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## Form **990-PF**Department of the Treasury

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

Treated as a Private Foundation

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

2011 2011

For calendar year 2011 or tax year beginning and ending Name of foundation A Employer identification number 38-3426007 LAVINS, DOLORES & PAUL FOUNDATION Room/suite Number and street (or P O box number if mail is not delivered to street address) 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 48230 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: | X | Cash Accrual F If the foundation is in a 60-month termination. (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here 20,576. (Part I, column (d) must be on cash basis.) ▶\$ 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).) expenses per books income ıncome Contributions, gifts, grants, etc., received N/A 224,331. 2 Check In the foundation is not required to attach Sch B - 1 3 Interest on savings and temporary cash investments 20 STATEMENT 1 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) Company of Marches 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) . 83 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less. Cost of goods sold c Gross profit or (loss) 11 Other income 224,351 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages Ö S 15 Pension plans, employee benefits STMT 2 800. 0. 16a Legal fees 1,200. STMT Ō. **b** Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 1,077. 21 Travel, conferences, and meetings 0. 0. 22 Printing and publications 95. ο. 23 Other expenses Ō. 24 Total operating and administrative 600. 3,172 expenses. Add lines 13 through 23 215,604 25 Contributions, gifts, grants paid 215,604. 26 Total expenses and disbursements. Add lines 24 and 25 600 215,604. Subtract line 26 from line 12: 575 3 Excess of revenue over expenses and disbursements Ō. b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30			
	(must agree with end-of-year figure reported on prior year's return)	1	İ	18,859.
2	Enter amount from Part I, line 27a	2	· · · ·	5,575.
3	Other increases not included in line 2 (itemize)	3		0.
4	Add lines 1, 2, and 3	4		24,434.
5	Decreases not included in line 2 (itemize) SEE STATEMENT 5	5	_	3,858.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6		20,576.

Part V Capital Gains	and Lo	sses for Tax on In	vestment	Income							
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			P	low ac - Purc - Dona		(c) Da (mo.	te acquired ., day, yr.)	(d) Date s (mo., day			
1a											
b NO	NE								_		
<u>c</u>					_				=		
<u>d</u>					<u> </u>						
	(0.5	Nanasakaa allawad	(-) ()-		١					<u> </u>	
(e) Gross sales price	(1) [	Depreciation allowed (or allowable)		t or other basis xpense of sale					) Gain or (loss dus (f) minus		
<u>a</u>											
b									<del></del>		
d											
e											
Complete only for assets shown	ng gain in e		he foundation	on 12/31/69				(I) Gains	(Col. (h) gain	minus	
(i) F.M.V. as of 12/31/69		j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (i) col. (j), if any				òl. (k), bı	ut not less that es (from col. (	n -0-) <b>or</b>	
		45 67 125 1765			-						
b				<del>-,</del>						·	
C					$\dashv$					<del></del>	
d					_				-		
e			· · · · · ·	<del></del>	$\dashv$					<del></del>	
2 Capital gain net income or (net ca	nital lose)	If gain, also enter			}	2			_		
,	•	( " ("555), 5 " 5 "			거		<del> </del>				
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,	column (d	;).	d (6):		}	•					
If (loss), enter -0- in Part I, line 8  Part V Qualification U	nder S	ection 4940(e) for	Reduced	Tax on Net	Inv	estn	ent In	come	<del></del>		
(For optional use by domestic private									<u> </u>	-	
(1 of optional use by domestic private	Touridan	ms subject to the section 4	340(a) tax 011	Het HiveStillent III	COITE	-)					
If section 4940(d)(2) applies, leave to	his part bla	ank.									
Was the foundation liable for the sec	tion 4942	tax on the distributable am	ount of any ye	ar in the base per	riod?					Yes [	X No
If "Yes," the foundation does not qua							• • •	•	-		_
1 Enter the appropriate amount in	each colur	nn for each year, see instru	ctions before	making any entri	es.						
(a) Base period years Calendar year (or tax year beginni	ng in)	(b) Adjusted qualifying dist	ributions	Net value of no	(c) inchar		use asset	s	Dıstrı (col. (b) di	(d) oution ratio vided by col. (d	:))
2010			2,005.				2,31			5.02	
2009			2,320.				2,19			3.13	
2008			9,250.				5,17			6.32	
2007			4,342.				8,43			13.56	
2006			9,185.			1	1,65	6.	<del></del>	6.79	<u> 3497</u>
2 Total of line 1, column (d)								. 2		34.83	9032
3 Average distribution ratio for the			n line 2 by 5,	or by the number	of ye	ars					
the foundation has been in existe	nce if less	than 5 years						3		6.96	7806
4 Enter the net value of noncharitat	ole-use ass	sets for 2011 from Part X, I	ine 5					4		31,	494.
5 Multiply line 4 by line 3								5		219,	444.
6 Enter 1% of net investment incom	ne (1% of	Part I, line 27b)	**					6			0.
7 Add lines 5 and 6			••					7	,	219,	444.
8 Enter qualifying distributions from	n Part XII,	line 4						8		215,	604.
If line 8 is equal to or greater than See the Part VI instructions.	n line 7, ch	eck the box in Part VI, line	1b, and comp	lete that part usin	ig a 1º	% tax	rate.		-		

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_	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instructions)						
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.	in the second						
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	8 - 7 10 11 ( s - )						
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here   and enter 1%	0.						
of Part I, line 27b								
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).								
2	2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)							
3	Add lines 1 and 2	0.						
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	0.						
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	0.						
6	Credits/Payments:	经常建筑 门						
	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 6a							
	Exempt foreign organizations - tax withheld at source 6b							
	Tax paid with application for extension of time to file (Form 8868)  6c							
C	Backup withholding erroneously withheld 6d 6							
7	Total credits and payments. Add lines 6a through 6d	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	0.						
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid							
11 250	Trounded 11							
	irt VII-A Statements Regarding Activities							
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	Yes No						
	any political campaign?	1a X						
t	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.	38 20 23						
	Did the foundation file Form 1120-POL for this year?	1c X						
(	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:							
_	(1) On the foundation. $\blacktriangleright$ \$ 0.							
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0.							
9								
_	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2 X						
3	If "Yes," attach a detailed description of the activities.  Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or							
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes							
As	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3 X 4a X						
	of Yes," has it filed a tax return on Form 990-T for this year?	4a X						
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.	·   3   A   A   A   A   A   A   A   A   A						
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							
	remain in the governing instrument?	6 X						
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.	1 1 1 1 1 1 1 1 1						
88	Enter the states to which the foundation reports or with which it is registered (see instructions)	1. m 1. g 1						
-	MI	- [1]						
t	off the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)							
-	of each state as required by General Instruction G? If "No," attach explanation	8b X						
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	30 21 30 00 2 - N						
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	9 X						
_10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10 X						

orm	1990-PF (2011) LAVINS, DOLORES & PAUL FOUNDATION	38-3426	007		Page 5
Pa	art VII-A' Statements Regarding Activities (continued)				-
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
	section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory p	orivileges?			
	If "Yes," attach statement (see instructions)	Ĭ	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	
	Website address ► N/A				
14	The books are in care of PAUL N. LAVINS  Telephone no.	<b>▶</b> 313-33	1-3	811	
	Located at ▶15230 WINDMILL POINTE DR, GROSSE POINTE PARK, MI,	ZIP+4 ▶48		•	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			<b></b>	
	and enter the amount of tax-exempt interest received or accrued during the year	15	N	/A	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,			Yes	No
	securities, or other financial account in a foreign country?	1	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign		200		
	country >			4	
·P.a	art VII-Be Statements Regarding Activities for Which Form 4720 May Be Required				X
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
18	a During the year did the foundation (either directly or indirectly):			77.	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	'es 🗓 No			1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
		es X No	: :: (E		14.
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	'es 🗶 No			
		'es 🗶 No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	for the benefit or use of a disqualified person)?	'es 🗓 No		. A.	9
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			4	
	if the foundation agreed to make a grant to or to employ the official for a period after				100
	termination of government service, if terminating within 90 days.)	'es 🗶 No			2 3
t	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		19.5	Ž2 '	1
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here	▶□		<i>2</i> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	j		15,7	
	before the first day of the tax year beginning in 2011?		1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				1
	defined in section 4942(j)(3) or 4942(j)(5)):				
ä	a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	ıg			
	before 2011?	'es 🗓 No		1,77	
	If "Yes," list the years $\blacktriangleright$ ,,,			×	. 72.7
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	;t			55
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attact	n			<b>*</b>
	statement - see instructions.)	N/A	2b		
(	c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.				
	<b></b> ,,,,				
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				1
		'es 🗓 No			
t	b If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons af		24		
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to or	Irspose			KS <sub>0</sub>
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C	<b>)</b> ,			
	Form 4720, to determine if the foundation had excess business holdings in 2011.)	N/A	3b		
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		Х
ı	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpos	e that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2011?		l ∆h l		l X a

Form **990-PF** (2011)

•				
Form 990-PF (2011) LAVINS, DOLORES & PAUL I			38-34260	07 Page 6
Form 990-PF (2011) LAVINS, DOLORES & PAUL INTERPRETATION PROBLEM STATEMENTS REGARDING Activities for Which  5a During the year did the foundation pay or incur any amount to:  (1) Carry on propaganda, or otherwise attempt to influence legislation (section (see section 4955); any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purpose (4) Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)?  (5) Provide for any purpose other than religious, charitable, scientific, literary the prevention of cruelty to children or animals?  b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un section 53.4945 or in a current notice regarding disaster assistance (see instr	on 4945(e))? or to carry on, directly or indirectly or ind	ectly, Ye Ye Ye Ye Ye Ye	ued) es X No	07 Page 6
Organizations relying on a current notice regarding disaster assistance check  c If the answer is "Yes" to question 5a(4), does the foundation claim exemption expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.494  6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax  b If "Yes," did the foundation receive any proceeds or have any net income attrib	from the tax because it maintal  N 15-5(d).  pay premiums on  personal benefit contract?  shelter transaction?	ned  /A  Ye	es No es X No es X No	6b X
Information About Officers, Directors, Trus Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their	tees, Foundation Ma	nagers, Highl		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
PAUL N. LAVINS 15230 WINDMILL POINTE DRIVE GROSSE POINTE PARK, MI 48230	1.00	EASURER 0.	0.	0.
KRISTIN FRANCIS 1123 W. CENTER ST. ROCHESTER, MN 55902	1.00	0.	0.	0.
Compensation of five highest-paid employees (other than those in  (a) Name and address of each employee paid more than \$50,000	cluded on line 1). If none,  (b) Title, and average hours per week devoted to position	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
NONE	devoted to position		compensation	allowances

(a) Name and address of each employee paid more than \$50,000

NONE

(b) Title, and average hours per week devoted to position

(c) Compensation

(d) Contributions to employee benefit plans account, other allowances

(e) Expense account, other allowances

Total number of other employees paid over \$50,000

Form **990-PF** (2011)

Form 990-PF (2011) LAVINS, DOLORES & PAUL FOUNDATION	38-34	126007 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly	· · · · · · ·
3 Five highest-paid independent contractors for professional services. If none, enter "N		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<del></del>	
T and pumples of others recognize over \$50,000 for professional continue	<del></del>	▶ 0
Total number of others receiving over \$50,000 for professional services  [PaitilX-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 produce	1. etc.	Expenses
1 N/A		
2		
3		
4		
Show (V th) o		
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	1 204 2	Amount
	1 aliu 2.	Amount
1N/A		
2		
All other program-related investments. See instructions.		
3		

Total. Add lines 1 through 3

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ß	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	343	
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	31,974.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	31,974.
е	Made allowed for blocking and the forther production and the first depends 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	31,974.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	480.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	31,494.
6	Minimum investment return. Enter 5% of line 5	6	1,575.
P	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	1,575.
2a	Tax on investment income for 2011 from Part VI, line 5	<b>***</b>	
b	Income tax for 2011. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,575.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,575.
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	1,575.
_	Qualifying Distributions (see instructions)	[XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		215 604
_	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	215,604.
b	Program-related investments - total from Part IX-B	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	<del></del>
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	215,604.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	213,004.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	0
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	215,604.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualities for the	e section

Form **990-PF** (2011)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7	-			1,575.
2 Undistributed income, if any, as of the end of 2011		m 4.5	/ at	
a Enter amount for 2010 only		\$4.4 × 7.	0.	
b Total for prior years:	. ,			-
D. Franco destributions are in the 2014.		0.	,	
3 Excess distributions carryover, if any, to 2011: a From 2006 78,602.		•		,
		,^		,
b From 2007 c From 2008 157,991.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· *** · · · · · · · · · · · · · · · · ·	·
dFrom 2009 130, 210.	•			
eFrom 2010 112,005.		of the second	a .	
f Total of lines 3a through e	592,728.			33
4 Qualifying distributions for 2011 from	332,720.	•		7.
Part XII, line 4: ►\$ 215,604.				
a Applied to 2010, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior		<u> </u>	•	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		20, 1	7 5	
(Election required - see instructions) **	215,604.	Δ		1 to the to 1 to 1
d Applied to 2011 distributable amount	in the state	100 mm 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14.00	0.
e Remaining amount distributed out of corpus	0.		Contact to the contact	(A) (1) (A) (3) (3) (3) (4)
5 Excess distributions carryover applied to 2011	1,575.			1,575.
(If an amount appears in column (d), the same amount must be shown in column (a))			1	8 - 12 A 1 3 3 3 3
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	806,757.		A Second	
b Prior years' undistributed income. Subtract				This is the state of the state
line 4b from line 2b		0.		
c Enter the amount of prior years'	APARTAREN ZARA	· · · · · · · · · · · · · · · · · · ·	Consist of the	8 m. Allen 18 5 1 1
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				
amount - see instructions	学名 養食 自以	0.		
e Undistributed income for 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract			* * * * * * * * * * * * * * * * * * * *	
lines 4d and 5 from line 1. This amount must				_
be distributed in 2012	, , , , , ,	***		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	•			· · · · · · · · · · · · · · · · · · ·
section 170(b)(1)(F) or 4942(g)(3)	0.	<u>.</u>		5.1.
8 Excess distributions carryover from 2006	77 007	*		
not applied on line 5 or line 7	77,027.	3 - 3		****
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	729,730.	••		
10 Analysis of line 9:	125,130.		<del> </del>	3 3 4 4 4 4 4
a Excess from 2007 113,920.				
b Excess from 2008 157,991.			· ;	
c Excess from 2009 130, 210.				
dExcess from 2010 112,005.				
e Excess from 2011 215,604.	,			
193501	** SEE STATE	MENT 6	<u>.                                    </u>	Form <b>990-PF</b> (2011)

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			PAUL FOUNDA		38-34	26007 Page 10
	rtixIV Private Operating F			I-A, question 9)	N/A	
1 a	If the foundation has received a ruling of					
	foundation, and the ruling is effective for			. ▶	, , , , , , , , , , , , , , , , , , ,	
	Check box to indicate whether the found		ing foundation described		4942(j)(3) or49	42(j)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	investment return from Part X for		1			
	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					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
3 a	Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: "Assets" alternative test - enter: (1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
C	"Support" alternative test - enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
Re	Supplementary Info at any time during t			if the foundation	n had \$5,000 or mo	ore in assets
	Information Regarding Foundation List any managers of the foundation wh year (but only if they have contributed in	o have contributed more	than 2% of the total consection 507(d)(2).)	tributions received by th	e foundation before the clos	se of any tax
	UL N. LAVINS	4001				<del>-:</del>
	List any managers of the foundation who other entity) of which the foundation has			(or an equally large port	on of the ownership of a pa	artnership or
NO						<del></del>
2	Information Regarding Contribution Check here ►  if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited requ complete items 2a, b, c, and	ests for funds. If I d.
8	The name, address, and telephone num	ber of the person to who	om applications should be	addressed:		
	The form in which applications should b	pe submitted and informa	ation and materials they s	hould include:		
	Any submission deadlines:				<u>,</u>	<del></del>
_	I Anno and the state of the sta		-1	1 - 1 - 1 - 1 - 1		····
C	I Any restrictions or limitations on awards	s, such as by geographic	zai areas, charitable fields	, kinas ot institutions, or	other factors:	

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or any foundation manager or substantial contributor Amount status of contribution Name and address (home or business) recipient a Paid during the year LOYOLA UNIVERSITY CHICAGO NONE CHARITABLE COMMUNITY SUPPORT 820 N. MICHIGAN AVE DRGANIZATION CHICAGO , IL 60611 2,500. GLEANERS COMMUNITY FOOD BANK NONE CHARITABLE COMMUNITY SUPPORT P.O BOX 1380 ORGANIZATION TROY , MI 48099 1,000. ST. AMBROSE CHURCH (DEBT REDUCTION) NONE CHARITABLE COMMUNITY SUPPORT 15020 HAMPTOM ORGANIZATION GROSSE POINT PARK , MI 48230 20,000. AMERICAN CANCER SOCIETY NONE CHARTTABLE COMMUNITY SUPPORT 250 WILLIAM STREET NW ORGANIZATION ATLANTA , GA 30303 1,000. EPILEPSY FOUNDATION OF MICHIGAN NONE CHARITABLE COMMUNITY SUPPORT 20300 CIVIC CENTER DR SUITE 250 ORGANIZATION SOUTHFIELD MI 48076 1,000. SEE CONTINUATION SHEET(S) 215,604. Total ▶ 3a b Approved for future payment NONE Total

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual. show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient CARMICHAELS AREA SCHOOL DISTRICT NONE CHARTTABLE COMMUNITY SUPPORT 225 N VINE ST. ORGANIZATION CARMICHAELS PA 15320 40,000. GROSSE POINTE PARK FOUNDATION NONE CHARITABLE EDUCATIONAL SUPPORT 15115 EAST JEFFERSON AVE ORGANIZATION GROSSE POINTE PARK MI 48230 1,000. ROUNDTABLE NONE CHARITABLE COMMUNITY SUPPORT 11288 ALAMEDA DRIVE ORGANIZATION STRONGSVILLE , OH 44149 2,500. FRIENDS OF CHIPATA DIOCESE ZAMBIA NONE CHARITABLE COMMUNITY SUPPORT 1205 ROSSELL AVE ORGANIZATION OAK PARK . IL 60302 3,000. MAYO FOUNDATION NONE CHARITABLE COMMUNITY SUPPORT 4500 SAN PABLO ROAD ORGANIZATION FL 32224 JACKSONVILLE . 30,000. GROSSE POINTE SOUTH POINTE PLAYERS NONE CHARITABLE COMMUNITY SUPPORT 389 ST. CLAIR ORGANIZATION GROSSE POINTE MI 48230 1,000. ST. AMBROSE CHURCH (DEBT REDUCTION) NONE CHARITABLE COMMUNITY SUPPORT ORGANIZATION 15020 HAMPTOM GROSSE POINT PARK MI 48230 10,000. FRIENDS OF KENYAN ORPHANS NONE CHARITABLE COMMUNITY SUPPORT 920 BERKSHIRE ROAD ORGANIZATION GROSSE POINT PARK MI 48230 5,000. GROSSE POINTE SOUTH CHOIR BOOSTERS NONE CHARITABLE COMMUNITY SUPPORT 1127 HARVARD ROAD DRGANIZATION GROSSE POINT PARK MI 48230 5,000. CROHN'S & COLITIS FOUNDATION OF NONE CHARITABLE COMMUNITY SUPPORT AMERICA ORGANIZATION 4700 ROCKSIDE RD #425 INDEPENDENCE , OH 44131 1,000. Total from continuation sheets 190,104. Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor Foundation Amount status of Name and address (home or business) recipient COALITION TO SALUTE AMERICAN HERO'S NONE CHARITABLE COMMUNITY SUPPORT PO BOX 96440 DRGANIZATION WASHINGTON DC 20090 500. DETROIT PUBLIC TELEVISION NONE CHARITABLE COMMUNITY SUPPORT 1 CLOVER COURT ORGANIZATION 3,000. WIXOM , MI 48393 THE NEIGHBORHOOD CLUB NONE CHARITABLE COMMUNITY SUPPORT 17150 WATERLOO ORGANIZATION GROSSE POINTE, MI 48230 1,000. GROSSE POINTE HISTORICAL SOCIETY NONE CHARITABLE COMMUNITY SUPPORT 381 KERCHEVAL AVE SUITE 2 ORGANIZATION GROSSE POINTE FARMS, MI 48236 1,000. GOODFELLOW ENDOWMENT FUND NONE CHARITABLE COMMUNITY SUPPORT 3350 WINCHESTER ROAD ORGANIZATION WEST BLOOMFIELD MI 48322 1,000. THE SALVATION ARMY NONE CHARITABLE COMMUNITY SUPPORT 16130 NORTHLAND DRIVE ORGANIZATION SOUTHFIELD MI 48075 2,000. DETROIT RESCUE MISSION MINISTRIES NONE CHARTTABLE COMMUNITY SUPPORT 150 STIMSON P.O BOX 312087 ORGANIZATION DETROIT MI 48231 1,000. DETROIT SYMPHONY ORCHESTRA NONE CHARTTARLE COMMUNITY SUPPORT 3711 WOODWARD AVENUE ORGANIZATION DETROIT MI 48201 1,500. DETROIT INSTITUTE OF ARTS NONE HARITABLE COMMUNITY SUPPORT 5200 WOODWARD AVENUE ORGANIZATION DETROIT MI 48202 1,500. DETROIT ZOOLOGICAL SOCIETY NONE CHARITABLE COMMUNITY SUPPORT 8450 W 10 MILE ROAD ORGANIZATION ROYAL OAK MI 48067 1,500. Total from continuation sheets

Part XV Supplementary Informati				
3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
CAPUCHIN SOUP KITCHEN	NONE	CHARITABLE	COMMUNITY SUPPORT	
1820 MT. ELLIOT STREET		ORGANIZATION		1
DETROIT , MI 48207				1,500.
·				
DTE THAW PUND	NONE	CHARITABLE	COMMUNITY SUPPORT	
607 SHELBY SUITE 400	NOME	ORGANIZATION	COMMONITI SUFFORT	
DETROIT , MI 48226				1,500.
·				<u>'</u>
DISABLED AMERICAN VETERANS	NONE	CHARITABLE	COMMUNITY SUPPORT	
P.O. BOX 14301 CINCINNATI OH 45250		DRGANIZATION		2 000
CINCINIAII , OII 13230	***************************************		<del> </del>	2,000.
FATHER FLANAGANS BOYS TOWN	NONE	CHARITABLE	COMMUNITY SUPPORT	İ
13603 FLANGAN BOULEVARD		ORGANIZATION		
BOYS TOWN , NE 68010		<del> </del>		200.
AMERICAN LUNCH ASSOCIATION	NONE	CHARITABLE	COMMUNITY SUPPORT	-
1301 PENNSYLVANIA AVE		ORGANIZATION		ļ
WASHINGTON , DC 20004			ļ	100.
AMERICAN INSTITUTE FOR CANCER	NONE	CHARITABLE	COMMUNITY SUPPORT	
RESEARCH		ORGANIZATION	Doillow 1	
1759 R. STREET, NW		į		
WASHINGTON , DC 20009				1,000.
MARCH OF DIMES	NONE	CHARITABLE	COMMUNITY SUPPORT	
P.O BOX 321190		ORGANIZATION		
DETROIT , MI 48232				200.
	•			
GROSSE POINTE WAR MEMORIAL	NONE	CHARITABLE	COMMUNITY SUPPORT	
32 LAKE SHORE DRIVE	NONE	ORGANIZATION	COMMONITY BOTTON	
GROSSE POINT FARMS , MI 48236				2,000.
CONTRIBUTATION HOTICS	NONE		CONDUCTOR CONTROL	
CONVENANT HOUSE 461 EIGHT AVENUE	NONE	CHARITABLE ORGANIZATION	COMMUNITY SUPPORT	
NEW YORK NY 10001		D.C. III		250.
			<u> </u>	1
		•		
MICHIGAN HUMANE SOCIETY	NONE	CHARITABLE	COMMUNITY SUPPORT	
7401 CHRYSLER DRIVE DETROIT MI 48211		DRGANIZATION		250.
Total from continuation sheets	<u></u>	1	1	230.
		<u></u>		<u>.l</u>

3 Grants and Contributions Paid During the	<del></del>	1		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
GROSSE POINTE LIBRARY FOUNDATION 10 KERCHEVAL AVE GROSS POINTE FARMS , MI 48236	NONE	CHARITABLE ORGANIZATION	COMMUNITY SUPPORT	1,00
DUR LADY OF CZESTOCHOWA P.O BOX 2049 DOYLESTOWN , PA 18901	NONE	CHARITABLE DRGANIZATION	COMMUNITY SUPPORT	1,00
STRATFORD SHAKESPEARE FESTIVAL OF AMERICA 55 QUEEN STREET P.O. BOX 520	NONE	CHARITABLE ORGANIZATION	COMMUNITY SUPPORT	
STRATFORD, ONTARIO , CANADA  ST. AMBROSE CHURCH (DEBT REDUCTION)  15020 HAMPTOM  GROSSE POINT PARK , MI 48230	NONE	CHARITABLE ORGANIZATION	COMMUNITY SUPPORT	1,00
HOSPICE OF MICHIGAN 400 MACK AVENUE DETROIT , MI 48201	NONE	CHARITABLE ORGANIZATION	COMMUNITY SUPPORT	1,00
AUTISM SPEAKS 2 PARK AVENUE, 11TH FLOOR NEW YORK , NY 10016	NONE	CHARITABLE ORGANIZATION	COMMUNITY SUPPORT	1,00
THE TRIBUTARY FUND	NONE	CHARITABLE ORGANIZATION	COMMUNITY SUPPORT	1,00
MICHIGAN OPERA THEATRE 1526 BROADKWAY DETROIT , MI 48226	NONE	CHARITABLE ORGANIZATION	COMMUNITY SUPPORT	52,60
Total from continuation sheets				

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

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
			-	<u> </u>	
a					
D					<del></del>
C	ļ <u>.</u>		1		
đ			ļ		
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments		1	14	20.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:	Edwards.	金额第二十四%的	~(%)		
a Debt-financed property		· · · · · · · · · · · · · · · · · · ·			\$ 1000 per (0) 100 per (0)
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal			<del> </del>	···	
7 Other investment recess			<del>                                     </del>		<del></del>
8 Gain or (loss) from sales of assets other			1		<u> </u>
than inventory			1		
9 Net income or (loss) from special events	ļ		<del>                                     </del>		
10 Gross profit or (loss) from sales of inventory	ļ		<u> </u>		
11 Other revenue:					
<u> </u>			-		
b			<u> </u>	<del></del>	
C			<u> </u>		<u> </u>
d			_		
e	# 10 to 128 150		2814.		
	NAMES OF STREET	0.		20.	0.
				13_	20.
(See worksheet in line 13 instructions to verify calculations.)		<u> </u>			
Part XVI-B: Relationship of Activities to	the Acc	omplishment of Ex	cemp	ot Purposes	
Line No. Explain below how each activity for which incom			contri	buted importantly to the accor	npfishment of
the foundation's exempt purposes (other than be	y providing fu	ınds for such purposes).			
					<del></del>
					· · · · · · · · · · · · · · · · · · ·
	<del></del>				
					· · · · · · · · · · · · · · · · · · ·
				· · · · · · · · · · · · · · · · · · ·	
				· · · · · · · · · · · · · · · · · · ·	
				·	
123621 12-02-11					Form <b>990-PF</b> (2011)

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

	ganization directly or indir						on 501(c) of		1300	Yes	No
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?							3	3,00	\$ 1		
a Transfers	from the reporting founda	ation to a noncharita	ble exempt orq	anization of:				`			1
(1) Cash	- ** *** *								1a(1)		X
(2) Other	assets					_			1a(2)		X
b Other tran	sactions:								='&-	. 11 1,	,
(1) Sales	of assets to a noncharital	ble exempt organiza	tion						1b(1)		X
	nases of assets from a nor			• • • • • • • • • • • • • • • • • • • •				- •	1b(2)		X
	al of facilities, equipment, (			• • •		•			1b(3)		X
	bursement arrangements	· ·				-			1b(4)		X
• •	s or loan guarantees			• • •	•				1b(5)	$\vdash$	X
	rmance of services or me	 mharchin or fundra	eina enheitatio						1b(6)		X
	f facilities, equipment, mai	•	-	•• •	-	•			<u> </u>		X
_	wer to any of the above is	• .		• • • • • • • • • • • • • • • • • • • •	humum ah	au tha fair m			10		
	s given by the reporting fo									eis,	
				eu iess man iair market va	nue in any	uansaction	or snaring arrang	детеп <b>с,</b> Sr	IOW IN		
<del> </del>	f) the value of the goods, (										
(a)Line no	(b) Amount involved	(c) warne o		exempt organization	<del></del>	Description	of transfers, transac	tions, and s	haring an	rangeme	nts
			N/A								
	.,,		<del></del> .	···							
	•										
1					ì						
		. <u>-</u>									
				· · · · · · · · · · · · · · · · · · ·		•					
				<del></del>	<del></del>						
				<del></del>	_		<u> </u>				
-					+						
00 10 100 1000		the affiliate of white and				d b. d					
	ndation directly or indirect	-			nizations (	described			<b>-</b>		٦
	501(c) of the Code (other		)(3)) or in sect	ion 527?				<u> </u>	Yes	LX	] No
b It Yes, co	omplete the following scho			(A) =	<del></del>						
	(a) Name of org	anization		(b) Type of organization	<u> </u>		c) Description of	relationsh	ıþ	<u>,</u>	
<u> </u>	N/A										
·-											
	penalties of perjury, I declare								the IHS	liscuss	his
Sign   and be	elief, it is tree, correct, and con	nplete Dictaration of pr	reparer (other than	taxpayer) is based on all info	rmation of v	which preparer	has any knowledge	retur	n with th	e prepar	er
Here	mue.	SWV	no	18/9/1/2		PRESID	ENT		Yes		Νο
Sigr	nature of officer or trustee			Date	Tit			[			
	Print/Type preparer's na	ıme	Preparer's s		Date		Check   if	PTIN			
	CHRISTA BA		Linet	_ //			self- employed	1 "			
Paid	CPA		CHRIST		07/	25/12		Por	401	772	
Preparer	Firm's name BAK	עוודדת סק				27/12	Firm's EIN 🕨	1			
Use Only	rinii s name > DAA	IUUII AG.	ATVCUO	" VVVODE, T	NE		rirm s EIN	<b>ン</b> ラーひと	צצכי	τO	
USE Offiny	Ermin address > 4.4	E COTTOUT C	Amir am	DERM CHAR	400		ļ				
				REET, SUITE	400						
	MI	LWAUKEE,	WI 532	14		<del></del>	Phone no.	(414)	777	<u>-55</u>	00

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No 1545-0047

2011

Name of the organization **Employer identification number** LAVINS, DOLORES & PAUL FOUNDATION 38-3426007 Organization type (check one): Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 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, total 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 total 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 religious, chantable, etc., contributions of \$5,000 or more during the year. 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 Part I, 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).

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) (2011)

Employer identification number

## LAVINS, DOLORES & PAUL FOUNDATION

38-3426007

Partl	Contributors (see instructions). Use duplicate copies of Part I if additi	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PAUL LAVINS  15230 WINDMILL POINTE DRIVE  GROSSE POINTE PARK, MI 48230	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d). Type of contribution
		-   -   \$	Person Payroll Noncash (Complete Part II of there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total 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) Total 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) Total contributions	(d) Type of contribution
		 \$	Person Payroll Occash Occash Occash If there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		   \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
123452 01-2	3-12	Schedule B (Form	990, 990-EZ, or 990-PF) (2011)

Employer identification number

## LAVINS, DOLORES & PAUL FOUNDATION

38-3426007

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(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			
123453 01-23	-12	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2011)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Name of organization **Employer identification number** 

AVINS	, DOLORES & PAUL FOUNDA	ATION		38-3426007				
<b>अवश्वीत</b>	Exclusively religious, charitable, etc., indivi year. Complete columns (a) through (e) and the	dual contributions to section 501(c e following line entry. For organization	(7), (8), or (10) organizations completing Part III, enter	ons that total more than \$1,000 for the				
	the total of exclusively religious, charitable, etc.	, contributions of \$1,000 or less for	the year. (Enter this information onc	<sub>2)</sub> ▶\$				
(a) No.	Use duplicate copies of Part III if additiona	l space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
		<del></del>						
-				<del> </del>				
		(e) Transfer of gif	τ					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
ŀ								
(a) No.								
from   Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
				<del></del>				
		75-10-1						
F	,	(e) Transfer of gif	t					
-	Transferee's name, address, an	d ZIP + 4	Relationship of tra	ansferor to transferee				
			<del></del>					
1								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
Part I		<u>.</u>		· · · · · · · · · · · · · · · · · · ·				
}	,		<del></del>  -					
<u> </u>								
	(e) Transfer of gift							
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	ansferor to transferee				
				<del></del>				
(a) No. from Part I	4.5							
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
1			— I ———					
	(e) Transfer of gift							
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					
			· · · · · · · · · · · · · · · · · · ·	***				
- 1			<del></del>					

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH IN	NVESTMENTS	STATEMENT 1
SOURCE				AMOUNT
NORTHERN TRUST ACCOUNT			•	20.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	=	20.
FORM 990-PF	LEGAL	FEES		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
LEGAL FEES	800.	0.		0.
TO FM 990-PF, PG 1, LN 16A	800.	0.		0.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
ACCOUNTING FEES	1,200.	600.		0.
TO FORM 990-PF, PG 1, LN 16B	1,200.	600.		0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
STATE FILING FEE BANK FEES	20. 75.			0.
TO FORM 990-PF, PG 1, LN 23	95.	0.		0.
	<del></del>			

FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES	S STATEMENT 5
DESCRIPTION	AMOUNT
ADJUSTMENT TO REFLECT ACCOUNT & TIMING DIFFERENCES	3,858.
TOTAL TO FORM 990-PF, PART III, LINE 5	3,858.

FORM 990-PF

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

STATEMENT

6

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.

### Fòrm **8868**

(Rev. January 2012) Department of the Treasury Internal Revenue Service Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Do not complete Part I unless you have already been granted an automatic 3-month extension on a previously flied Form 8868 if you need a 3-month automatic extension of time to file (6 menths for a corporation recipired to file Form 990 T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 980 T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 980 T), or an additional (not automatic) 3-month extension of forms. You can electronically file Form 980 T), or an additional (not automatic) 3-month extension of forms 870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see enstructions). For more details on the electronic filing of this form, wast www.irs.gov/effile and click on e-file for Charlifes 8 Nonprofits.	• If yo	ou are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box			▶ X		
Electronic filing (p-dig). You can electronically file Form 8888 if you need a 3-month automatic extension of time 16 (6 months for a corporation required to file form 990-1); or an additional file and extension of time. You can electronically file Form 88810 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 IFS in paper format (see instructions). For more details on the electronic filing of this form, was travelving symbile and circle on e-file for Charistes & Norporotis.    Matter Corporation (selectronic filing)   Matter Corporation (se	• If yo	● If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).							
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. Not can electronically file Form 8868 to request an extension of time to file any of the forms sited in Part to Part I with the exception of Form 8870. International Part Part Part I with the sception of Form 890-T (exposition and calc k on e-file for Charities 8 Nonprofits.    Part   Par									
of time to tife 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 forms (see instructions). For more details on the electronic fling of this form, wast wave/irs, gov/effite and click on e-file for Charities & Nonprofits.    Part II only		, ,							
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic fling of this form, war war war war for the file for Charles & Nonprofits.    Part   Institute   Automatic 3-Month Extension of Time. Only submit original (no copies needed).									
Visit Now vis. gov/effe and click on e-ffle for Chartines & Nonprofits.									
Automatic 3-Month Extension of Time. Only submit original (no copies needed).				(see instructions). For more details o	on the elec	stronic filing of th	is form,		
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only Part I only Part I only Part I only Part I only Part I only 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.  LAVINS, DOLORES & PAUL FOUNDATION  X 38-3426007  Number, street, and room or suite no. If a P.O. box, see instructions.  LAVINS, DOLORES & PAUL FOUNDATION  X 38-3426007  Number, street, and room or suite no. If a P.O. box, see instructions.  15230 WINDMILL POINTE DRIVE  Social security number (SSN)  15230 WINDMILL POINTE DRIVE  GROSSE POINTE PARK, MI 48230  Enter the Return code for the return that this application is for (file a separate application for each return)  D				ubmit original (no copies nee	eded).				
Application  Enter the Return code for the return that this application is for Code  Form 990-BL  Form 990-BL  Form 990-BL  Form 990-BL  Form 990-Form 990-Form 990-Form 990-Fr  Form 990-Form 990-Form 990-Fr  Form 9	A corp						_		
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to the lincome tax returns.  Type or print  LAVINS, DOLORES & PAUL FOUNDATION  LAVINS, DOLORES & PAUL FOUNDATION  Number, street, and room or suite no. If a P.O. box, see instructions.  City, town or post office, state, and 2/P code. For a foreign address, see instructions.  GroSSE POINTE PARK, MI 48230  Enter the Return code for the return that this application is for (file a separate application for each return)  Social security number (SSN)  Mumber, street, and room or suite no. If a P.O. box, see instructions.  GROSSE POINTE PARK, MI 48230  Enter the Return code for the return that this application is for (file a separate application for each return)  Diagnostic form 990-11  Series of Code  Form 990-12  Form 990-12  Form 990-13  Form 990-15  To print 4720  To print 4720  To print 4720  To print 4720  To print 990-15  To print 990-17  To print	Part I	only					ightharpoonup		
LAVINS, DOLORES & PAUL FOUNDATION  LAVINS, DOLORES & PAUL FOUNDATION  Social security number (SSN)  15230 WINDMILL POINTE DRIVE  Cry, town or post office, state, and ZIP code. For a foreign address, see instructions.  GROSSE POINTE PARK, MI 48230  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  For Code Is For Code  Form 990 0 0 10 Form 990-T (corporation)  Form 990-BL 02 Form 1041-A 08  Form 990-EZ 01 Form 4720 09  Form 990-Form 990-			ICs, and ti	rusts must use Form 7004 to reques	t an exten	sion of time			
LAVINS, DOLORES & PAUL FOUNDATION    Number, street, and room or suite no. If a P.O. box, see instructions.   Social security number (SSN)		Name of exempt organization or other filer, see instruc	ctions.		Employer	identification nu	ımber (EIN) or		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.   City, town or post office, state, and ZIP code. For a foreign address, see instructions.   City, town or post office, state, and ZIP code. For a foreign address, see instructions.   City, town or post office, state, and ZIP code. For a foreign address, see instructions.   City, town or post office, state, and ZIP code. For a foreign address, see instructions.   City, town or post office, state, and ZIP code. For a foreign address, see instructions.   City, town or post office, state, and ZIP code. For a foreign address, see instructions.   City, town or post office, state, and ZIP code. For a foreign address, see instructions.   City, town or post office, state, and ZIP code. For a foreign address, see instructions.   City, town or post office, state, and ZIP code. For a foreign address, see instructions.   City, town or post office, state, and ZIP code. For a foreign address, see instructions.   City, town or post office, state, and ZIP code. For a foreign address, see instructions.   City, town or post office, state, and ZIP code. For a foreign address, see instructions.   City, town or post office, state, and ZIP code. For a foreign address, see instructions.   Code   City, town or post office, state, and ZIP code. For a foreign address, see instructions.   Code   City, town or post office, state, and ZIP code. For misport (Code   City, town or post office, state, and ZIP code. For misport (Code   City, town or post office, state, and ZIP code. For misport (Code   City, town or post office, state, and ZIP code. For misport (Code   City and ZIP code. For misport (Code   City and ZIP code. For misport (Code   City and ZIP code. For misport (Code   City and ZIP code. For misport (Code   City and ZIP code. For misport (Code   City and ZIP code. For misport (Code   City and ZIP code. For misport (Code   City and ZIP code. For misport (Code   City and ZIP code. For misport (Code   City and ZIP code. For misport (Code   Cit		LAVINS, DOLORES & PAUL FOUN	IDATI(	ON	X	38-3426	007		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  GROSSE POINTE PARK, MI 48230  Enter the Return code for the return that this application is for (file a separate application for each return)  Return Application  Return Application  Ser Code Is For Code  Ser POINTE PARK, MI 48230  Return Application  Return Application  Ser Code Is For Code  Ser Code Is For Code  Ser POINTE PARK, MI 48230  O1 Form 990-T (corporation)  O7 Form 990-BL  O2 Form 1041-A  O8 Form 990-E  O3 Form 990-F  O4 Form 5227  O5 Form 6069  O5 Form 6069  O5 Form 6069  O6 Form 8870  O7 Form 990-T (trust other than above)  O6 Form 8870  O7 Form 990-T (trust other than above)  O7 Form 990-T (trust other than above)  O8 Form 990-T (trust other than above)  O8 Form 8870  O7 Form 990-T (trust other than above)  O8 Form 8870  O7 Form 990-T (trust other than above)  O8 Form 990-T (trust other than above)  O9 Form 99	due date	for Number, street, and room or suite no. If a P.O. box, se		tions.	Social se	cunty number (S	SN)		
Enter the Return code for the return that this application is for (file a separate application for each return)    Application   Return   Code   Is For   Code   Code   Is For   Code   return. S	ee		race saa instructions		-				
Return   Application   S For   Code   Is For   Code   C				ress, see instructions.					
Application Is For Code Som 990	F-4	she Dakum and fashin was up that the arriver to the		ha ann Park a de la la la la la la la la la la la la la			[A]		
Sefor   Code   Sefor   Sefor   Code   Sefor	Enter	the Heturn code for the return that this application is for (file	a separa	te application for each return)			. [0]4]		
Form 990	Applic	ation	Return	Application			Return		
Form 990-BL  O2 Form 1041-A  O8  Form 990-EZ  O1 Form 4720  O9  Form 990-FF  O4 Form 5227  O5  Form 6069  O6 Form 8870  O7  PAUL N. LAVINS - 15230 WINDMILL POINTE DR, GROSSE POINTE  Telephone No.  313 - 331 - 3811  Form 990-F 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 automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2012  It file the organization's return for:  X calendar year 2011 or  Take that a year entered in line 1 is for less than 12 months, check reason:  If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  O8  Form 1041-A  Form 4720  O9  Form 4720  Form 4720  O9  Form 4720  Form 890-P  F	Is For		Code				Code		
Form 990-EZ  Form 990-FF  Form 990-FF  Form 990-T (sec. 401(a) or 408(a) trust)  PAUL N. LAVINS - 15230 WINDMILL POINTE DR, GROSSE POINTE  PARK, MI - GROSSE POINTE PARK, MI 48230  Telephone No. 313-331-3811  FAX No. P  If the organization does not have an office or place of business in the United States, check this box  If it is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If this a fall members the extension is for.  If the organization's return for:  If it is for part of the group, check this box  If the organization's return for:  If it is for part of the group, check this box  If the analysis for form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits and estimated tax	Form 9	990	01	Form 990-T (corporation)			07		
Form 990-PF	Form 9	990-BL	02	Form 1041-A			08		
Form 990-T (sec. 401(a) or 408(a) trust)  PAUL N. LAVINS - 15230 WINDMILL POINTE DR, GROSSE POINTE  The books are in the care of PARK, MI - GROSSE POINTE PARK, MI 48230  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 it is for part of the group, check this box and attach a list with the names and ElNs of all members the extension is for.  Trequest an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2012  Is for the organization's return for:  X calendar year 2011  Tax year entered in line 1 is for less than 12 months, check reason  If the tax year entered in line 1 is for less than 12 months, check reason  If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  B If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$ 0.	Form 9	990-EZ	01	Form 4720			09		
PAUL N. LAVINS - 15230 WINDMILL POINTE DR, GROSSE POINTE  PAUL N. LAVINS - 15230 WINDMILL POINTE DR, GROSSE POINTE  The books are in the care of ▶ PARK, MI - GROSSE POINTE PARK, MI 48230  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 dight Group Exemption Number (GEN)  If this 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, 2012  Is for the organization's return for:  X calendar year 2011 or  X calendar year 2011 or  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 nonrefundable credits. See instructions.  3a \$ 0.  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$ 0.	Form 9	990-PF	04	Form 5227			10		
PAUL N. LAVINS - 15230 WINDMILL POINTE DR, GROSSE POINTE  The books are in the care of ▶ PARK, MI - GROSSE POINTE PARK, MI 48230  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 part of the group, check this box ▶ and attach a list with the names and ElNs of all members the extension is for.  I I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2012  Is file the exempt organization return for the organization named above. The extension is for the organization's return for:    X   Calendar year 2011   or	Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
The books are in the care of ▶ PARK, MI - GROSSE POINTE PARK, MI 48230  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 a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this 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.  Trequest an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2012  It of the organization's return for:  If the organization is for form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the ten						12			
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		books are in the care of PARK, MI - GROS				GROSSE	POINTE		
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									
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.  1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  ▶							▶ □		
1 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2012 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  ▶	_								
AUGUST 15, 2012 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:    X   Calendar year 2011   Or   Or   Or   Or   Or   Or   Or						ers the extension	n is for.		
Is for the organization's return for:  ▶ X calendar year 2011 or  ▶ tax year beginning, and ending  2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period  3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	1					The extension			
tax year beginning , and ending  If the tax year entered in line 1 is for less than 12 months, check reason. Initial return Final return  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 nonrefundable credits. See instructions.  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  Initial return  Final return  O.		s for the organization's return for:							
2 If the tax year entered in line 1 is for less than 12 months, check reason. Initial return Final return  Change in accounting period  3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$ 0.  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$ 0.									
Change in accounting period  3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$ 0.  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$ 0.		tax year beginning	, an	d ending	· · · ·	<u> </u>			
nonrefundable credits. See instructions.  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  3a \$ 0.  Column 1.	2								
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$ 0.	3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any								
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$						0.			
	b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable						_		
C Balance due, Subtract line 3b from line 3a. Include your payment with this form, if required					3b	\$	0.		
			-	•	3-	*	ر 1		
by using EFTPS (Electronic Federal Tax Payment System). See instructions.  [3c] \$ U •  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.									