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Form **990-PF**

Return of Private Foundation

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

Department of the Treasury
Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2010

OMB No 1545-0052

| For cal | endår year 2010, or ta | x year beginning | , and ending | | | | |
|--|---|--|---|---------------------------|---|---|--|
| G Che | ck all that apply: | Initial return | | ormer public charity | Final retur | n | |
| | | Amended return | Address chan | ge | Name change | | |
| Name | of foundation | | | | A Employer identification | n number | |
| | LIPPY F | OUNDATION | | | 23-7003983 | 2 | |
| Numbe | , | mber if mail is not delivered to stree | | Room/suite | B Telephone number | | |
| | _ | LES CORTLAND E | RD NE, SUITE | B | (330) 856 | | |
| City or | town, state, and ZIP c | | | | C If exemption application is | | |
| L | WARREN, | | | | D 1. Foreign organization | | |
| | ck type of organization: | Section 501(c)(3) e exempt charitable trust | xempt private foundation Other taxable private founda | | 2. Foreign organizations m check here and attach o | omputation | |
| | market value of all asse | | | Accrual | E If private foundation st | | |
| | n Part II, col (c), line | | Other (specify) | L Accidal | under section 507(b)(1 | | |
| ▶\$ | | 523,377. (Part I, cold | | basis.) | F If the foundation is in a under section 507(b)(1 | | |
| Part | Analysis of Reven | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net | (d) Disbursements for charitable purposes (cash basis only) | |
| | | grants, etc., received | 820. | | N/A | (Cash Dasis Only) | |
| 2 | Check X if the fo | undation is not required to attach Sch. B | | | | | |
| _8 | Interest on savings and cash investments | temporary | 3,300. | 3,300. | | STATEMENT 1 | |
| 4 | Dividends and intere | est from securities | 5,350. | 4,991. | | STATEMENT 2 | |
| 5 | a Gross rents | | <1,022. | > <1,022. | > | STATEMENT 3 | |
| | b Net rental income or (los | ss) <1,022.> | | | | <u> </u> | |
| g 6 | Net gain or (loss) from s Gross sales price for all | | 1,078. | | | - | |
| Revenue | D assets on line 6a | 4,094. | | 1 070 | | | |
| 7 Be | | | | 1,078. | | - | |
| ٩ | | J | | | | | |
| 10 | Gross sales less returns | <u>. </u> | | | | | |
| | and allowance ECE | | | | | | |
| | c Gross profit or (loss | | | | | | |
| 11 | I ÒMEE∱incoMOV ∬ | 6 2011 O | 5,315. | 5,315. | | STATEMENT 4 | |
| 12 | CHARLE COMM. | | 14,841. | 13,662. | <u></u> | | |
| 13 14 | | sparectors, trustees, etc ries and wages— | 0. | 0. | | 0. | |
| _ω 15 | | loyee benefits | | | | | |
| ~ | a Legal fees | േന്ന 5 | 1 660 | | | | |
| 8 | b Accounting feesc Other professional fe | SIMI J | 1,660. | 830. | | 830. | |
| 의 일 17 | • | 368 | 1,074. | 1,074. | | 0. | |
| . § 18 | | STMT 6 | 491. | 291. | | 200. | |
| | | | | | | 200. | |
| <u>िंह</u> 20 | | | | | | | |
| . ¥ 21 | Travel, conferences, | and meetings | | | | | |
|) E 22 | Printing and publica | | | | | | |
| <u>⊂</u> g 23 | • | STMT 7 | 9,447. | 9,447. | | 0. | |
| _te 24 | | | 10 650 | 11 640 | | | |
| Ö, | expenses Add lines | | 12,672. | 11,642. | | 1,030. | |
| 25 | · = · | • | 56,877. | | | 56,877. | |
| 26 | Add lines 24 and 25 | | 69,549. | 11,642. | | 57,907. | |
| 26 A CAN TO be rating and Administrative Exp 52 55 51 50 51 51 51 51 51 51 51 51 51 51 51 51 51 | | | 0,7,34,7, | 11,042. | | 31,307. | |
| | | expenses and disbursements | <54,708. | > | | | |
| | b Net investment inco | • | | 2,020. | | | |
| 022501 | c Adjusted net income | (if negative, enter -0-) | | | N/A | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 30 | | |
|---|---|---|----------|
| | (must agree with end-of-year figure reported on prior year's return) | 1 | 607,172. |
| 2 | Enter amount from Part I, line 27a | 2 | <54,708. |
| 3 | Other increases not included in line 2 (itemize) | 3 | 0. |
| 4 | Add lines 1, 2, and 3 | 4 | 552,464. |
| 5 | Decreases not included in line 2 (itemize) | 5 | 0. |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 552,464. |

| | 1 990-PF (2010) LIPPY FOUNDATION 23 - 7 ort VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - | 70039 see in | 982 Istru | ıctio | Page 4 |
|-----------|---|-----------------|--------------|----------|-----------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here \(\bigs\) and enter "N/A" on line 1. | | | | , |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% | | | | 20. |
| | of Part I, line 27b | | _ | | |
| C | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | | 0. |
| 3 | Add lines 1 and 2 | | | - | 20. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | _ | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | | | 20. |
| 6 | Credits/Payments: | | | | |
| а | 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 3,724. | | | | |
| b | Exempt foreign organizations - tax withheld at source | | | | |
| С | Tax paid with application for extension of time to file (Form 8868) | | | | |
| d | Backup withholding erroneously withheld 6d | | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | | | 3,7 | 24. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 | | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | - | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | 3.7 | 04. |
| 11 | Enter the amount of line 10 to be: Credited to 2011 estimated tax | | | | 0. |
| Pa | rt VII-A Statements Regarding Activities | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | | | Yes | No |
| | _any_political campaign? | | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? | | 1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or | | | | |
| | distributed by the foundation in connection with the activities | | | | |
| C | Did the foundation file Form 1120-POL for this year? | L | 1c | | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | |
| | (1) On the foundation. \triangleright \$ 0 . (2) On foundation managers. \triangleright \$ 0 . | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | ŀ | | | |
| | managers. ► \$0 . | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | L L | 2 | | <u> </u> |
| | If "Yes," attach a detailed description of the activities | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | | | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | L | 3 | | <u> X</u> |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | . | 4a | | <u> </u> |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | 'A | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | F | 5 | | <u> </u> |
| _ | If "Yes," attach the statement required by General Instruction T. | | l | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | |
| | By language in the governing instrument, or Postate level to a first a first and a first a first and a first a f | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law | | | | |
| - | remain in the governing instrument? | - | 6 | <u>X</u> | |
| ′ | Did the foundation have at least \$5,000 in assets at any time during the year? | - | 7 | X | |
| 0. | If "Yes," complete Part II, col. (c), and Part XV | | | | |
| ъa | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | |
| L | OH If the appropriate line 7 has the foundation formulation of Farm 200 DE to the Attention On the Indian | — I | | | |
| D | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | _ | ,, | |
| _ | of each state as required by General Instruction G? If "No," attach explanation | - | 8b | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar | | | | |
| 40 | year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV | - | 9 | | <u>X</u> |
| <u>10</u> | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | 10 | | X |

| Part VII-B Statements Regarding Activities for Which | Form 4720 May Bo | Poguired (see | <u> 23 - 70039</u> | <u>84 P</u> | 'age 6 | | | |
|---|--|-----------------------------|--|----------------------|---------------|--|--|--|
| | FUITH 4/20 May be | nequired (contin | uea) | | | | | |
| 5a During the year did the foundation pay or incur any amount to: | 4045/-\\0 | Π., | es X No | | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section). | ` '' | | es LALINO | | | | | |
| (2) Influence the outcome of any specific public election (see section 4955); | , or to carry on, directly of mul | | es X No | | | | | |
| any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purpose | 200 | | es X No | | | | | |
| | | 16 | S LAL NO | | | | | |
| (4) Provide a grant to an organization other than a charitable, etc., organizat | ion described in section | | es X No | | | | | |
| | 509(a)(1), (2), or (3), or section 4940(d)(2)? | | | | | | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literar | y, or educational purposes, or | | | | | | | |
| the prevention of cruelty to children or animals? | | | es X No | | | | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u | • | in Regulations | 37/3 | _ | | | | |
| section 53.4945 or in a current notice regarding disaster assistance (see inst | • | | N/A | 5b | | | | |
| Organizations relying on a current notice regarding disaster assistance check | | | | | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption | | | | | | | | |
| expenditure responsibility for the grant? | | N/A L Ye | es L No | | | | | |
| If "Yes," attach the statement required by Regulations section 53 49 | • • | | | | | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | o pay premiums on | | | | | | | |
| a personal benefit contract? | | Ye | es 🗶 No | | | | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a | personal benefit contract? | | ļ | 6b | <u>X</u> | | | |
| If "Yes" to 6b, file Form 8870 | | | 77 | | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax | | Y6 | es X No | | | | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attril | | anagam Highli | | 7b | | | | |
| Part VIII Paid Employees, and Contractors | stees, Foundation Mi | anagers, mgm | , | | | | | |
| 1 List all officers, directors, trustees, foundation managers and their | r compensation. | | | | | | | |
| () Managed address | (b) Title, and average hours per week devoted | (c) Compensation | (d) Contributions to employee benefit plans | (e) Expe account, | inse other | | | |
| (a) Name and address | to position | (If not paid, enter -0-) | and deferred compensation | allowan | Ces | | | |
| WILLIAM H LIPPY | TRUSTEE | | | | - | | | |
| 3893 EAST MARKET STREET | | | | | | | | |
| WARREN, OH 44484 | 0.00 | 0. | 0. | | 0. | | | |
| SANDRA LIPPY | TRUSTEE | | | | | | | |
| 3893 EAST MARKET STREET | | | | | | | | |
| WARREN, OH 44484 | 0.00 | 0. | 0. | | <u>0.</u> | | | |
| STEPHEN R. LIPPY | TRUSTEE | | | | | | | |
| 3893 EAST MARKET STREET | | | | | | | | |
| WARREN, OH 44484 | 0.00 | 0. | 0. | | <u>0.</u> | | | |
| | | İ | | | | | | |
| | - | | | | | | | |
| 2 Compensation of five highest-paid employees (other than those in | ncluded on line 1). If none | . enter "NONE." | ~ | | | | | |
| | (b) Title, and average | | (d) Contributions to | (e) Expe | nșe: | | | |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | employee benefit plans and deferred compensation | account, allowan | otner ces | | | |
| NONE | • | | | | _ | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | 1 | | | | | | |
| | 1 | | | | | | | |
| | 4 | | | | | | | |
| | | | | | | | | |
| | \dashv | | | | | | | |
| Total number of other employees paid over \$50,000 | <u> </u> | | | <u> </u> | 0 | | | |
| | | | | | <u> </u> | | | |

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|--|----------|-------------------|-----------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High Paid Employees, and Contractors (continued) | | | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." | | | |
| (a) Name and address of each person paid more than \$50,000 (b) Type of se | rvice | (c) Com | pensation |
| NONE | | | _ |
| | | | |
| | | | |
| | | | |
| | | | |
| | _ | | |
| | | | |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities | | • | 0 |
| 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 beneficiaries served, conferences convened, research papers produced, etc. | | Expense: | S |
| 1 N/A | | | |
| | | | |
| 2 | | <u> </u> | |
| | | | |
| 3 | | | |
| | | | |
| 4 | | | |
| | | | |
| 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 and 2. 1 N/A | | Amount | _ |
| N/A | | | |
| 2 | | | |
| | | | |
| All other program-related investments. See instructions. | - | | |
| 3 | | | |
| | | | |
| Total, Add lines 1 through 3 | • | Form 000 F | 0. |
| | | Form 990-F | T (2010) |

| LP | 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: | | |
| a | Average monthly fair market value of securities | 1a | 647. |
| b | Average of monthly cash balances | 1b | 647. 9,112. |
| C | Fair market value of all other assets | 1c | 512,070. |
| d | Total (add lines 1a, b, and c) | 1d | 521,829. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | <u>,</u> |
| | 1c (attach detailed explanation) 1e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 521,829. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 7,827. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 514,002. |
| 6 | Minimum investment return Enter 5% of line 5 | 6 | 25,700. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.) | nd certain | |
| 1 | Mınımum investment return from Part X, line 6 | 1 | 25,700. |
| 2a | Tax on investment income for 2010 from Part VI, line 5 | | |
| b | Income tax for 2010. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c | 20. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 25,680. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| _5_ | _Add lines 3 and_4_ | 5 | 25,680. |
| 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 | 25,680. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 57,907. 0. |
| 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 | |
| 4 | Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | <u>57,907.</u> |
| 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 | 20. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 57,887. |
| | Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of | qualifies for t | the section |

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|---|------------------|----------------------------|---------------------|-----------------|
| 1 Distributable amount for 2010 from Part XI, | 00.900 | Tours prior to 2000 | 2000 | 2010 |
| line 7 | | | | 25,680. |
| 2 Undistributed income, if any, as of the end of 2010 | | | | |
| a Enter amount for 2009 only | | | 0. | |
| b Total for prior years: | | | | |
| ,, | | 0. | | |
| 3 Excess distributions carryover, if any, to 2010: | | | | · |
| a From 2005 10,513. | | | | |
| b From 2006 29,071. | | | | |
| c From 2007 58,626. | | | | |
| d From 2008 | | | | |
| e From 2009 60,707. | | | | |
| f Total of lines 3a through e | 158,917. | | | |
| 4 Qualifying distributions for 2010 from | | | | |
| Part XII, line 4: ► \$ 57,907. | | | | |
| a Applied to 2009, but not more than line 2a | -·· -· | - | <u>0.</u> | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| _c_Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | 25 600 |
| d Applied to 2010 distributable amount | 32,227. | | | 25,680. |
| e Remaining amount distributed out of corpus | 0. | | | 0. |
| 5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a)) | | | - | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 191,144. | | _ | |
| b Prior years' undistributed income. Subtract | - | | | " |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously | | | | |
| assessed d Subtract line 6c from line 6b. Taxable | | 0. | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2009. Subtract line | | • | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2010. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2011 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2005 | | | | |
| not applied on line 5 or line 7 | 10,513. | | | |
| 9 Excess distributions carryover to 2011 | | | | |
| Subtract lines 7 and 8 from line 6a | <u> 180,631.</u> | | | |
| O Analysis of line 9: | | | | |
| a Excess from 2006 29,071. | | | | |
| b Excess from 2007 58,626. | | | | |
| c Excess from 2008 | | | | |
| d Excess from 2009 60,707. | | | | |
| e Excess from 2010 32,227. | | | | 5 000 DE (0040) |

| | OUNDATION | | | | 003982 Page 10 |
|---|-----------------------------|-----------------------------|-------------------------------|----------------------------|---------------------|
| Part XIV Private Operating F | oundations (see in | structions and Part V | II-A, question 9) | N/A | |
| 1 a If the foundation has received a ruling of | or determination letter tha | t it is a private operating | | | |
| foundation, and the ruling is effective fo | or 2010, enter the date of | the ruling | ▶ | | |
| b Check box to indicate whether the found | dation is a private operati | ng foundation described | in section | 4942(j)(3) or 4 | 942(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | _ | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | | | | | |
| line 4 for each year listed | | | | <u> </u> | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | | | |
| exempt activities | | | | <u>L</u> | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c | | | | <u> </u> | |
| 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 | rmation (Comple | te this part only | if the foundation | had \$5,000 or m | ore in assets |
| at any time during t | | | | • | |
| 1 Information Regarding Foundation | n Managers: | | | | |
| 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 n | | | , | | , |
| NONE | | | | | |
| b List any managers of the foundation wh | o own 10% or more of th | e stock of a corporation | (or an equally large porte | on of the ownership of a p | partnership or |
| other entity) of which the foundation ha | s a 10% or greater interes | st. | | | |
| NONE | | | | | |
| 2 Information Regarding Contribut | ion, Grant, Gift, Loan, | Scholarship, etc., P | rograms: | | |
| Check here 🕨 🔲 if the foundation of | only makes contributions | to preselected charitable | organizations and does r | not accept unsolicited req | uests for funds. If |
| the foundation makes gifts, grants, etc. | (see instructions) to indiv | iduals or organizations | under other conditions, co | omplete items 2a, b, c, an | d d |
| a The name, address, and telephone num | ber of the person to whor | n applications should be | addressed: | | |
| SEE STATEMENT 10 | | | | | |
| b The form in which applications should be | e submitted and information | tion and materials they s | hould include: | - | |
| c Any submission deadlines: | | | <u> </u> | | |
| | | | | | |
| d Any restrictions or limitations on awards | s, such as by geographica | ai areas, charitable fields | , kinds of institutions, or o | other factors: | |
| | | | | | |
| | | | | | |

| 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, | | | | | | | | |
|--|--|--------------------------------------|----------------------------------|--------|--|--|--|--|
| Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount | | | | |
| a Paid during the year | or substantial contributor | roopont | | | | | | |
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| SEE STATEMENT 11 | | | | 56 057 | | | | |
| total b Approved for future payment | | · · | ▶ 3a | 56,877 | | | | |
| ,, | | | | | | | | |
| | | | | | | | | |
| NONE | | | | | | | | |
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| | | | | | | | | |
| Total | | | ▶ 3h | 0 | | | | |

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

| nter gross amounts unless otherwise indicated | Unrelate | d business income | | ed by section 512, 513, or 514 | (e) | | |
|---|--------------------|-------------------|--|--------------------------------|---------------------------------------|--|--|
| • | (a) | (b) | (c) Exclu- | (d) | Related or exempt | | |
| 1 Program service revenue: | Business code | Amount | sion code | Amount | function income | | |
| a | | | | | | | |
| b | _ | | | | | | |
| C | | | | | | | |
| d | | | 1 1 | | · · · · · · · · · · · · · · · · · · · | | |
| | 1 | | 1 1 | | | | |
| e | _ | | | | | | |
| g Fees and contracts from government agencies | | - | 1 | | | | |
| 2 Membership dues and assessments | | · | | | | | |
| 3 Interest on savings and temporary cash | | | | | | | |
| investments | 1 | | 14 | 3,300. | | | |
| 4 Dividends and interest from securities | | | 14 | 4,991. | 359. | | |
| 5 Net rental income or (loss) from real estate: | | | - | | | | |
| a Debt-financed property | | · · · · · · · | 16 | <1,022. | <u> </u> | | |
| b Not debt-financed property | | | | 12,0220 | | | |
| 6 Net rental income or (loss) from personal | | | 1 1 | | | | |
| property | | | | | | | |
| 7 Other investment income | | | | | | | |
| 8-Gain or-(loss) from sales of assets other | | | | | | | |
| than inventory | | | 18 | 1,078. | | | |
| 9 Net income or (loss) from special events | | | 1 - 1 | | | | |
| O Gross profit or (loss) from sales of inventory | | | | | | | |
| 1 Other revenue: | | | | | | | |
| a MISCELLANEOUS | | | | | | | |
| b PASSTHROUGH INCOME | | | | | 5,315. | | |
| c | | | T | | | | |
| d | | | | | | | |
| e | | | | | | | |
| 2 Subtotal. Add columns (b), (d), and (e) | | 0. | | 8,347. | 5,674. | | |
| 3 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 14,021. | | |
| See worksheet in line 13 instructions to verify calculations. |) | | | | | | |
| | | | | | | | |

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

| FILE MO | , | | | | | | | | | | | | | | | |
|---------|--|---------|----------|----------|------------|--------|-------------|---------------|----------|--------|-----|-------------|-------|------|------|-------|
| | the f | oundati | on's exe | mpt purp | oses (othe | than ! | by providin | g funds for s | uch purp | oses). | | | | | | |
| 4 | THE | \$359 | 9 OF | ' INI | EREST | ' IN | 1COME | SHOWN | ON | LINE | 4, | COLUM | N E A | BOVE | IS | |
| 4 | FROM | A | ГАХ | FREE | MUTU | IAL | FUND | , SPEC | IFIC | ALLY | EX(| CLUDED | FROM | TAXA | TION | UNDER |
| | SECT | ION | 103 | (A) | OF TH | Œ J | INTERI | NAL RE | VENU | JE COI | DE. | | | | | |
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| Form 990 | | | FOUNDAT | | - | | | 7003982 | | age 13 |
|--|---|---------------|------------------------|----------------------|----------------------------------|-------------------|------------------------------------|----------------------|--|--------|
| Part > | | | | nsfers To | and Transactions | and Relati | onships With Non | charitabl | е | |
| | Exempt | _ | - | | | | | | N/ | l NI - |
| | - | - | | | ng with any other organiza | | n section 501(c) of | | Yes | NO |
| | | | | | 27, relating to political org | anizations? | | | | |
| | nsfers from the reporting | ng tounda | ition to a nonchari | table exempt or | ganization or: | | | 4.74 | | ١,, |
| | Cash | | | | | | | 1a(1) | <u> </u> | X |
| ٠, | Other assets | | | | | | | <u>1a(2)</u> | - | X |
| - | er transactions: Sales of assets to a no | oncharitah | la evemnt organiz | zation | | | | 15/13 | | v |
| | Purchases of assets for | | , - | | | | | 1b(1) 1b(2) | | X |
| | Rental of facilities, equ | | | i organization | | | | 1b(2) | | X |
| | Reimbursement arran | | JI 011101 433013 | | | | | 1b(4) | | X |
| | Loans or loan guarant | | | | | | | 1b(5) | | X |
| | Performance of service | | mbership or fundra | aising solicitatio | ons | | | 1b(6) | | X |
| | ring of facilities, equipr | | | | | | | 10 | | X |
| | | | - | | | always show the | e fair market value of the go | ods, other as | sets, | |
| | | | | | | | action or sharing arrangen | | | |
| colu | ımn (d) the value of the | e goods, c | other assets, or se | rvices received. | | | | | | |
| (a) Line no | (b) Amount invo | olved | (c) Name | of noncharitable | e exempt organization | (d) Desc | cription of transfers, transaction | s, and sharing a | rangeme | ents |
| | | | | N/A | | <u></u> | _ | | | |
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| 2a Is th | ne foundation directly o | or indirectl | ly affiliated with, or | r related to, one | or more tax-exempt orga | nızatıons descri | bed | | | |
| ın s | ection 501(c) of the Co | de (other | than section 501(| c)(3)) or in sec | tion 527 ? | | | Yes | X | ON [|
| b If "Y | es," complete the follow | wing sche | dule. | | | | | | | |
| | | me of orga | anization | | (b) Type of organization | 1 | (c) Description of rela | ationship | | |
| | | N/A | | | | <u> </u> | | | | |
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| | | | | | | <u> </u> | | | | |
| | I Inder penalties of perior | n/ I declare | that I have examined | I this return includ | ing accompanying schedules | and statements an | d to the best of my knowledge | and ballef it is tr | | |
| Sign | | | | | ased on all information of which | | | and belief, it is ti | ue, corre | Ct, |
| Here | | 1/ | 1 mm | _ | V III c | alu s | | | | |
| | Signature of offi | icer of trus | stee | | Date | ····· • | Title | | | |
| | Print/Type prep | | | Preparer's s | | Date | | PTIN | | |
| | , | | - | | • ··- | | self- employed | | | |
| Paid | H. SCO | тт м | ASTERS | 1 X Sea | 4mm | 9-11-9-11 | | | | |
| Prepa | | | | GENSEN | MASTERS & S | TAFMAN. | LL Firm's EIN ▶ | | | |
| Use C | Only | | | | | | | | | |

Firm's address ▶ 1620 NILES CORTLAND ROAD NE, STE B

WARREN, OH 44484

Form **990-PF** (2010)

(330) 399-2727

Phone no.

CONTINUATION FOR 990-PF, PART IV 23-7003982 PAGE 1 OF 1

| (a) List and describe the kind(s) of property sold, e.g , real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co. | | | P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr) |
|---|---|---|------------------------------|--|---------------------------------|
| 1a PRIME INVESTMENT GROUP - PASS-THROUGH | | | D Bollation | | 12/31/10 |
| b PRIME INVESTMENT GROUP - PASS-THROUGH | | | • | | $\frac{12}{31}$ |
| c 0.691 SHS EUROPACIFIC GROWTH FUND | | | P | 12/28/09 | |
| d 0.340 SHS GROWTH FUND OF AMERICA | | | P | 12/22/09 | |
| | INGTON MUTUAL IN | | P | | 03/25/10 |
| | OPACIFIC GROWTH | | P | | 03/25/10 |
| | WTH FUND OF AMER | | | | 03/25/10 |
| | HINGTON MUTUAL I | | | | 03/25/10 |
| <u> </u> | · | · · · · · · · · · · · · · · · · · · · | | | |
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| n | | | | | |
| 0 | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | Gain or (loss) lus (f) minus (g) | |
| a | | | | | 920. |
| b | | | | | 292. |
| c 26. | | 26. | | | 0. |
| d10. | | 9. | | | 1. |
| e 34. | | 32. | | | 2. |
| f 1,616. | | 1,574. | | | 42. |
| g 1,238. | | 1,183. | | | 55. |
| h 1,170. | | 1,404. | . | | <u> </u> |
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| <u>'</u> m | | | | | |
| n | | | | - . | |
| 0 | | | | | |
| Complete only for assets showing | ig gain in column (h) and owned by t | he foundation on 12/31/69 | | ses (from col. (h)) | |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | | of col. (h) gain over ot less than "-0-") | |
| a | | | | | 920. |
| b | | | | | 292. |
| <u>c</u> | | | . | | 0. |
| d | | | | | $\frac{1.}{2.}$ |
| ef | | | | | 42. |
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| n | | | | | |
| 0 | | | | | |
| 2 Capital gain net income or (net ca | pital loss) { If gain, also enter if (loss), enter -0 | in Part I, line 7 -" in Part I, line 7 | 2 | | 1,078. |
| If gain, also enter in Part I, line 8, | ss) as defined in sections 1222(5) and column (c). | d (6): | | | |
| If (loss), enter "-0-" in Part I, line 8 | 5 | J | 3 | N/A | |

LIPPY FOUNDATION 23-7003982

| FORM 990-PF INTE | REST ON SAVINGS A | ND TEMPORARY C | ASH INVESTMENTS | STATEMENT 1 |
|---|-------------------|-----------------------------|---------------------------------|------------------------|
| SOURCE | | | | AMOUNT |
| HUNTINGTON BANK PRIME INVESTMENT | GROUP | | | 2. 3,298. |
| TOTAL TO FORM 990 | -PF, PART I, LINE | 3, COLUMN A | | 3,300. |
| FORM 990-PF | DIVIDENDS AND | INTEREST FROM | SECURITIES | STATEMENT 2 |
| SOURCE | | GROSS AMOUNT | CAPITAL GAINS DIVIDENDS | COLUMN (A) AMOUNT |
| DEUTSCHE BANK ALE PRIME INVESTMENT PRIME INVESTMENT | GROUP | 7. 4,984. | 0. | 7. 4,984. |
| TAX-EXEMPT-INTERE TOTAL TO FM 990-P | - | 359 . 5,350. | 0. | 359· 5,350· |
| FORM 990-PF | REN' | TAL INCOME | | STATEMENT 3 |
| KIND AND LOCATION | OF PROPERTY | | ACTIVITY NUMBER | GROSS RENTAL INCOME |
| PRIME INVESTMENT | GROUP PASSTHROUGH | | 1 | <1,022.> |
| TOTAL TO FORM 990 | -PF, PART I, LINE | 5A | | <1,022. |
| FORM 990-PF | 0' | THER INCOME | | STATEMENT 4 |
| DESCRIPTION | | (A) REVENUE PER BOOKS | (B) NET INVEST MENT INCOM | |
| MISCELLANEOUS PAS | STHROUGH INCOME | 5,3 | 315. 5,31 | 5. |
| TOTAL TO FORM 990 | -PF, PART I, LINE | 11 5,3 | 315. 5,31 | 5. |

| FORM 990-PF | ACCOUNTING FEES | | STATEMENT | |
|--|------------------------------|-----------------------------------|-----------|-------------------------------|
| DESCRIPTION | | (B) NET INVEST- MENT INCOME | ADJUSTED | CHARITABLE |
| ACCOUNTING FEES | 1,660. | 830. | | 830. |
| TO FORM 990-PF, PG 1, LN 16B | 1,660. | 830. | | 830. |
| FORM 990-PF | TAX | ES | S' | TATEMENT 6 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | (D) CHARITABLE PURPOSES |
| OHIO TRUST REGISTRATION FILING FEES | 200. | 0. | | 200. |
| FOREIGN TAX W/H ON INVESTMENTS | 291. | | | 0. |
| TO FORM 990-PF, PG 1, LN 18 = | 491. | 291. | | 200. |
| FORM 990-PF | OTHER E | XPENSES | S | ratement 7 |
| DESCRIPTION | | (B) NET INVEST- MENT INCOME | ADJUSTED | (D) CHARITABLE PURPOSES |
| INVESTMENT EXPENSES INVESTMENT EXPENSES BANK SERVICE CHARGES | 9,029. 267. 151. | 267. | | 0. 0. 0. |
| TO FORM 990-PF, PG 1, LN 23 | 9,447. | 9,447. | | 0. |

| FORM 990-PF (| CORPORATE STOCK | | STATEMENT | 8 |
|--|------------------------------|----------------------|------------|-----------------|
| DESCRIPTION | | BOOK VALUE | FAIR MARKE | т |
| ALLIANCE ENTERTAINMENT CORP/ ALEX BROWN | | 1. | - | |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | | 1. | | 0. |
| FORM 990-PF OT | THER INVESTMENTS | | STATEMENT | 9 |
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKE | Т |
| PRIME INVESTMENT GROUP EUROPACIFIC GROWTH FUND GROWTH FUND OF AMERICA CL A WASHINGTON-MUTUAL-INVESTORS-FUND- | COST COST COST COST | 544,753. 0. 0. | 515,6 | 67. 0. 0. |
| TOTAL TO FORM 990-PF, PART II, LI | INE 13 | 544,753. | 515,60 | 67. |

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 10

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

LIPPY FOUNDATION C/O STEPHEN LIPPY 1620 NILES CORTLAND ROAD NE SUITE B WARREN, OH 44484

TELEPHONE NUMBER

330-399-2727

FORM AND CONTENT OF APPLICATIONS

THE REOUEST SHOULD BE IN THE FORM OF A LETTER THAT INCLUDES THE NAME AND ADDRESS OF THE ORGANIZATION AND A BRIEF DESCRIPTION OF THE APPLICANT'S TAX-EXEMPT FUNCTION.

ANY SUBMISSION DEADLINES

NOVEMBER 30 OF THE CURRENT YEAR FOR THE FOLLOWING YEAR.

RESTRICTIONS AND LIMITATIONS ON AWARDS

FUNDS ARE AVAILABLE EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY OR EDUCATIONAL PURPOSES, EITHER DIRECTLY OR BY CONTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ITS REGULATIONS AND TO WHICH CONTRIBUTIONS ARE DEDUCTIBLE UNDER SEC 170(C)(2) OF SUCH CODE AND REGULATIONS.

STATEMENT 11

FORM 990-PF

| RECIPIENT NAME AND ADDRESS | RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT | | AMOUNT | | |
|---|--|--|--------|--|--|
| ACLU FOUNDATION ANNUAL FUND 125 BROAD STREET, 18TH FLOOR NEW YORK, NY 10004 | | | 150. | | |
| ADOLPH & ROSE LEVIS JEWISH COMMUNITY CENTER 9801 DONNA KLEIN BLVD BOCA RATON, FL 33428 | N/A COMMUNITY SERVICE | | 360. | | |
| AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE 251 H STREET NW WASHINGTON, DC 20001 | N/A COMMUNITY SERVICE | | 500. | | |
| AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE 711 3RD AVE NEW YORK, NY 10017 | | | 180. | | |
| AMERICAN RED CROSS 661 MAHONING AVE N.W. WARREN, OH 444821390 | | | 360. | | |
| AVAMAR FOUNDATION 9225 EAST MARKET ST WARREN, OH 44484 | | | 300. | | |
| B'NAI B'RITH SERVICES 5500 MARKET STREET, #209 YOUNGSTOWN, OH 44512 | N/A RELIGIOUS | | 250. | | |
| BOY SCOUTS OF AMERICA 4930 ENTERPRISE BLVD NW WARREN, OH 44481 | N/A COMMUNITY SERVICE | | 180. | | |

GRANTS AND CONTRIBUTIONS
PAID DURING THE YEAR

| LIPPY FOUNDATION | | 23-7003982 |
|--|------------------|------------|
| CASE WESTERN RESERVE 10900 EUCLID AVE CLEVELAND, OH 44106 | | 150. |
| DIABETES RESEARCH INSTITUTE 200 SOUTH PARK RD, SUITE 100 HOLLYWOOD, FL 33021 | | 2,700. |
| DOCTORS WITHOUT BORDERS USA PO BOX 1856 MERRIFIELD, VA 221168056 | | 150. |
| DONNA KLEIN JEWISH ACADEMY 9701 DONNA KLEIN BLVD BOCA RATON, FL 33428 | | 1,000. |
| FAITH PROMISE OF SOUTH PALM BEACH COUNTYP-O-BOX-83-2106DELRAY_BEACH, FL 33483 | RELIGIOUS | 720. |
| GERDA AND KURT KLEIN FOUNDATION P.O. BOX 314 NARBERTH, PA 19072 | · | 180. |
| ISRAEL CHILDREN'S CENTERS 2151 WEST HILLSBORO BLVD, SUITE 306 DEERFIELD BEACH, FL 33442 | | 16,247. |
| JEWISH FEDERATION OF SOUTH PALM BEACH COUNTY 9901 DONNA KLEIN BLVD BOCA RATON, FL 33428 | N/A EDUCATION | 15,180. |
| JEWISH THEOLOGICAL SEMINARY 7251 W PALMETTO PARK RD BOCA RATON, FL 33433 | | 180. |
| KAUFMAN CENTER 129 WEST 67TH STREET NEW YORK, NY 10023 | N/A ARTISTIC | 180. |

| LIPPY FOUNDATION | | 23-7003982 |
|---|--------------------------|------------|
| NATIONAL OUTDOOR LEADERSHIP SCHOOL 284 LINCOLN STREET LANDER, WY 825209907 | N/A COMMUNITY SERVICE | 150. |
| NILES IRON & METAL CO 700 SOUTH MAIN STREET NILES, OH 44446 | COMMUNITY SERVICE | 150. |
| OREGON FOOD BANK P O BOX 55370 PORTLAND, OR 972385370 | N/A COMMUNITY SERVICE | 150. |
| | N/A COMMUNITY SERVICE | 150. |
| PORTLAND RESCUE MISSION P O BOX 3713 PORTLAND, OR | N/A COMMUNITY SERVICE | 150. |
| ST. ANDREWS CANCER RESEARCH UNIT 7268 QUEENFERRY CIRCLE BOCA RATON, FL | | 180. |
| THE ALLIANCE FOR CLIMATE PROTECTION 901 E STREET NW, SUITE 610 WASHINGTON, DC 20004 | N/A COMMUNITY SERVICE | 150. |
| THE JEWISH JOURNAL 505 GYPSY LANE YOUNGSTOWN, OH 44504 | N/A COMMUNITY SERVICE | 100. |
| THE OHIO STATE UNIVERSITY FOUNDATION 660 ACKERMAN RD, ROOM 629-A COLUMBUS, OH 43218 | N/A EDUCATION | 5,000. |
| UNITED JEWISH COMMUNITIES OF METROWEST NJ 901 ROUTE 10 WHIPPANY, NJ 07981 | N/A COMMUNITY SERVICE | 180. |

| LIPPY FOUNDATION | | 23-7003982 |
|--|--------------------------|------------|
| UNITED WAY OF TRUMBULL COUNTY 3601 YOUNGSTOWN RD SE WARREN, OH 444842832 | N/A COMMUNITY SERVICE | 1,000. |
| UNIV OF CALIF BERKELEY P O BOX 60000 SAN FRANCISCO, CA 941601932 | N/A EDUCATION | 150. |
| | N/A EDUCATION | 150. |
| YOUNGSTOWN AREA JEWISH FEDERATION 505 GYPSY LANE YOUNGSTOWN, OH 44504 | N/A EDUCATION | 10,250. |
| TOTAL TO FORM 990-PF, PART XV, LI | NE 3A | 56,877. |

| Form 8868 (Rev 1:2011) | | | | Page 2 |
|---|--------------------|--|-----------------------------|---------------|
| • If you are filing for an Additional (Not Automatic) 3-Month Ex | tension, | complete only Part II and check this bo | × | X |
| Note. Only complete Part II if you have already been granted an a | automatic | 3-month extension on a previously filed | Form 8868 | |
| • If you are filing for an Automatic 3-Month Extension, comple | | | | |
| Part II Additional (Not Automatic) 3-Month E | xtensio | n of Time. Only file the original (no co | ppies needed) | |
| Type or Name of exempt organization | | | Employer identification | number |
| print LIPPY FOUNDATION | | | 23-7003982 | |
| File by the extended Number, street, and room or suite no. If a P.O. box, s | ee instruc | tions | , 20 .000,02 | |
| due date for 1620 NILES CORTLAND RD NE. | | | | |
| filing your return See City, town or post office, state, and ZIP code. For a form warreturn See Instructions WARREN, OH 44484 | | | | |
| Enter the Return code for the return that this application is for (file | e a separa | te application for each return) | | 0 4 |
| Application | Return | Application | | Return |
| Is For | Code | Is For | | Code |
| Form 990 | 01 | | | 1 0000 |
| Form 990-BL | 02 | Form 1041-A | | 08 |
| Form 990-EZ | 03 | Form 4720 | | 09 |
| Form 990-PF | 04 | Form 5227 | | 10 |
| Form 990-T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | | 12 |
| STOP! Do not complete Part II if you were not already granted | | | sly filed Form 8868. | |
| | | ASTERS & STAFMAN | | |
| • The books are in the care of ► 1620 NILES CORT | <u> </u> | | RREN, OH 4448 | 34 |
| Telephone No ► 330-399-2727 | | FAX No $\triangleright 330 - 399 - 2800$ | | |
| If the organization does not have an office or place of business | | | • | L |
| If this is for a Group Return, enter the organization's four digit If this for part of the group about this box. | 7 | | s is for the whole group, o | |
| box If it is for part of the group, check this box I request an additional 3-month extension of time until I | | ch a list with the names and EINs of all of EER 15, 2011 | members the extension is | tor. |
| 5 For calendar year 2010, or other tax year beginning | NOVEM | | | |
| 6 If the tax year entered in line 5 is for less than 12 months, c | bock rose | on. Initial return | Final return | · |
| Change in accounting period | HOCK ICAS | onmilitar return | i marretum | |
| 7 State in detail why you need the extension | | | | |
| ADDITIONAL TIME IS REQUESTED | IN ORI | DER TO COMPILE THE O | RGANTZATTON'S | |
| 2010 INVESTMENT ACTIVITY, NEED | | | | |
| <u> </u> | | | | |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o | or 6069, e | nter the tentative tax, less any | | |
| nonrefundable credits See instructions | | • | 8a \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, | enter any | refundable credits and estimated | | |
| tax payments made Include any prior year overpayment all | owed as a | credit and any amount paid | | |
| previously with Form 8868 | | | 8b \$ 3 | 3,724. |
| c Balance due. Subtract line 8b from line 8a Include your pa | yment wit | h this form, if required, by using | | |
| EFTPS (Electronic Federal Tax Payment System) See instru | | | 8c \$ | 0. |
| | | d Verification | | |
| Under penalties of perjury, I declare that I have examined this form, including the strue, correct, and complete, and that I am authorized to prepare this fo | ing accomp orm. | anying schedules and statements, and to the | best of my knowledge and b | elief, |
| Signature Title | | | Data N | |