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- CISDF8TJD9

Firm 990-PF

Department of the Treasury

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

OMB No 1545-0052

2010

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	_		and ending				
G C	heck a		turn of a former public of lress change		e change	Final return	
		DUNDATION LIEVENSE FOUNDATION	iess Grange		A Emp	loyer identification numi	ber
		ROBERT J. LIEVENSE				hone number (see page 1	0 of the instructions)
Nu	nber ar	nd street (or P O. box number if mail is not delivered to street address	s) R	oom/suite	51	8-891 - 6926	
3	942	STATE ROUTE 30			C If exe	emption application is pend	ing, check here 🕨 📘
Caty	or tow	m, state, and ZIP code			D 1. Fo	oreign organizations, check	there
		NAC LAKE NY 12983				oreign organizations meetir	
		ype of organization: X Section 501(c)(3) exempt private			85	% test, check here and att	ach computation 🕨 📗
<u> </u>	Section	1 4947(a)(1) nonexempt charitable trust Other taxable	7 7		a '	ate foundation status was	_ I
1 Fa	ir mar	ket value of all assets at J Accounting method:	X Cash Acc	rual	secuc	on 507(b)(1)(A), check hen	· • L
en	d of ye	ear (from Part II. col (c), Uther (specify)				foundation is in a 60-mont	_ i
		\$ 169,008 (Part I, column (d) must b			штоел	section 507(b)(1)(B), che	1
Pā	irt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per books	(b) Net inci	vestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes
	1	the amounts in column (a) (see page 11 of the instructions).)		 			(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)		 			
	2	Check ► Xi If the foundation is not required to attach Sch. B	ļ	ļ			
	3	Interest on savings and temporary cash investments	1.5	 	3.5		
	4	Dividends and interest from securities	15	 	15	15	
	5a	Gross rents		 			
ne	b	Net rental income or (loss)					
Revenue	6a	Net gain or (loss) from sale of assets not on line 10		 			
	Ь.	Gross sales price for all assets on line 6a		ļ	22 742		
œ	7	Capital gain net income (from Part IV, line 2)		 	22,743	0	
	8	Net short-term capital gain		 			
	9	Income modifications		-		·	
	10a	Gross sales less returns & allowances					
	b	Less: Cost of goods sold					
	11	Gross profit or (loss) (attach schedule)		 			
_	12	Other income (attach schedule)	15		22,758	15	
	13	Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc.	0	 	22, 130		
63	14	Other employee salaries and wages	<u> </u>	 			
เล	15	Pension plans, employee benefits					
e Expenses	16a	Legal fees (attach schedule) SEE STMT 1	100	 			100
Δ.	b	Accounting fees (at ach soften E & TV 2	1,830				1,830
	C	Other professional feet (attach schedule)	2,030				-,050
୦ନିଡ଼ି/ସ୍ୟାନ୍ଧିସିଲିନ୍ଧି ନ୍ଧୁଯ୍ନାମା୍ବ୍ୟୁବ୍ୟ)	17						-
35	18	Interest COL APR 1.3 2012 COL Taxes (attach schedule) (sep 224) 14 di tre instructions)					
٦	19	Depreciation (attach schedule) and depletion		<u> </u>			
튱	20	Occupancy OGDEN UI					
₹5	21	Travel, conferences, and meetings					
	22	Printing and publications					
6	23	Other expenses (att. sch.) STMT 3	25		7		25
	24	Total operating and administrative expenses.					
E.		Add lines 13 through 23	1,955		0	0	1,955
X	25	Contributions, gifts, grants paid	39,450				39,450
	26	Total expenses and disbursements. Add lines 24 and 25	41,405		0	0	41,405
	27	Subtract line 26 from line 12:					
- 1	а	Excess of revenue over expenses and disbursements	-41,390				
	b	Net investment income (if negative, enter -0-)		1	22,758		
	С	Adjusted net Income (if negative, enter -0-)			1	15	
For P	арегм	York Reduction Act Notice, see page 30 of the Instruction	ns.				Form 990-PF (2010)

For Paperwork Reduction Act Notice, see page 30 of the Instructions.

04B.022

LIEVENSE FOUNDATION End of year Beginning of year Balance Sheets Attached schedules and emounts in the description column should be for end-of-year amounts only (See instructions) Part II (b) Book Value (c) Fair Market Value (a) Book Value Cash—non-interest-bearing 1 12,417 13,209 13,209 Savings and temporary cash investments Accounts receivable ▶ Less: allowance for doubtful accounts > Pledges receivable Less: allowance for doubtful accounts > Grants receivable Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) Other notes and loans receivable (att. schedule) Less: allowance for doubtful accounts Inventories for sale or use Prepaid expenses and deferred charges Investments--U.S. and state government obligations (attach schedule) 10a Investments—corporate stock (attach schedule) SEE STMT 4 53,169 133,730 155,799 b Investments—corporate bonds (attach schedule) Investments—land, buildings, and equipment, basis Less: accumulated depreciation (attach sch.) 12 Investments—mortgage loans Investments—other (attach schedule) 13 Land, buildings, and equipment basis Less, accumulated depreciation (attach sch.) Other assets (describe ▶ 15 16 Total assets (to be completed by all filers-see the instructions. Also, see page 1, item I) 65,586 146,939 169,008 Accounts payable and accrued expenses 17 18 Grants payable Liabilities Deferred revenue 19 Loans from officers, directors, trustees, and other disqualified persons 20 Mortgages and other notes payable (attach schedule) 21 22 Other liabilities (describe SEE STATEMENT 5) 1,746 1,746 Total liabilities (add lines 17 through 22) 23 1,746 1.746 Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. 24 Temporarily restricted Permanently restricted Fund Foundations that do not follow SFAS 117, check here ▶ and complete lines 27 through 31. Capital stock, trust principal, or current funds Assets or 27 Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see page 17 of the Net Per 63,840 145,193 Total liabilities and net assets/fund balances (see page 17 65,586 146,939 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 pnor year's return) 63,840 2 Enter amount from Part I, line 27a 2 -41,390 3 Other increases not included in line 2 (itemize) ► SEE STATEMENT 6 122,743 3 4 Add lines 1, 2, and 3 145,193 \$ Decreases not included in line 2 (itemize) ▶ Total net assets or fund balances at end of year (line 4 minus line 5)-Part II, column (b), line 30 145,193

Form 990-PF (2010) THE LIEVENS	E FOUNDATION		<u> 36-4461928</u>			Page 3
	ses for Tax on Investment Inco.	me				
(a) List and describe the kin 2-story bnck warehouse; o	(b) How acquired P—Purchase D—Donation		acquired lay, yr.)	(d) Date sold (mo , day, yr)		
1a FORD MOTOR COMPANY			P	VARI	OUS	09/24/10
ь						
<u>c</u>						
<u>d</u>						
e						<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis use of sale			n or (loss) f) minus (g)
a 175,408			52,665			122,743
b						
<u> </u>						
_ _						
Complete only for assets showing gain in	rolume (h) and armed by the foundation of	n 12/31/69				
Complete day for assets showing gard in	(j) Adjusted basis		s of col. (i)			l. (h) gain minus Lless than -0-) or
(I) F M V as of 12/31/69	as of 12/31/69		(j), if any			rom col. (h))
a						
b						· · · · · · · · · · · · · · · · · · ·
<u> </u>						
d						
	If gain, also enter in Part I, line	7 7				
2 Capital gain net income or (net capital loss	i) If (loss), enter -0- in Part I, line	•		2		122,743
3 Net short-term capital gain or (loss) as def		· _	Ť			<u> </u>
If gain, also enter in Part I, line 8, column (s). \				
If (loss), enter -0- in Part I, line 8				3		
Part V Qualification Under Se	ection 4940(e) for Reduced Tax	on Net Inv	vestment Income	<u> </u>		
(For optional use by domestic private foundation	ons subject to the section 4940(a) tax on n	et investmer	nt income.)			
f section 4940(d)(2) applies, leave this part bla	ink.					
Was the foundation liable for the section 4942	tay on the distributable amount of any year	r in the hase	pariod?			Yes X No
f "Yes," the foundation does not qualify under	• •		, poi/ou/			
1 Enter the appropriate amount in each colu			re making any entries.			
(9)	(b)		(c)			(d)
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value o	of nonchantable-use asse	ts	(col (b) d	ribution ratio livided by col. (c))
2009	11,746		92,8	68		0.126481
2008	2,790		90,1			0.030964
2007	67,475	·	162,6	63		0.414815
2006	110,871		245,7		·····	0.451097
2005	187,991		330,4	70		0.568860
S. Tabel of the American						1 500015
2 Total of line 1, column (d)3 Average distribution ratio for the 5-year ba				2	 	1.592217
				3		0.318443
number of years the foundation has been i	iii existence ii iess dian 5 years	· · · · ·	•• •• •• •••	··· <u>3</u> -	 	0.510443
4 Enter the net value of noncharitable-use as	ssets for 2010 from Part X, Ime 5			4	ł	176,995
			• • • • • • • • • • • • • • • • • • • •		— —	2.0123
5 Multiply line 4 by line 3				5		56,363
6 Enter 1% of net investment income (1% of	Part I, line 27b)			6		1,228
				1		
7 Add lines 5 and 6				7	 	57,591
	• • • • • • • • • • • • • • • • • • • •		···· · · · · · · · · · · · · · · · · ·			
						43 400
8 Enter qualifying distributions from Part XII,	line 4			. 8		41,405
Enter qualifying distributions from Part XII, If line 8 is equal to or greater than line 7, cl Part VI instructions on page 18.	line 4			. 8		41,405

Form 990-PF (2010)

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Font	1990-PF (2010) THE LIEVENSE FOUNDATION 36-4461928		F	Page 4
Pa	Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the Instructions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check		2.	455
	here ▶ and enter 1% of Part I, line 27b			
С	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-)			n
3	Add lines 1 and 2		2.	455
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5	Tax based on Investment income. Subtract line 4 from line 3. If zero or less, enter -0-		2.	455
6	Credits/Payments:			<u> </u>
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 6a			
ь	Ch.			
	and the following the second of the second o			
C				
d	Backup withholding erroneously withheld		_	-
7	Total credits and payments. Add lines 6a through 6d			<u>523</u>
8	Enter any penalty for underpayment of estimated tax. Check here X If Form 2220 is attached 8			<u> 68</u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If fine 7 is more than the total of lines 5 and 8, enter the amount overpaid.			
11_	Enter the amount of line 10 to be: Credited to 2011 estimated tax			
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	\vdash	Yes	No
	participate or intervene in any political campaign?	1a		X_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	Į		
	of the 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	ŀ		
	published or distributed by the foundation in connection with the activities.	1.		ł
C	Did the foundation file Form 1120-POL for this year?	1c		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation ▶ \$ (2) On foundation managers. ▶ \$	1	.	l
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	[l
	on foundation managers. > \$	1		1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	1		i
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3_		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		_X_
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or	Ì		ĺ
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			ŧ
	conflict with the state law remain in the governing instrument?	6	X	i
7	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	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) ▶ IL]		
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	[[ĺ
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8ъ	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			
		9		X
10	27)? If "Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	۲		
-	anne and add-sace	10		х
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Form 990-PF (2010)

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Form	990-PF (2010) THE LIEVENSE FOUNDATION		461928			Page 6
	art VII-B Statements Regarding Activities for Which Form 4	20 May Be Re	quired (contin	ued)		
5a				_	1 [1 -
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 494	(5(e))?		Yes X No	1 1	ł
	(2) Influence the outcome of any specific public election (see section 4955); or to			_	, I	1
	directly or indirectly, any voter registration drive?			Yes X No	1 1	ŀ
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes X No	1 1	- 1
	(4) Provide a grant to an organization other than a charitable, etc., organization de	*****	ب ٠٠٠٠٠٠٠		li	
				Yes X No	1	1
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instruc-	********	L		j j	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or en			Yes X No		
				Tes A NO	1	
Þ	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under			NT / 70	1	ĺ
	Regulations section 53.4945 or in a current notice regarding disaster assistance (se			· · · · · · · · · · · · · · · · · · ·	5b	
	Organizations relying on a current notice regarding disaster assistance check here			. ▶ 🗀	1	ł
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from		/		1 1	
	because it maintained expenditure responsibility for the grant?		. N/A 📋	Yes No	1 1	- 1
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).					ì
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay	premiums		_	1 1	
	on a personal benefit contract?			Yes X No	1 1	- 1
þ	Did the foundation, during the year, pay premiums, directly or indirectly, on a perso	nal benefit contract	?		6b_	X_
	If "Yes" to 6b, file Form 8870.			_		
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelt	er transaction?	Д,	Yes X No		
	If Yes, did the foundation receive any proceeds or have any net income attributable				7b	
	irt VIII Information About Officers, Directors, Trustees, Fou				s.	
	and Contractors	•	,		- •	
1 [ist all officers, directors, trustees, foundation managers and their compensati	on (see page 22 o	f the instructions	i}.		
				(d) Contributions to	T	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	employee benefit		ense account,
	,	devoted to position	-0-)	plans and deferred compensation	DURHE	dowances
SE	E STATEMENT 7					
					}	
•						
					 	
			1		{	
					 	
					Ì	
<u> </u>				<u></u>	Ь——	
2	Compensation of five highest-paid employees (other than those included on	ııne 1 — see page	23 OF THE INSTRUC	uons).		
	If none, enter "NONE."			(d) Combusto 4	·	
	folklowers and address of each and a second supplied to the second s	(b) Tide, and average	(a) Campagagain	(d) Contributions to employee benefit	(e) Expe	nse account
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to pastion	(c) Compensation	plans and deferred	other a	dowances
. -		<u> </u>		compensation	├──	
NO	NB					
			<u> </u>		——	
٠.						
					Щ_	
					1	
•••				l	Į.	
						
• •					1	
Fotol	number of other employees paid over \$50,000			<u> </u>		0
- Cal	nomes of other employees pain over \$50,000			 	_ 000	PF (2010)
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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued)	200
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
otal 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 beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
Alt other program-related investments. See page 24 of the instructions	
3	
otal. Add lines 1 through 3	Farm 990-PF (2010)

Forn	1990-PF (2010) THE LIEVENSE FOUNDATION 36-4461928		Page 8
	art X Mihimum Investment Return (All domestic foundations must complete this part. Fore	gn founda	itions,
	see page 24 of the instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	1 1	
	purposes:	1	
a	Average monthly fair market value of secunties	1a	126,791
b	Average of monthly cash balances	1b	52,899
Ç	Fair market value of all other assets (see page 25 of the instructions)	1c	0
đ	Total (add lines 1a, b, and c)	1d	179,690
6	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	1 2	0
3	Subtract Pag 9 Same Hay 6d	3	179,690
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	2,695
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	176,995
6	Minimum Investment return. Enter 5% of line 5	6	8,850
Pi	art XI Distributable Amount (see page 25 of the instructions) (Section 4942())(3) and ())(5) private op	eratino	
•	foundations and certain foreign organizations check here		
1	Minimum investment return from Part X, line 6	1	8,850
2a	Tax on investment income for 2010 from Part VI, line 5 2a 2,455		
ь	Income tax for 2010. (This does not include the tax from Part VI.)	7 1	
C	Add lines 2a and 2b	1 2c	2,455
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,395
4	Recoveries of amounts treated as qualifying distributions	4	
5		5	6,395
6	Add lines 3 and 4 Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
•	line 1	7	6,395
		ــــــــــــــــــــــــــــــــــــ	
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	T	-
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	41,405
ь	Branch related a reduct A state of the D. AIM D.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
-		2	
3	Amounts set aside for specific charitable projects that satisfy the:	-	
a		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	41,405
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		41,403
•	Follow 4M of Double flow 07h flows are a 00 of the least street	5	^
é	Adjusted qualifying distributions. Cubinet line 5 from Eq. 4	6	41,405
u	Note. The amount on line 6 will be used in Part V. column (b) in subsequent wars when calculating whether the foundation		41,400

Form 990-PF (2010)

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

Form 990-PF (2010) THE LIEVENSE FOUNDATION		36-446192	8	Page
Part XIII Undistributed Income (see page 26 of t	he instructions)			
	(a)	(b)	(c)	(d)
1 Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010 6, 39
line 7				0,39.
2 Undistributed income, if any, as of the end of 2010:				
a Enter amount for 2009 only b Total for prior years. 20, 20, 20				
				
		į		
	1			
c From 2007 59,442		İ		
d From 2008 e From 2009 7, 103	i	}		
4. Total of lines 2s through a	338,630			
	338,630		·	
line 4: ▶ \$ 41,405				
a Applied to 2009, but not more than line 2a				
b Applied to undistributed income of pnor years				•
(Election required—see page 26 of the instructions)				
c Treated as distributions out of corpus (Election			1	ı
required—see page 26 of the instructions)				C 201
d Applied to 2010 distributable amount				6,395
e Remaining amount distributed out of corpus	35,010			
5 Excess distributions carryover applied to 2010				
(If an amount appears in column (d), the same	j	J		
amount must be shown in column (a).)				
6 Enter the net total of each column as	1	•		
indicated below:	272 640			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	373,640			
b Prior years' undistributed income. Subtract				
line 4b from line 2b				·
c Enter the amount of prior years' undistributed		İ		
income for which a notice of deficiency has	ļ			
been issued, or on which the section 4942(a)				
tax has been previously assessed				
d Subtract line 6c from line 6b Taxable	Ì			
amount—see page 27 of the instructions				
e Undistributed income for 2009. Subtract line		ļ		
4a from line 2a. Taxable amount—see page		ľ		
27 of the instructions				
f Undistributed income for 2010. Subtract lines	j			
4d and 5 from line 1. This amount must be				_
distributed in 2011				<u>C</u>
7 Amounts treated as distributions out of corpus	}			
to satisfy requirements imposed by section				
170(b)(1)(F) or 4942(g)(3) (see page 27 of the	ì	:		
unstructions)				
8 Excess distributions carryover from 2005 not				
applied on line 5 or line 7 (see page 27 of the			}	
instructions)	172,993			
9 Excess distributions carryover to 2011.	1		j	
Subtract lines 7 and 8 from line 6a	200,647			
10 Analysis of line 9:		<u> </u>		
a Excess from 2006 99, 092		·	1	
b Excess from 2007 59, 442	ł	. 1		
c Excess from 2008				
d Excess from 2009 7, 103	ĺ			
e Excess from 2010			[
		1		000 DE

Fò	<u></u>	FOUNDATIO	N 27 of the inc	36-44619		Page 10
	art XIV Private Operating Foundation has received a ruling or of				11-A, question a	
1a	foundation, and the ruling is effective for 2			▶		
ь	Check box to indicate whether the founda			ed in section 49	42(j)(3) or 494	2(j)(5)
2a		Tax year	I I I I I I I I I I I I I I I I I I I	Prior 3 years		
Zq	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
		(2) 2010	(0) 2003	(1)	(7,755)	
	investment return from Part X for			;		
	each year listed	<u> </u>		 		
b	85% of line 2a	<u> </u>		 		
c	Qualifying distributions from Part XII,		ľ			
	line 4 for each year listed	<u> </u>			<u></u>	
đ	Amounts included in line 2c not used directly		1			
	for active conduct of exempt activities			 		
ę	Qualifying distributions made directly	ĺ	1	_{		ĺ
	for active conduct of exempt activities.	<u> </u>				
	Subtract line 2d from line 2c	ļ <u></u>				
3	Complete 3a, b, or c for the			1 1		
	alternative test relied upon:					
à	"Assets" alternative test—enter:		}]		j
	(1) Value of all assets			<u> </u>		<u></u>
	(2) Value of assets qualifying under			1 ; [į
	section 4942(j)(3)(B)(i)					
ь	"Endowment" alternative test-enter 2/3					
	of minimum investment return shown in			1 1		
	Part X, line 6 for each year listed	_	ł			<u></u>
c	"Support" alternative test-enter:					
	(1) Total support other than gross		ĺ			
	investment income (interest,		ł			
	dividends, rents, payments on			,		i
	secunties loans (section					
	512(a)(5)), or royalties)		 			
	(2) Support from general public	1	İ	!		
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization)	1 1		
	(4) Gross Investment income			1		
	art XV Supplementary Inform	ation (Complete	this part only if	he foundation had	\$5 000 or more is	n assets at
, ,	any time during the ye				40,000 01 111010 11	ii doooto at
1	Information Regarding Foundation Mar		of the manache			
а	List any managers of the foundation who h	•	a than 294 of the total or	antributions received by th	ne foundation	
•	before the close of any tax year (but only i			•	ic louidation	
٠	N/A	i diey nave conditodie	so more tilan 45,000). (Sea Seculii 507 (0)(2).)		
	List any managers of the foundation who d	109/ of #	he stack of a semantic	a (ar an aguath) lama ann	tion of the	
ь	•		•		aon or are	
	ownership of a partnership or other entity) N/A	or writer the touridati	on nasa 10% or greate	r interest.		
	Information Regarding Contribution, G		-tamble -ta Oranga			
2	Check here $\triangleright X $ if the foundation only				4	
	unsolicited requests for funds. If the found		· · · · · · · · · · · · · · · · · · ·	or rus manacions) io man	nduals or	
	organizations under other conditions, com			ha addanaa d		
a	The name, address, and telephone number	er of the person to wh	om appucations snould	ne sootesseo:		
	N/A			i		
			 			
ь	The form in which applications should be s N/A	submitted and informa	ition and materials they	should include:		
c	Any submission deadlines:					
- -	N/A		· · · · · · · · · · · · · · · · · · ·	4. 11 4. 41 4.		
đ	Any restrictions or limitations on awards, s	uch as by geographic	al areas, chantable fiel	os, kinds of institutions, or	rother	
	factors:			ì		
	N/A					- 000 55
DAA				. ;		Form 990-PF (2010)
				•	7	BAR M77

3 Grants and Contributions Paid During the	Year or Approved for Fu			Τ
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	18CDB1R		
a Paid during the year SEE STATEMENT 8	OF SUIDSWANDS CONTURONICE			39,45
•				
Total			. , , , , , ▶ 3a	39,450
b Approved for future payment N/A				
Ì				
Total	<u> </u>	<u> , , ,,,,,</u>	> 3b	Sam 900-PE (ac
AA		:		Farm 990-PF (2010

Form 990-PF (2010) THE LIEVENSE FOUNDATION Part XVI-A Analysis of Income-Producing Activities Excluded by section 512, 513, or 514 (e) Unrelated business income Eriter gross amounts unless otherwise indicated. Related or exempt (c) (d) function income (b) (a) Amount Amount (See page 28 of the instructions.) 1 Program service revenue: g Fees and contracts from government agencies Interest on savings and temporary cash investments Dividends and interest from securities 5 Net rental income or (loss) from real estate: Debt-financed property Not debt-financed property 6 Net rental income or (loss) from personal property Other investment income Gain or (loss) from sales of assets other than inventory 122,743 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a 12 Subtotal. Add columns (b), (d), and (e) 0 122,758 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to venfy calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See page 29 of the instructions.) DIVIDENDS FROM SECURITIES, CAPITAL GAIN FROM SALES OF INVESTMENTS

Form 990-PF (2010)

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<u>om 99</u>	0-PF (201	0) THE LIEVE	SNSE FC	DUNDATION			-4461326		Pag	16 12
Part	XVII	Information Rega	arding Tra	insfers To and	Transaction	is and Relat	ionships With Noncharitable			
<u>: </u>		Exempt Organiza							. 1	
	_	nization directly or indi			_			} }	Yes	No
in	section 50	1(c) of the Code (other	r than section	n 501(c)(3) organiz	ations) or in sect	ion 527, relating	to political	1 1	- 1	ı
on	ganızation	s?								!
a Tr	ansferș fro	om the reporting founda	ation to a nor	ncharitable exempt	organization of:		t	1 1	- 1	
(1)	Cash							1a(1)		<u>X</u>
(2)	Other as	sets			·			1a(2)		X
b O	her transa	ctions:					1	1 1	- 1	ı
(1)	Sales of	assets to a noncharita	ible exempt o	organization				16(1)	i	<u>X</u>
(2) Purchas	es of assets from a no	ncharitable e	xempt organization	1			16(2)		<u>X</u> _
(3	Rental o	f facilities, equipment,	or other asse	ets				1b(3)		X
		sement arrangements						15(4)		X
		toan guarantees						16(5)		X
		ance of services or me		·			· · · · · · · · · · · · · · · · · · ·	1b(6)		X
				•				1c	\neg	X
- I	ianny or re	cinues, equipment, ma	ming ists, ou	ter assets, or paid	employees			سائسا		<u>~</u>
							ays show the fair market			
							seived less than fair market			
			,				ssets, or services received.			
	ine no.	(b) Amount involved	(c) Name	of noncharitable exer	npt organization	(d) Descr	iption of transfers, transactions, and shanng	arrangem	ents	
V/A				 						
							<u> </u>			
						<u> </u>				
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							<u> </u>			
			<u> </u>			1	<u> </u>	<u> </u>		
2a s	the founda	tion directly or indirectl	ly affiliated w	ith, or related to, or	ne or more tax-e	cempt organizati	ions	_		
de	scribed in	section 501(c) of the C	ode (other th	nan section 501(c)(3)) or in section :	527?	1	Yes		No
		plete the following sch			• • •		.,	_	_	
		Name of organization		(b) Type of o	rganization		(c) Description of relationship			
_N/.				(4) 1)						
							<u> </u>			
					···)			
					···		1		-	
				_ 	<u></u>		 			
							<u> </u>			
1							tistements, and to the best of my knowledge I information of which preparer has any know			
ign	DO	NOT CORR	ESPO	NDE FOR	SIGNAT	URE ""	i nuomanni or windi preparet nas ary know	HOLES		
ere			-							
	Signa	ture of officer or trustee			Date	·	Title			
	Print/Ty	pe preparer's name			Preparer's signal	ture	Date		heck	7
aid	1 ′	· ·			11	14			ept-eudi Sueck î	" لـــا Koyod
reparer	ALAN	HOREWITCH, CP	A		186/14	ST/1	, 09/15			
se Only				WITCH, PI	DGEON &	ABRAMS I		0474	57	
0111)	1	ddress 2150		E COOK RD			Fum's EIN ▶ 20 -			
	rum's a									
		DUFFA	LO GRO	VE, IL 6	0089-187	<u>'</u>		-850		
							. Fo	m 990.	· P (2010)

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(Rev. January 2011)

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time Employer identification number Name of exempt organization Type or THE LIEVENSE FOUNDATION print 36-4461928 C/O ROBERT J. LIEVENSE File by the due date for Number, street, and room or sulte no. If a P.O. box, see instructions. filing your 3942 STATE ROUTE 30 return See City, town or post office, state, and ZIP code. For a foreign address, see Instructions. Instructions NY 12983 SARANAC LAKE 04 Enter the Return code for the return that this application is for (file a separate application for each return) Return Application Return Application Cade ls For Code Is For Form 990-T (corporation) 01 07 Form 990 Form 1041-A 08 Form 990-BL 02 09 Form 990-EZ 03 Form 4720 Form 5227 10 Form 990-PF 04 11 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) Form 8870 ROBERT LIEVENSE 3942 STATE ROUTE 30 The books are in the care of ► SARANAC LAKE Tetephone No. ▶ 518-891-6926 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)_ . If this is and attach for the whole group, check this box a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time RECEIVED until 08/15/11 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: 98 calendar year 2010 APR 1 3 2012 tax year beginning, and ending If this tax year entered in line 1 is for less than 12 months, check reason: I initial return | | Final return OGDEN. UT Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 3а nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0 estimated tax payments made. Include any prior year overpayment allowed as a credit. 3ь Balance due. Subtract line 3b from line 3a, Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. For Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 1-2011)

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Form 8868 (R	lev. 1-2011)			<u> </u>			Page 2
• If you are	filing for an Additional (Not Automatic) 3-Month Ext	ension, con	uplete only Part II and che	ck this box			▶ 🔯
	mplete Part II if you have already been granted an auto				3.		
-	filing for an Automatic 3-Month Extension, complete			<u> </u>			
SPanial 2	Additional (Not Automatic) 3-Month Ex	tension o	f Time. Only file the	original (no co	pies	needed).	
Type or	Name of exempt organization				Employer identification number		
print	THE LIEVENSE FOUNDATION						
File by the	C/O ROBERT J. LIEVENSE			3	6-4	461928	
extanded	Number, street, and room or suite no. If a P.O. box,	l					
due date for	3942 STATE ROUTE 30						
flling your ratum. See	City, town or post office, state, and ZIP code. For a	foreign addn	nee eas instructions				
instructions.	1 · · · · · · · · · · · · · · · · · · ·	12983					
	OAIGHAC LINES IVI	. 1070.		! 			
Enter the Retu	um code for the return that this application is for (file a	separate app	lication for each return)	<u> </u>			04
Application	1	Return	Application				Return
Is For	•	Code	is For			•	Code
Form 990		01					
Form 990-B		02	Form 1041-A				08
Form 990-E		03	Form 4720				09
Form 990-P		04	Form 5227				10
	(sec. 401(a) or 408(a) trust)	05	Form 6069			· - · · · · · · - · -	11
	(trust other than above)	06	Form 8870			 	12
	t complete Part II if you were not already granted a			previously filed	Form	8868.	
	ROBERT LIEVENSE			· · ·			
	3942 STATE ROUTE 30						
• The beaks	ere in the care of SARANAC LAKE				•	NV	12983
		FAVNI			• • • • •		
	No. ▶ 518-891-6926	FAX No.					
	nization does not have an office or place of business in			66 Mata 4 =	• • • • •		
	r a Group Return, enter the organization's four digit Gr			. If this is			
	proup, check this box	of the Bront	, check this dox	and atta	Cn a		
	mes and ElNs of all members the extension is for.	/15/11					
	t an additional 3-month extension of time until 11						
	ndar year 2010 , or other tax year beginning		and ending	Flactock	•		
_	c year entered in line 5 is for less than 12 months, chec	ok reason:	Initial return	Final return			
	hange in accounting period						
	detail why you need the extension			NT (TIC) TO TO	DA F	77 N CO	SADT EIDE
	TIONAL TIME IS REQUESTED T	O GATE	IER INFORMATIO	ON TO PRE	PAR	E A CO	MACETE
AND.	ACCURATE RETURN.				• • • • •		******
						·	
•	plication is for Form 990-BL, 990-PF, 990-T, 4720, or	6069, enler 1	he lentative tax, less any			_	
	ndable credits. See Instructions.				8a	\$	2,523
•	plication is for Form 990-PF, 990-T, 4720, or 6069, en	•					
estimale	id tax payments made. Include any prior year overpays	ment allowed	l as a credit and any				
	paid previously with Form 8868.			· · · · · · · · · · · · · · · · · · ·	85	\$	
c Balance	Due. Subtract line 8b from line 8a. Include your paym	ent with this	form, if required, by using [EFTPS			
(Electroi	nic Federal Tax Payment System). See Instructions.		`		8c_	\$	2,523
	Sig	nature ar	nd Verification				
	of perjury, I declare that I have examined this form, including as I complete, and that I am authorized to prepare this form.	ocompanying s	chedules and statements, and t	to the best of my kni	owledge	and belief, it b	9
Signature		77	ta► I		•	лета 🕨	08/08/11
- Allenand -	•						8868 (Rev. 1-2011)
	•		!			ruin (2000 (rev. 1.2011)
			•				

CISDF8TJD9	Federal S	statements		
Str	atement 1 - Form 990-PF	Part I. Line 16a -	Legal Fees	
	atement 1 - 1 om, 500 1 .	, , 41-1, 2110 104		
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
NDIRECT LEGAL FEES		•		. 10
TOTAL	\$ 100 \$ 100		\$ 0	\$ 10 \$ 10
Stater	nent 2 - Form 990-PF, Pa	art I, Line 16b - Ac	counting Fees	
Description		Net	Adjusted	Charitable
NETROM ACCOMMENCE	Total	Investment	Net	Purpose
NDIRECT ACCOUNTING F	\$ 1,830	\$	\$	\$ 1,83
TOTAL	\$1,830	\$0	\$0	\$ 1,83
State	ment 3 - Form 990-PF, F	Part I, Line 23 - Ot	her Expenses	
Description				-
	Total	Net Investment	Adjusted Net	Charitable Purpose
XPENSES	\$	\$	\$	\$
LICENSES & FEES				
TOTAL		\$ 0	\$ 0	\$ 2!
TOTAL	25	· ·	<u> </u>	Y
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		1		1-3

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CISDF8TJD9	Federal Staten	nents		
		. -		
Statement 4 - Fo	orm 990-PF, Part II, Line 10b	- Corporate S	tock investment	<u>s</u>
Description				-
CORPORATE STOCKS	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
TOTAL	\$ 53,169 \$ 53,169 \$			
Stateme	nt 5 - Form 990-PF, Part II, L	ine 22 - Other	Liabilities	
Description	В	eginning of Year	End of Year	
DUE TO DIRECTOR	\$	1,746		746
TOTAL	\$	1,746		746
<u>Stat</u> eme	nt 6 - Form 990-PF, Part III, I	ine 3 - Other	Increases	
	cription		Amount	
LONG TERM CAPITAL GAINS		\$	122,743	
TOTAL		\$_	122,743	
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Federal Statements

Statement 7 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.

Name and Address	j				
ROBERT J. LIEVENSE	Title	Average Hours	Compensation	Benefits	Expenses
3942 STATE ROUTE 30 SARANAC LAKE NY 12983	PRESIDENT	0.00	o	0	0
JUDITH G. LIEVENSE 3942 STATE ROUTE 30 SARANAC LAKE NY 12983	SECRETARY	0.00	0	0	o
CHRISTOPHER LIEVENSE 3942 STATE ROUTE 30 SARANAC LAKE NY 12983	DIRECTOR	0.00	0	0	0
MARK LIEVENSE 3942 STATE ROUTE 30 SARANAC LAKE NY 12983	DIRECTOR	0.00	0	0	0
PETRA LIEVENSE 3942 STATE ROUTE 30 SARANAC LAKE NY 12983	DIRECTOR	0.00	0	O	0
PETER LIEVENSE 3942 STATE ROUTE 30 SARANAC LAKE NY 12983	DIRECTOR	0.00	o	0	0

7

Federal Statements

Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name		Address	Address
Relationship	Status	Purpose	Amount
ADIRONDACK COMMUNIT	Y P.O. BOX UNRESTRICTED	288 LA	KE PLACID NY 12946 2,000
CREATIVE HEALING	P.O. BOX UNRESTRICTED	545 SA	RANAC LAKE NY 12985
BEAUFORT HOSPITAL	P.O. BOX UNRESTRICTED	2233 BE	AUFORT SC 29901 4,000
BEAUFORT OPEN LAND		11 BE	AUFORT SC 29901
THE WILD CENTER	45 MUSEUM UNRESTRICTED	DR. TU	PPER LAKE NY 12986 4,000
ADIRONDACK MUSEUM	P.O. BOX JNRESTRICTED	99 BL	UE MOUNTAIN LAKE NY 128
UPPER SARANAC LAKE	P.O. BOX UNRESTRICTED	564 SA	RANAC LAKE NY 12983 5,000
BEAUFORT UNITED WAY	P.O. BOX JNRESTRICTED	202 BE	AUFORT SC 29901 5,000
HIGH PEAKS HOSPICE &		840 SA	RANAC LAKE NY 12983
HISTORIC BEAUFORT	801 BAY ST	r. BE	AUFORT SC 29901
ARTS COUNCIL OF BEAU		DARY ST. BE	AUFORT SC 29901
BUILDING WITH BOOKS	P.O. BOX JNRESTRICTED	16741 ST	AMFORD CT 06905 5,000
ADIRONDACK MEDICAL C		COLBY RD. SA	RANAC LAKE NY 12983 5,000
NORTH COUNTRY PUBLIC		ICE UNIVERSITY CA	NTON NY 13617 4,000
SALVATION ARMY	2505 NORTH	IST. BE	AUFORT SC 29901 200
THE LITTLE RED DOG		POND DR. BE	AUFORT SC 29907
PENDRAGON THEATRE		BROOK AVE. SA	RANAC LAKE NY 12983 200
CODA	P.O. BOX 1 UNRESTRICTED	.775 BE	AUFORT SC 29901 2,000
TOTAL			39,450