	t from the transfer to the tra	Sandara Ca
f	Total of lines 3a through e	0	2 2 2 3	12. (1. 2. 4. 4. 3. 4. 4.)	The state of the s
4	Qualifying distributions for 2011 from Part			The state of the s	P. S.
	XII, line 4 <sup>·</sup> ► \$ 74,000				The same of the sa
а	Applied to 2010, but not more than line 2a .	· 一种 · · · · · · · · · · · · · · · · · ·		57,052	100
þ	Applied to undistributed income of prior years		_		The state of the state of
	(Election required—see instructions)	EMPRISE ET LAND.	0 बिट विस्तर स्टूबर के क्यूक्टिक्का के		
С	·- ·· · · · · · · · · · · · · · · · · ·			10 m m m m m m m m m m m m m m m m m m m	
	required—see instructions)	WATER PARTY OF THE	Brank - Burk a dente	الكريم والمراج	10.040
a	Applied to 2011 distributable amount .	CARREST CONTRACTOR	7 40Hd 10 15 1 15 1		16,948
_ e	Remaining amount distributed out of corpus  Excess distributions carryover applied to 2011.	<u> </u>	Produced State of the	المسائد المساسطة	EN 77 200 1 500 1 7 50
5	(If an amount appears in column (d), the	But below filter has been a	E	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
	same amount must be shown in column (a) )			li de la	a dimension of the
6	Enter the net total of each column as		*** ***	, ,	, , ,
	indicated below:		. *		
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0	·	<u>,</u>	
b	Prior years' undistributed income Subtract	Children and the light			
	line 4b from line 2b	Ed	0	<u> </u>	
С	Enter the amount of prior years' undistributed	新·李·哈·安·安			1427 314
	income for which a notice of deficiency has	100 100 100 100 100 100 100 100 100 100			
	been issued, or on which the section 4942(a)				
	tax has been previously assessed	The same of the same		1	4.3.4
d	Subtract line 6c from line 6b. Taxable				4 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	amount—see instructions	The state of the s	0	ت با	E TOTAL T
е	Undistributed income for 2010. Subtract line		Maria Con La Con	i	1
	4a from line 2a Taxable amount—see			•	
£	Undistributed income for 2011. Subtract	William Control	17.1	H to war to the state	<u>[ فرشهمائیا</u>
•	lines 4d and 5 from line 1. This amount must				
	be distributed in 2012	Today a mile			49,267
7	Amounts treated as distributions out of	LE BER GLE LAND AND	ない。ショウ · の品を作って	(1)	<b>149,207</b>
•	corpus to satisfy requirements imposed by		The state of the s		
	section 170(b)(1)(F) or 4942(g)(3) (see instructions).				
8	Excess distributions carryover from 2006				<u>हर्म् व्यक्तिकातः चार</u>
	not applied on line 5 or line 7 (see instructions)	o	Santania on anna a	The same of the sa	
9	Excess distributions carryover to 2012.			ET TO THE TOTAL THE TOTAL TO TH	高 原生等 不可
	Subtract lines 7 and 8 from line 6a	0	HEATT MENTAL SE	The state of the	Commence of the
10	Analysis of line 9			STATE OF THE PARTY	
а	Excess from 2007	回避免制造			
b	Excess from 2008 .				
C		olegation			
d					
ее	Excess from 2011 .	0 医硫酸素素		於其他是於於	是是與國際的

	1 990-PF (2011) THE STEVEN J LEVINSON				22-352	
	t XIV Private Operating Foundations (S			uestion 9)		N/A
1 a	If the foundation has received a ruling or determination, and the ruling is effective for 2011, enti-		•		NI/A	
h	Check box to indicate whether the foundation is a		•	section	N/A 4942(J)(3) or	4942(j)(5)
	Enter the lesser of the adjusted net	· · · · · · · · · · · · · · · · · · ·		<del></del>	4342()(3) 01	4942()(3)
	income from Part I or the minimum	Tax year (a) 2011	(b) 2010	Prior 3 years	(d) 2008	(e) Total
	investment return from Part X for each year listed .	(a) 2011 0		(c) 2009	<del></del>	
<b>.</b>	year listed	0	0	0	0	<u>0</u> 0
	Qualifying distributions from Part XII,	0	0	0	0	0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	0	0	0	0	0
3 a	Complete 3a, b, or c for the alternative test relied upon: "Assets" alternative test—enter:					
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed .	0	0	0	0	0
С			<u>~</u>			
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Pa	rt XV Supplementary Information (Co			ndation had \$5,	000 or more in	
	assets at any time during the ye		tions.)			
	Information Regarding Foundation Manag List any managers of the foundation who have con before the close of any tax year (but only if they ha	ntributed more than 2 ave contributed more			the foundation	
	List any managers of the foundation who own 10%				ortion of the	
	ownership of a partnership or other entity) of which	i die loulidadon nas	a 10% or greater in	ieresi.		
2	Information Regarding Contribution, Gran Check here ► X if the foundation only makes unsolicited requests for funds. If the foundation may other conditions, complete items 2a, b, c, and d	contributions to pres akes gifts, grants, etc	selected charitable (c) (see instructions)	organizations and do to individuals or org		
а	The name, address, and telephone number of the	person to whom app	lications should be	addressed <sup>.</sup>		
t	The form in which applications should be submitte	d and information an	d materials they sh	ould include.		
	Any submission deadlines	· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>	
	Any restrictions of limitations on sured and	hu goographical acce	n chamballa 5-13	lendo of institution	a. atha-	
C	Any restrictions or limitations on awards, such as factors:	uy geograpnicai area	is, chantable fields,	kings of institutions,	or otner	

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During th	ie Year or Approved	TOT Future	rayment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	<u> </u>	
a Paid during the year COLUMBIA UNIVERSITY	N/A	PUBLIC	RESEARCH	10,000
NY NY ISRAEL CANCER RESEARCH FUND	N/A	PUBLIC	RESEARCH	64,000
NYNY				
		<u> </u>	ŀ	
	£1.			
	į.			
	,			
	Į.			
Total	·		<b>▶</b> 3a	74,000
b Approved for future payment				. ,,,,,,
	(		<u> </u>	
		]		
Total	<u> </u>	<u> </u>	▶ 3b	

Part XVI-A Analysis of Income-Producing Activ	rities	<del> </del>	-		
Enter gross amounts unless otherwise indicated.		siness income	Excluded by section	n 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a		0	<del></del>	0	0
b		0		0	
c		0		0	0
d		0		0	0
е		0		0	0
f		0		0	0
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities .					
5 Net rental income or (loss) from real estate:	速松本語話	語が記れる。	THE REAL PROPERTY.	過程的重視	<b>新華語語</b>
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property	L				
<b>7</b> Other investment income					
8 Gain or (loss) from sales of assets other than inventory				0	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a		0		0	0
b		0		0	<del></del>
c		0		0	<del></del>
d		0		0	<del></del>
e	5 17 1	0		0	<del></del>
		0	Tel armilla:	0	<del></del>
13 Total. Add line 12, columns (b), (d), and (e) . (See worksheet in line 13 instructions to verify calculations.)				13	0
	omnliahmant	of Everent D		<del></del>	<del></del>
Part XVI-B Relationship of Activities to the Acc					
the accomplishment of the foundation's exempt p					ictions )
		, p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	<del></del>				
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Į.	<del></del>				<del></del>

Form 990-PF (2011) THE STEVEN J LEVINSON MEDICAL RESEARCH FOUNDATION, INC. 22-3525125

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** 

1		organization directly on 501(c) of the Code									Yes	No
	organiz	zations?						_				
а		ers from the reporting										
		sh						•		1a(1)		X
<b>L</b>		ner assets ransactions:						•		1a(2)	estime.	X
D		ransactions: les of assets to a non	charitable ex	emnt organization					1	選託 1b(1)		X
		rchases of assets from								1b(2)	<u></u>	X
		ntal of facilities, equip								1b(3)		X
		imbursement arrange								1b(4)	, ;	Х
	(5) Loa	ans or loan guarantee	s							1b(5)		Х
		rformance of services								1b(6)		X
		g of facilities, equipme	=							1c		<u> </u>
d	value o	nswer to any of the al of the goods, other as on any transaction or s	sets, or service	es given by the re	porting foundati	ion. If th	ne foundation re	céi	ved less than	fair m	arket	I.
(a)	Line no	(b) Amount involved	(c) Name	of noncharitable exempt	organization	(d) Des	scription of transfers,	, trai	nsactions, and sh	aring arra	ngem	ents
		0										
		0			<del></del>		<del></del>					
		0										
	-	0	<del> </del>		-							
-		0		<del></del>								
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		0	<del> </del>									
		0					<del></del>					
_	-+	<u>_</u>	<del> </del>	<del></del>				_				
 2a	Is the fo	oundation directly or i	ndirectly affilia	ated with, or relate	d to, one or mo	re tax-e	exempt organiza	itio	 ns			
	describ	ed in section 501(c) o	of the Code (c	other than section 5						es X	No	
		(a) Name of organization		(b) Type	of organization		(c)	Des	cription of relatio	nship		
_								_				
		<del> </del>	_ <del>_</del>				L					
_		<del></del>					<del></del>					
_				<del></del>	<del></del>		<del></del>	_				
	Und	der penalties of perjury, I declare to	hat I have examined t	this return, including accompa	anying schedules and sta	atements, ar	nd to the best of my know	/ledg	and belief, it is true			
	gn ere	rect, and complete Declaration of Declaration of Declaration of Declaration of Officer or trustee	won	(axpayer) is based on all infor	PRESIDI	•	nowledge	-	May the IRS d with the prepa instructions)?		b <u>elov</u>	
_		Print/Type preparer's na		Preparer's signature			Date	Τ-		PTIN		
Pa	id	, , po propurer o ric			61.11	1/		) (	Check if			
Pre	eparer	LONNIE WOLLIN		<del></del>	e Woll	<u>L'_</u>	11/16/2012	۽ إ	self-employed	P0128	2474	
	e Only	/ Firm's name ► LO	NNIE E WOL					Fır		3-33 <u>68</u> 0		
		Firm's address > 89	5TH Avenue	Rm 400, New Yor	k, NY 10003			Ph	one no (212	785-2	<u>610</u>	

# Line 18 (990-PF) - Taxes

I EVEN J LEVINSON MEDICAL RESEARCH FOUNDATION, INC

Revenue Revenue Description per Books Income tax not included in line 20 500 FLAWARE FRANCHISE TAX DELAWARE REP FEE DELAWARE REP FEE DELAWARE Rep FEE DELAWARE Not fine 20 500 FLAWARE Rep FEE DELAWARE Rep FEE FEE FEE FEE FEE FEE FEE FEE FEE FE			500	0	0	
DELAWARE REP FEE   Description   Der Books   Income   Net Income		:	Revenue and Expenses	Net Investment	Adjusted	Disbursements for Charitable
Tax on investment income Income tax Income tax DELAWARE FRANCHISE TAX DELAWARE REP FEE		Real estate tax not included in line 20	per Books	Income	Net Income	Purposes
		Tax on investment income	200			
<ul> <li>4 DELAWARE FRANCHISE TAX</li> <li>5 DELAWARE REP FEE</li> <li>7</li> <li>8</li> <li>9</li> <li>10</li> </ul>	_	Income tax				
		DELAWARE FRANCHISE TAX				
		DELAWARE REP FEE				
0						
	_					
0	(					
	0					

PART VIII line 1a	TITLE	TITL	E	COMPENSATION	BENEFITS	EXPENSE ACCT
		<del></del>				
BEDE LEVINSON	DIRECTOR	PRES	P/T	0	0	0
7 TIMBER TRAIL RYE, NY 10508						
KTE, NT 10506						
JAMES DUBIN	DIRECTOR	VP	P/T	0	0	0
NY, NY						
SUSAN DUBIN	DIRECTOR	VP	P/T	0	0	
NY, NY	DIRECTOR	VF	-71			
141,141						
LEANDRO P RIZZUTO	DIRECTOR		_	0	0	0
NY, NY		<u> </u>				<del></del>
		<del> </del>				
MATTHEW LEVINSON	DIRECTOR	VP	P/T	0	0	
9 Cider Mill Circle						
Armonk, NY 10504						
	DIDEOTO D	ļ				
ETHAN LEVINSON RYE BROOK, NY	DIRECTOR	VP	P/T	0	0	0
KTE BROOK, NT						
RACHEL BAILINE	DIRECTOR	VP	P/T	0	0	0
MIAMI, FL						
		<del></del>				<del> </del>
LONNIE WOLLIN	DIRECTOR	SECY-TREASU	RER P/T	0	0	0
89 Fifth Avenue						
Room 400						
NEW YORK, NY 10003						

(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

• If	ou are	e filing for an Additional (Not Automatic)	3-Month E	lete only Part I and check this box	of this t	form).	. ► X			
a corp 8868 Retur instru	ooratio to requ n for T ctions)	n required to file Form 990-T), or an additing the set an extension of time to file any of the ransfers Associated With Certain Personal. For more details on the electronic filing of	onal (not a forms liste Il Benefit C of this form	f you need a 3-month automatic extension of to automatic) 3-month extension of time. You can d in Part I or Part II with the exception of Form contracts, which must be sent to the IRS in page, visit www.irs.gov/efile and click on e-file for the	electro 8870, per form	onically fi Informat mat (see	ile Form tion			
Par		Automatic 3-Month Extension of T								
		n required to file Form 990-T and requesti		omatic 6-month extension—check this box and	comp	lete	. —			
	only .			· · · · · · · · · · · · · · · · · · ·			. ▶ 📋			
		· · · · · · · · · · · · · · · · · · ·	rsnips, RE	MICs, and trusts must use Form 7004 to reque	est an	extensioi	1 of			
time t	o tile if	ncome tax retums.		F-A Fitz-d- 1d At-	<b>e</b> .•		1			
Type		Name of exempt organization or other filer, se	e instruction	Enter filer's identi						
Type	Of	THE STEVEN J LEVINSON MEDICAL RE		( <del></del>	r identification number (EIN) or 525125					
print File by:	the	Number, street, and room or suite no. If a P.O.				number (	SSN)			
due dat		Jeourny	mannoer (	0011)						
filing you	OUT COL. WOLLIN OF FIFTH AVENUE, ROOM NO. 400									
instruct		NEW YORK	J	NY	10	003-3020	)			
Enter			on is for (fil	e a separate application for each return).			04			
Appl	ication	1	Return	Application			Return			
Is Fo			Code	Is For	1	Code				
Form	990		01	Form 990-T (corporation)		07				
	990-B	L	02	Form 1041-A						
Form	990-E	Z	01	Form 4720						
Form	990-P	F	04	Form 5227						
Form 990-T (sec. 401(a) or 408(a) trust)			05	Form 6069	11					
Form	990-T	(trust other than above)	06	Form 8870			12			
Te If t If t	lephon he orga his is fo whole th the r I requo until	or a Group Return, enter the organization' e group, check this box ▶ ☐ . names and EINs of all members the exten est an automatic 3-month (6 months for a	of busines s four digit If it is for p sion is for. corporatio	FAX No. ▶ ss in the United States, check this box Group Exemption Number (GEN) part of the group, check this box	►	If the	attach a			
	Change in accounting period									
b	If this	application is for Form 990-PF, 990-T, 472								
		ated tax payments made. Include any prior			3b	\$	378			
C				payment with this form, if required, by using						
<u> </u>		S (Electronic Federal Tax Payment Syster			3c	\$	200			
vautic	ın. II yo	u are going to make an electronic fund withdra\	wai with this	Form 8868, see Form 8453-EO and Form 8879-EO	ror pa	vment inst	ructions.			