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Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

2010 Treated as a Private Foundation Department of the Treasury Note The foundation may be able to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For calendar year 2010, or tax year beginning and ending G Check all that apply Initial return Initial return of a former public charity Final return Amended return Address change Name change Name of foundation A Employer identification number LAVINS, DOLORES & PAUL FOUNDATION 38-3426007 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 15230 WINDMILL POINTE DRIVE 313-331-8711 City or town, state, and ZIP code C If exemption application is pending, check here GROSSE POINTE PARK, MI D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation H Check type of organization: X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated I Fair market value of all assets at end of year | J | Accounting method: Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col (c), line 16) If the foundation is in a 60-month termination 18,859. (Part I, column (d) must be on cash basis) ▶\$ under section 507(b)(1)(B), check here Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income income 111,820 N/A Contributions, gifts, grants, etc., received 2 Check In the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 1 STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Revenue b Gross sales price for all assets on line 6a 0 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income Total. Add lines 1 through 11 821 0. 0 0 0. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 300 0 16a Legal fees STMT 2 0. 588 STMT 3 1,175 **b** Accounting fees 0. c Other professional fees and Administrative 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 4 65 0. 0. Operating 24 Total operating and administrative 1,540 588 expenses Add lines 13 through 23 0. 112,005. Contributions, gifts, grants paid 112,005 26 Total expenses and disbursements. Add lines 24 and 25 113,545 588 112,005. 27 Subtract line 26 from line 12: <u>-1,</u>724. a Excess of revenue over expenses and disbursements 0. b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

N/A

| Б | art | Balance Sheets Attached schedules and amounts in the description | beginning of year | End of | year |
|-----------------|-------|--|-------------------|----------------|---------------------------|
| <u></u> | art | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 20,583. | 18,859. | 18,859. |
| | | Savings and temporary cash investments | | , , | |
| | i | Accounts receivable ► | | | |
| | ١ | Less: allowance for doubtful accounts | | | |
| | ١. | | | | |
| | 4 | Pledges receivable > | | | |
| | 1 | Less: allowance for doubtful accounts | | _ | |
| | _ | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | ļ | disqualified persons | | | |
| | 7 | Other notes and loans receivable | | | |
| | l | Less: allowance for doubtful accounts ▶ | | | |
| δ | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| Ąs | | Investments - U.S. and state government obligations | | | |
| | 1 | Investments - corporate stock | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | |
| | l | Investments - corporate bonds | | | |
| | 11 | Investments - land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other | | | |
| | 14 | Land, buildings, and equipment: basis ▶ | | | |
| | | Less accumulated depreciation | | | |
| | 15 | Other assets (describe ► | | | - |
| | | | | | |
| | 16 | Total assets (to be completed by all filers) | 20,583. | 18,859. | 18,859. |
| | 1 | Accounts payable and accrued expenses | | • | |
| | 18 | Grants payable | | | |
| w | 19 | Deferred revenue | | ···· | |
| Liabilities | 1 | Loans from officers, directors, trustees, and other disqualified persons | | - | |
| 를 | 1 | | | | |
| Ë | 21 | Mortgages and other notes payable | | | |
| | 22 | Other liabilities (describe) | | | |
| | 1 | | | | |
| _ | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | | Foundations that follow SFAS 117, check here | | | |
| , 0 | | and complete lines 24 through 26 and lines 30 and 31 | j | | |
| ĕ | 24 | Unrestricted | 20,583. | 18,859. | |
| a | 25 | Temporarily restricted | | | |
| or Fund Balance | 26 | Permanently restricted | | | |
| Б | | Foundations that do not follow SFAS 117, check here | | | |
| ŀ | | and complete lines 27 through 31 | | + | |
| ò | 27 | Capital stock, trust principal, or current funds | | | |
| Net Assets | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| ASS | 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
|) te | 1 | - · · · · · · · · · · · · · · · · · · · | 20,583. | 10 050 | |
| ž | 30 | Total net assets or fund balances | | 18,859. | |
| | | | 00 500 | 10.050 | |
| _ | 31 | Total liabilities and net assets/fund balances | 20,583. | 18,859. | |
| F | art | Analysis of Changes in Net Assets or Fund B | alances | | |
| | | | | | |
| 1 | Tota | net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | |
| | (mus | st agree with end-of-year figure reported on prior year's return) | | 1 | 20,583. |
| 2 | Ente | r amount from Part I, line 27a | | 2 | -1,724. |
| 3 | Othe | r increases not included in line 2 (itemize) | | 3 | 0. |
| 4 | | lines 1, 2, and 3 | | 4 | 18,859. |
| - | | eases not included in line 2 (itemize) | | 5 | 0. |
| 6 | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | olumn (h) line 30 | 6 | 18,859. |
| <u>.</u> | · ota | access or fario delicitions at the or year time 4 fillings line of - Fatt II, th | warm to Willie oo | | Form 990-PF (2010) |
| | | | | | 101111 200 1 1 (2010) |

| (a) List and desc 2-story brick wa | ribe the kind(s) of property sold arehouse; or common stock, 200 | (e.g., real estate,) shs. MLC Co.) | ···· | (b) How acqu P - Purchas D - Donatio | ired (d se in | c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|---|---|---|---------------------------------------|--|---------------------|---|---|
| 1a | | | | | | | |
| b NO | NE | | | | | | |
| C | | | | | | | |
| <u>d</u> | | | · · · · · · · · · · · · · · · · · · · | | | | |
| е | | 4.10 | | <u>] </u> | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | t or other basis xpense of sale | | | (h) Gain or (loss (e) plus (f) minus | |
| a | | | | | | | |
| <u>b</u> | | | · | - | | | |
| <u>c</u> | | | | | | - | |
| е | | | | | | | |
| | ng gain in column (h) and owned | i by the foundation | on 12/31/69 | | an a | Gains (Col. (h) gair | n minus |
| | (i) Adjusted basis | | cess of col. (1) | | còl. (| k), but not less tha | an -0-) or |
| (i) F.M.V. as of 12/31/69 | as of 12/31/69 | | col. (j), if any | | | Losses (from col. | (h)) |
| a | | | | | | | |
| b | | | | | | | |
| C | | | | | | | |
| <u>d</u> | | | · · · · · · · · · · · · · · · · · · · | | | | |
| e | | l | | - | | | |
| 2 Capital gain net income or (net ca | If gain, also e | enter in Part I, line er -0- in Part I, line | 7 7 | } 2 | | | |
| Net short-term capital gain or (lo | | | | | | | - |
| If gain, also enter in Part I, line 8, | | o, a.i.a (o). | | <i>]</i> | | | |
| If (loss), enter -0- in Part I, line 8 | | | |] 3 | | | |
| Part V Qualification U (For optional use by domestic private | Inder Section 4940(e) | | | | THE INCO | ine | |
| If section 4940(d)(2) applies, leave t Was the foundation liable for the sec | · | e amount of any ve | ear in the base pe | riod? | | | Yes X No |
| f "Yes," the foundation does not qua | | | | 00 | | | |
| Enter the appropriate amount in (a) | 1 | instructions before | making any entit | | | T | (d) |
| Base period years Calendar year (or tax year beginn | (b) Adjusted qualifying | g distributions | Net value of no | (c) oncharitable-us | e assets | Distri | (d) bution ratio vided by col. (c)) |
| 2009 | | 132,320. | | 42 | ,198. | (00) (0) (1) | 3.13569 |
| 2008 | | 159,250. | | | $\frac{7233}{174}$ | | 6.32597 |
| 2007 | • | 114,342. | | | ,430. | | 13.56370 |
| 2006 | | 79,185. | | | ,656. | | 6.79349 |
| 2005 | | 158,175. | | 36 | ,767. | , | 4.30209 |
| 2 Total of line 1, column (d) | | | | | | 2 | 34.12095 |
| 3 Average distribution ratio for the | 5-year base period - divide the t | otal on line 2 by 5. | or by the number | of years | | | 0 - 0 - 1 - 1 0 0 0 0 |
| the foundation has been in existe | | o.a. o o z o, o, | o. 5, | o. youro | | 3 | 6.82419 |
| 4 Enter the net value of noncharita | ble-use assets for 2010 from Pa | rt X, line 5 | | | - | 4 | 22,311 |
| 5 Multiply line 4 by line 3 | - | | | | | 5 | 152,255 |
| | | | | | | | |
| 6 Enter 1% of net investment inco | me (1% of Part I, line 27b) | | | | | 6 | 0 |
| 7 Add lines 5 and 6 | | | | | | 7 | 152,255 |
| 8 Enter qualifying distributions fro | m Part XII, line 4 | | | | | 8 | 112,005 |
| If line 8 is equal to or greater tha See the Part VI instructions. | n line 7, check the box in Part VI | , line 1b, and comp | olete that part usi | ng a 1% tax rat | e. | | |

| | rt VI\ Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49 | | 4 2 0 U | | | 2age 4 |
|-----|--|-------------|----------|---------------|------------|-----------|
| | | | | ti U | CUUI | 13) |
| 1ą | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | | | | |
| | Date of ruling or determination letter: | | | | | ^ |
| D | Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% | 1 | | - | | 0. |
| | of Part I, line 27b | | | | | |
| | 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-) | 2 | - | | | <u>0.</u> |
| 3 | Add lines 1 and 2 | 3 | | | | 0. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | | | 0. |
| 6 | Credits/Payments: | | | | | |
| | 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 6a | ŀ | | | | |
| b | Exempt foreign organizations - tax withheld at source | | | | | |
| C | Tax paid with application for extension of time to file (Form 8868) | | | | | |
| d | Backup withholding erroneously withheld 6d 6d | | | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | | | | 0. |
| 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 | 9 | | | | 0. |
| 10 | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | | |
| | Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ Refunded ▶ | 11 | | | | |
| 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 | n | Ŀ | | Yes | No |
| | any political campaign? | | L | 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? | | | 1c | | X |
| d | d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | | |
| | (1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$ 0 • | | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | i | | |
| | managers. ► \$ 0. | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | | Х |
| | 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 | | | 3 | | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | 4a | | X |
| | of "Yes," has it filed a tax return on Form 990-T for this year? | N/ | _ | 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 | | | Ť | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | | |
| • | By language in the governing instrument, or | | - | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state | law | İ | | | |
| | remain in the governing instrument? | | | 6 | Х | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | | | 7 | X | |
| • | If "Yes," complete Part II, col. (c), and Part XV | | | • | | <u> </u> |
| R a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | ļ | | | |
| va | MI | | — i | | | |
| | off the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | — | | | |
| L | of each state as required by General Instruction G? If "No," attach explanation | | | o. | χ. | 1 |
| 0 | | ndar | - | 8Ь | <u>v</u> . | - |
| 9 | 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 | | | | | \ v |
| 40 | year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV | | \vdash | 9_ | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | I | 10 | | |

Form **990-PF** (2010)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

| Form 990-PF (2010) LAVINS, DOLORES & PAUL F | | | <u> 38-34260</u> | 07 | Page 6 |
|--|---|-----------------------------------|--|-------------|-----------------------|
| Part VII-B Statements Regarding Activities for Which I | orm 4720 May Be F | Required (contin | ued) | | |
| 5a During the year did the foundation pay or incur any amount to: | | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | | | | | |
| (2) Influence the outcome of any specific public election (see section 4955); o | or to carry on, directly or indire | | | | |
| any voter registration drive? | | | s X No | ł | İ |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | ? | Ye | s X No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organizatio | n described in section | | | | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | Ye | s X No | | İ |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or f | | | | 1 |
| the prevention of cruelty to children or animals? | | Ye | s X No | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | der the exceptions described i | n Regulations | | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instru | ictions)? | | N/A | 5b | |
| Organizations relying on a current notice regarding disaster assistance check h | ere | | ▶∐ | | - |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for | rom the tax because it mainta | ned | | | |
| expenditure responsibility for the grant? | N | [/A | s No | | |
| If "Yes," attach the statement required by Regulations section 53 494 | 5-5(d) | | | | |
| ${\bf 6a}$ Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | | | |
| a personal benefit contract? | | Y6 | s X No | | |
| ${f b}$ Did the foundation, during the year, pay premiums, directly or indirectly, on a ${f c}$ | ersonal benefit contract? | | <u></u> | 6 b | X |
| If "Yes" to 6b, file Form 8870 | | | | i | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | shelter transaction? | Y6 | s X No | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | | 7b | |
| Part VIII Information About Officers, Directors, Trust | ees, Foundation Ma | nagers, Highly | / | | |
| Faid Employees, and Contractors | | | | | |
| 1 List all officers, directors, trustees, foundation managers and their | | (-) Componentian | (d) Contributions to | | <u> </u> |
| (a) Name and address | (b) Title, and average hours per week devoted | (c) Compensation (If not paid, | (d) Contributions to employee benefit plans and deterred | (e) | Expense unt, other |
| | to position | enter -0-) | compensation | allo | wances |
| | PRESIDENT, TR | EASURER | | | |
| 15230 WINDMILL POINTE DRIVE | | | | | |
| GROSSE POINTE PARK, MI 48230 | 1.00 | 0. | 0. | | 0. |
| KRISTIN FRANCIS | SECRETARY | | | | |
| 1123 W. CENTER ST. | 1 00 | | | | _ |
| ROCHESTER, MN 55902 | 1.00 | 0. | 0. | | 0. |
| | | | | | |
| | | | | | |
| | | ļ | | | |
| | 1 | | | | |
| | | | | | |
| O. Componentian of fine highest maid annulation / attended to | luded on line 4). If a | | | <u> </u> | |
| 2 Compensation of five highest-paid employees (other than those inc | T | enter "NUNE." | (d) Contributions to | 101 | Evnanco |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | (c) Compensation | (d) Contributions to employee benefit plans and deferred | acco | Expense unt, other |
| 270379 | devoted to position | | compensation | allo | wances |
| NONE | 4 | | | | |
| | | - | | | |
| | 4 | | İ | | |
| | | | | | |
| | - | | | | |
| | | | | | |
| | - | | | | |
| | | | | <u> </u> | |
| | 4 | | | | |
| | | | <u> </u> | <u> </u> | |
| Total number of other employees paid over \$50,000 | | | <u> </u> | | <u> </u> |

| Form 990-PF (2010) LAVINS, DOLORES & PAUL FOUNDATION | 38-3426 | 007 Page 7 |
|---|---------------------------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Mar Paid Employees, and Contractors (continued) | nagers, Highly | |
| 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 service | (c) Compensation |
| NONE | | |
| | | |
| | · · · · · · · · · · · · · · · · · · · | |
| 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 charitable activities during the tax year. Include relevant statistical informat number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | tion such as the | Expenses |
| 1 N/A | | |
| 2 | | |
| 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 | 2. | Amount |
| 2 | | |
| All other program-related investments. See instructions. | | <u></u> |
| 3 | | |

Total. Add lines 1 through 3

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four | ndations, se | e 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 | 0. |
| | Average of monthly cash balances | 1b | 22,651. |
| | Fair market value of all other assets | 1c | |
| đ | Total (add lines 1a, b, and c) | 1d | 22,651. |
| | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 22,651. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 340. |
| 5 | Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 22,311. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 1,116. |
| 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 | Minimum investment return from Part X, line 6 | 1 | 1,116. |
| 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 | 0. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 1,116. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 1,116. |
| 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 | 1,116. |
| 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 | 112,005. |
| 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 | |
| þ | 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 | 112,005. |
| 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 | 0. |
| 6 | Adjusted qualifying distributions Subtract line 5 from line 4 | 6 | 112,005. |
| | Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation | qualifies for t | he section |
| | 4940(e) reduction of tax in those years. | | |

Form **990-PF** (2010)

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|--|---------------|----------------------------|-------------|---------------------------|
| Distributable amount for 2010 from Part XI, line 7 | | | | 1,116. |
| 2 Undistributed income, if any, as of the end of 2010 | | | | |
| a Enter amount for 2009 only | | | 0. | |
| b Total for prior years: | | | | |
| 3 Excess distributions carryover, if any, to 2010: | | 0. | | |
| a From 2005 156,337. | | | | |
| b From 2006 78,602. | | | | |
| c From 2007 113,920. | | | | |
| d From 2008 157, 991. | | | | |
| e From 2009 130, 210. | | | | |
| f Total of lines 3a through e | 637,060. | | | |
| 4 Qualifying distributions for 2010 from | | | | |
| Part XII, line 4: ► \$ 112,005. | | | | |
| a Applied to 2009, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | 1 | |
| (Election required - see instructions) ** | 112,005. | | | |
| d Applied to 2010 distributable amount | | | | 0. |
| e Remaining amount distributed out of corpus | 0. | | | |
| Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a)) | 1,116. | | | 1,116. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 747,949. | | | |
| 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 | | 0. | | |
| 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 | 155,221. | | | · |
| 9 Excess distributions carryover to 2011 | 500 500 | | | |
| Subtract lines 7 and 8 from line 6a | 592,728. | | | |
| 0 Analysis of line 9: | | | | |
| a Excess from 2006 78,602. | | | | |
| b Excess from 2007 113, 920. | | | | |
| c Excess from 2008 157, 991. | - | | | |
| d Excess from 2009 130,210. e Excess from 2010 112,005. | | | | |
| e Excess from 2010 112,005. | ** SEE STATE | AIRNIM E | | Form 990-PF (2010) |

| Part XIV Private Operating Form | | PAUL FOUNDA | | 38-3- N/A | 426007 Page 10 |
|---|---------------------------|-----------------------------|---|---------------------------------------|----------------------|
| 1 a If the foundation has received a ruling of | | | | | |
| foundation, and the ruling is effective for | | | | | |
| b Check box to indicate whether the found | | • | in section | 4942(J)(3) or | 1942(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | - VAST | |
| 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 | | | | | |
| d Amounts included in line 2c not | - | | | | |
| used directly for active conduct of | | | | | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c | · · · | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a "Assets" alternative test - enter: | | | 1 | | |
| (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 | (0 | | if all a factor of all all | 1 45 000 | <u> </u> |
| Part XV Supplementary Info at any time during t | | | if the foundatio | n nad \$5,000 or n | nore in assets |
| | | instructions.) | | | |
| 1 Information Regarding Foundation | • | - 10 00/ - 6.15 - 5.1 | | | . , . |
| a List any managers of the foundation wh year (but only if they have contributed n | | | itributions received by tr | ne toundation before the c | lose of any tax |
| PAUL N. LAVINS | | | | | |
| b List any managers of the foundation wh | o own 10% or more of t | he stock of a corporation | (or an equally large por | tion of the ownership of a | partnership or |
| other entity) of which the foundation ha | | | , | , , , , , , , , , , , , , , , , , , , | F F- |
| NONE | | | | | |
| 2 Information Regarding Contribute | on, Grant, Gift, Loar | n, Scholarship, etc., F | rograms: | | |
| Check here ► X if the foundation of | only makes contributions | to preselected charitable | e organizations and does | not accept unsolicited re | quests for funds. If |
| the foundation makes gifts, grants, etc. | (see instructions) to ind | ividuals or organizations | under other conditions, | complete items 2a, b, c, a | nd d. |
| a The name, address, and telephone num | ber of the person to who | om applications should b | e addressed: | | |
| | | | | | |
| | | | = | | |
| b The form in which applications should b | e submitted and inform | ation and materials they | should include: | | |
| c Any submission deadlines: | | | | | |
| 4 Appropriate or limitations or sured | n quah aa bu sasasasas | and arong observable first- | lundo of mathiticar | - other feeter | |
| d Any restrictions or limitations on award | s, such as by geographi | cai areas, charnadie neid! | s, KINUS OI MSMUMONS, O | omer factors: | |
| | | | | | |

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of recipient Purpose of grant or contribution Amount Name and address (home or business) a Paid during the year SEE STATEMENT 6 112,005. **▶** 3a Total b Approved for future payment NONE **▶** 3b Total

Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated. | Unrelate | d business income | | ded by section 512, 513, or 514 | (e) |
|---|-------------------------|-----------------------------|--|---------------------------------------|---------------------------------------|
| • | (a) Business | (b) | (C) Exclu- | (d) | Related or exempt |
| 1 Program service revenue: | code | Amount | sion | Amount | function income |
| a | | | | | |
| b | | | | | |
| С | 1 1 | | | | |
| d | l 1 | | 1 | - | |
| е | l l | | | | · · · · · · · · · · · · · · · · · · · |
| f | | | | | |
| g Fees and contracts from government agencies | | ··· | 1 | | _ |
| Membership dues and assessments | | | | | |
| Interest on savings and temporary cash | | | | | |
| investments | | | 14 | 1. | |
| Dividends and interest from securities | | | ┼┸┹ | Τ. | · |
| Net rental income or (loss) from real estate: | | ··· | ┼ | | |
| a Debt-financed property | | | +- | | |
| | - | | + | | , |
| b Not debt-financed property Net rental income or (loss) from personal | | | 1 | | |
| | | | | | |
| property | - | | | | |
| 7 Other investment income | | | ┼ | | . |
| Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | | | |
| Net income or (loss) from special events | | - | | | |
| Gross profit or (loss) from sales of inventory | | . | - | | |
| 1 Other revenue: | | | | | |
| a | | | | | |
| b | | | - | | |
| C | | | ┿ | | |
| d | | - | _ | | |
| e | | | - | | |
| 2 Subtotal. Add columns (b), (d), and (e) | | 0. | <u>, </u> | 1. | |
| 3 Total Add line 12, columns (b), (d), and (e) | | | | 13 | |
| See worksheet in line 13 instructions to verify calculation | ons.) | | | · | |
| Part XVI-B Relationship of Activit | ies to the Acco | omplishment of E | xemp | t Purposes | |
| | | | | · | |
| Line No. Explain below how each activity for which | ch income is reported i | in column (e) of Part XVI-/ | A contrit | outed importantly to the accom | iplishment of |
| the foundation's exempt purposes (other | er than by providing to | nas for such purposes). | | | · · · · · · · · · · · · · · · · · · · |
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| | | IS, DOLORES & | | | | | 38-34 | | | ige 13 |
|------------|---------------------------------------|--|----------------|--------------|--|--|--|------------------|--------------|---------------|
| Part) | Exempt Organ | egarding Transfers | ro and | iransa | ctions an | ia Relations | snips with Nonch | iaritabie |) | |
| 4 Did | the organization directly or indi | | llovena vet | h any other | organization | described to see | stron 601(a) of | | Yes | No |
| | Code (other than section 501(c | | | | | | 1011 30 1(C) 01 | | . 00 | 1 |
| | nsfers from the reporting found | | | | iilicai organizi | ations. | | l | | |
| | , , | ation to a noncharitable exem | iipt oi yailiz | aliun ui. | | | | 12/11 | | X |
| | Cash | | | | | | | 1a(1) | | X |
| | Other assets | | | | | | | 1a(2) | | Α. |
| | er transactions: | | | | | | | 41.441 | | - T |
| ٠, | Sales of assets to a noncharita | | | | | • | | 1b(1) | | X |
| | Purchases of assets from a no | | tion | | | | | 1b(2) | | X |
| | Rental of facilities, equipment, | | | | | | | 1b(3) | | X |
| | Reimbursement arrangements | ; | | | | | | 1b(4) | | X |
| | Loans or loan guarantees | | | | | | | 1b(5) | | X |
| | Performance of services or me | • | | | | | | 1b(6) | | X |
| | iring of facilities, equipment, ma | | | | | | | 1c | L | X |
| | ne answer to any of the above is | | - | - | • | | | | sets, | |
| | services given by the reporting f | | | ss than fair | market value | in any transaction | on or snaring arrangemen | t, snow in | | |
| | umn (d) the value of the goods, | | | | -1 | T (4) - | | | | |
| (a) Line n | (b) Amount involved | (c) Name of noncha | | mpt organiz | allon | (0) Description | on of transfers, transactions, a | nd sharing ar | rangeme | ents |
| | | N, | /A | | | | | | | |
| | | <u> </u> | | | | | | | | |
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| | | | | | | <u> </u> | | | | |
| 2a Ist | he foundation directly or indirec | ctly affiliated with, or related t | o, one or n | nore tax-exe | empt organiza | ations described | | | _ | _ |
| | section 501(c) of the Code (othe | | in section 5 | 527? | | | | Yes | LX | No |
| b lf " | Yes," complete the following sch | | 1 | · - , | | | (1 D) 1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| | (a) Name of or | ganization | (b) |) Type of or | ganization | | (c) Description of relation | onsnip | | |
| | N/A | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | .,, | | | |
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| | - | | | | | | | | | |
| | T | | | | | | | 15-1-6-5 | | |
| ٥. | and complete Declaration of pren | are that I have examined this return parer (other than tax payer or fiducia | | | | | | Deller, It is ti | ue, corre | ect, |
| Sign | | Farrer | / | 1 | 9/12 | /11 | | | | |
| Here | | ~ 0/2000 | | | 2/12/ | <u>' </u> | RESIDENT | | | |
| | Signature of officer or to | | | , \ | Date | Data | Title | INI | | |
| | Print/Type preparer's r | 1 | rer's signa | iure . | | Date | Check X if PT | IIN | | |
| D=::+ | WILLIAM D | . WERTZ, | LLLK | ~11_ | 124 | | self- employed | | | |
| Paid | CPA | (MEA | MAUA | | | 08/10/11 | | | | - |
| Prep | arer Firm's name ▶ BAI | YEK LIPPA AIK | CHOW | KRAUS | E, LL | | Firm's EIN ► | | | |

Firm's address ▶ 115 SOUTH 84TH STREET, SUITE 400

MILWAUKEE, WI 53214

(414)777-5500 Form **990-PF** (2010)

Phone no.

Use Only

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2010

Name of the organization **Employer identification number** 38-3426007 LAVINS, DOLORES & PAUL FOUNDATION Organization type (check one) Filers of: Section: Form 990 or 990-EZ ___ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

religious, charitable, etc., contributions of \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

LAVINS, DOLORES & PAUL FOUNDATION

38-3426007

| Part I | Contributors (see instructions) | | |
|------------|--|-----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | PAUL LAVINS 15230 WINDMILL POINTE DRIVE GROSSE POINTE PARK, MI 48230 | \$ 111,820. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |

of of Part II

Name of organization

Employer identification number

LAVINS, DOLORES & PAUL FOUNDATION

38-3426007

| Partii | Noncash Property (see instructions) | | |
|------------------------------|--|--|----------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - - - \$\$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - - - - - - - - - - | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - - - - ss | 000 000 F7 or 000 PE\/2010 |

| Schedule B | Form agn | QQN_F7 | Ar GGA-PF) | /20 10\ |
|------------|----------|--------|------------|---------|
| | | | | |

Page

of Part III

Name of organization Employer identification number LAVINS. DOLORES & PAUL FOUNDATION 38-3426007 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating Part III more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions) > \$ (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

| NGS AND TEM | PORARY CASH IN | IVESTMENTS | STATEMENT 1 |
|------------------------------|--|--|---|
| | | | AMOUNT |
| | | - | 1. |
| LINE 3, CO | LUMN A | = | 1. |
| LEGAL | FEES | | STATEMENT 2 |
| (A) EXPENSES PER BOOKS | | | |
| 300. | 0. | | 0. |
| 300. | 0. | | 0. |
| ACCOUNTI | NG FEES | | STATEMENT 3 |
| (A) EXPENSES PER BOOKS | | | |
| 1,175. | 588. | - | 0. |
| 1,175. | 588. | | 0. |
| OTHER E | XPENSES | | STATEMENT 4 |
| | | | |
| | | | |
| 20. 45. | | | 0. |
| | LEGAL (A) EXPENSES PER BOOKS 300. 300. ACCOUNTI (A) EXPENSES PER BOOKS 1,175. 1,175. OTHER E (A) EXPENSES | LINE 3, COLUMN A LEGAL FEES (A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME 300. 0. 300. 0. ACCOUNTING FEES (A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME 1,175. 588. 1,175. 588. OTHER EXPENSES (A) (B) EXPENSES NET INVEST- S88. | LEGAL FEES (A) (B) (C) EXPENSES NET INVEST- PER BOOKS MENT INCOME 300. 0. 300. 0. ACCOUNTING FEES (A) (B) (C) EXPENSES NET INVEST- PER BOOKS MENT INCOME 1,175. 588. 1,175. 588. OTHER EXPENSES |

FORM 990-PF

ELECTION UNDER REGULATIONS SECTION 53.4942(A)-3(D)(2) TO TREAT EXCESS QUALIFYING DISTRIBUTIONS AS DISTRIBUTIONS OUT OF CORPUS

STATEMENT

PURSUANT TO IRC SECTION 4942(H)(2) AND REGULATION 53.4942(A)-3(D)(2), THE ABOVE REFERENCED FOUNDATION HEREBY ELECTS TO TREAT CURRENT-YEAR QUALIFYING DISTRIBUTIONS IN EXCESS OF THE IMMEDIATELY PRECEEDING TAX YEAR'S UNDISTRIBUTED INCOME AS BEING MADE OUT OF CORPUS.

FORM 990-PF GRANTS AND CONTRIBUTIONS

STATEMENT

| PAID DURING THE YEAR | | | | | | |
|---|--|--------------------------|---------|--|--|--|
| RECIPIENT NAME AND ADDRESS | RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT | | AMOUNT | | | |
| AMERICAN CANCER SOCIETY 1755 ABBEY ROAD EAST LANSING, MI 488237399 | NONE COMMUNITY SUPPORT | CHARITABLE ORGANIZATI | 1,000. | | | |
| AMERICAN FAMILY ASSOCIATION PO BOX 1904 MIDLAND, MI 48641 | | CHARITABLE ORGANIZATI | 250. | | | |
| AMERICAN INSTITUTE FOR CANCER RESEARCH 1759 R. STREET, NW WASHINGTON, DC 20009 | NONE COMMUNITY SUPPORT | CHARITABLE ORGANIZATI | 1,000. | | | |
| AMERICAN POLICY ROUNDTABLE 11288 ALAMEDA DRIVE STRONGSVILLE, OH 44149 | NONE COMMUNITY SUPPORT | CHARITABLE ORGANIZATI | 2,500. | | | |
| AUTISM SPEAKS 2 PARK AVENUE, 11TH FLOOR NEW YORK, NY 10016 | NONE COMMUNITY SUPPORT | CHARITABLE ORGANIZATI | 1,000. | | | |
| CAPPUCHIN SOUP KITCHEN 1820 MT. ELLIOTT STREET DETROIT, MI 482073485 | NONE COMMUNITY SUPPORT | CHARITABLE ORGANIZATI | 1,000. | | | |
| CARMICHAELS AREA SCHOOL DISTRICT 225 NORTH VINE STREET CHARMICHAELS, PA 153201287 | NONE EDUCATIONAL SUPPORT | CHARITABLE ORGANIZATI | 40,000. | | | |
| DETROIT INSTITUTE OF ARTS 5200 WOODWARD AVENUE DETROIT, MI 48202 | NONE COMMUNITY SUPPORT | CHARITABLE ORGANIZATI | 1,500. | | | |

| LAVINS | DOLORES | r | PAIIL | FOUNDATION |
|---------|---------|----|-------|---------------|
| DUATIO, | | u_ | TIVE | T OOMDITT TON |

| 2 | 0 | ~ | | ^ | _ | ^ | ^ | _ | |
|---|-----|---|---|---|---|---|---|---|--|
| 3 | 8 – | 3 | 4 | 4 | b | U | U | 1 | |

| DETROIT PUBLIC TELEVISION 1 CLOVER COURT WIXOM, MI 48393 | NONE | CHARITABLE | 2,000. |
|--|---------------------------|--------------------------|--------|
| 1 CLOVER COURT WIXOM, MI 48393 | COMMUNITY SUPPORT | ORGANIZATI | |
| DETROIT RESCUE MISSION MINISTRIES 150 STIMSON STREET DETROIT, MI 482012410 | NONE COMMUNITY SUPPORT | CHARITABLE ORGANIZATI | 1,000. |
| DETROIT SYMPHONY ORCHESTRA 3711 WOODWARD AVENUE DETROIT, MI 48201 | NONE COMMUNITY SUPPORT | CHARITABLE ORGANIZATI | 1,500. |
| DETROIT ZOOLOGICAL SOCIETY 8450 W. 10 MILE ROAD ROYAL OAK, MI 48067 | NONE COMMUNITY SUPPORT | CHARITABLE ORGANIZATI | 1,455. |
| DISABLED AMERICAN VETERANS P.O. BOX 14301 CINCINNATI, OH 452500301 | NONE COMMUNITY SUPPORT | CHARITABLE ORGANIZATI | 2,000. |
| FATHER FLANAGANS GIRLS AND BOYS TOWN 3111 S DIXIE HWY #200 WEST PALM BEACH , FL 33405 | NONE COMMUNITY SUPPORT | CHARITABLE ORGANIZATI | 200. |
| FRIENDS OF GROSSE POINTE PARADE 120 KERCHEVAL AVE GROSSE POINTE FARMS, MI 48236 | | CHARITABLE ORGANIZATI | 500. |
| GLEANERS COMMUNITY FOOD BANK 2131 BEAUFAIT DETROIT, MI 48207 | | CHARITABLE ORGANIZATI | |
| GOODFELLOW FUND OF DETROIT 3350 WINCHESTER ROAD WEST BLOOMFIELD, MI 48322 | NONE COMMUNITY SUPPORT | CHARITABLE ORGANIZATI | 1,000. |
| GROSS POINTE WAR MEMORIAL 32 LAKE SHORE DRIVE GROSSE POINTE FARMS, MI 482363784 | NONE COMMUNITY SUPPORT | CHARITABLE ORGANIZATI | 2,000. |

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| GROSSE POINTE HISTORICAL SOCIETY 381 KERCHEVAL AVENUE, SUITE 2 GROSSE POINTE FARMS, MI 482363085 | NONE COMMUNITY SUPPORT | CHARITABLE ORGANIZATI | 1,000. |
| GROSSE POINTE LIBRARY FOUNDATION 15450 E. JEFFERSON AVE., SUITE 150 GROSSE POINT PARK, MI 48230 | | CHARITABLE ORGANIZATI | 1,000. |
| GROSSE POINTE PARK FOUNDATION 15115 E. JEFFERSON AVENUE GROSSE POINT PARK, MI 482301399 | NONE COMMUNITY SUPPORT | CHARITABLE ORGANIZATI | 2,500. |
| GROSSE POINTE SANTA CLAUSE PARADE 16906 KERCHEVAL AVE GROSSE POINT PARK, MI 48230 | NONE COMMUNITY SUPPORT | CHARITABLE ORGANIZATI | 1,500. |
| GROSSE POINTE SOUTH CHOIR 1127 HARVARD ROAD GROSSE POINT PARK, MI 48230 | | CHARITABLE ORGANIZATI | 5,000. |
| HABITAT FOR HUMANITY 1288 NORTH TAMIAMI TRAIL NORTH FORT MEYERS, FL 33903 | NONE COMMUNITY SUPPORT | CHARITABLE ORGANIZATI | 200. |
| MARCH OF DIMES P.O. BOX 321190 DETROIT, MI 482321190 | | CHARITABLE ORGANIZATI | 200. |
| MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905 | NONE COMMUNITY SUPPORT | CHARITABLE ORGANIZATI | 30,000. |
| MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH ROAD, SUITE 220 BINGHAM FARMS, MI 48025 | NONE COMMUNITY SUPPORT | CHARITABLE ORGANIZATI | 200. |
| NEIGHBORHOOD CLUB 17150 WATERLOO GROSSE POINTE, MI 48230 | NONE COMMUNITY SUPPORT | CHARITABLE ORGANIZATI | 1,000. |

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| PAULINE FATHERS NATIONAL SHRINE OF OUR LADY OF CZESTOCHOWA P.O. BOX 2049, 654 FERRY ROAD DOYLESTOWN, PA 18901 | NONE COMMUNITY SUPPORT | CHARITABLE ORGANIZATI | 1,000. |
| SALVATION ARMY P.O. BOX 44530 DETROIT, MI 482440530 | NONE COMMUNITY SUPPORT | CHARITABLE ORGANIZATI | 2,000. |
| STRATFORD SHAKESPEARE FESTIVAL OF AMERICA - 55 QUEEN STREET, P.O. BOX 520 STRATFORD ON NA V CANA, ONTARIO, CANADA N5A6V2 | | CHARITABLE ORGANIZATI | 2,500. |
| THE HEAT AND WARMTH FUND OF MICHIGAN (THAW) 607 SHELBY, SUITE 400 DETROIT, MI 48226 | NONE COMMUNITY SUPPORT | CHARITABLE ORGANIZATI | 2,000. |
| UNITED WAY OF LEE COUNTY 7275 CONCOURSE DRIVE FORT MYERS, FL 33908 | NONE COMMUNITY SUPPORT | CHARITABLE ORGANIZATI | 1,000. |
| TOTAL TO FORM 990-PF, PART XV, LI | NE 3A | | 112,005. |

Form **8868**

(Rev January 2011)

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

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Form 8868 (Rev 1-2011)

 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 Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Name of exempt organization Employer identification number Type or print 38-3426007 LAVINS, DOLORES & PAUL FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions due date for filing your 15230 WINDMILL POINTE DRIVE return See City, town or post office, state, and ZIP code For a foreign address, see instructions. instructions GROSSE POINTE PARK, MI 48230 0 4 Enter the Return code for the return that this application is for (file a separate application for each return) Return Application Return **Application** Code Is For Code Form 990-T (corporation) 01 07 Form 990 02 Form 1041-A 80 Form 990-BL Form 4720 09 03 Form 990-EZ Form 990-PF 04 Form 5227 10 05 Form 6069 Form 990 T (sec 401(a) or 408(a) trust) 11 Form 990-T (trust other than above) 06 Form 8870 12 PAUL N. LAVINS - 15230 WINDMILL POINTE DR, GROSSE POINTE MI - GROSSE POINTE PARK, MI 48230 The books are in the care of PARK, Telephone No ► 313-331-3811 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 for the whole group, check this box | If it is for part of the group, check this box | and attach 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 until AUGUST 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for ► X calendar year 2010 or tax year beginning ___ Initial return If the tax year entered in line 1 is for less than 12 months, check reason 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 За 0. nonrefundable credits. See instructions 3a \$ If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and b estimated tax payments made. Include any prior year overpayment allowed as a credit \$ 3b 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.