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Form **990-PF** Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0052

For cale	ndar year 2012 or tax year beginning		, and ending		
Name o	foundation			A Employer identification	n number
LAV	INS, DOLORES & PAUL FOU	NDATION		38-3426007	,
	and street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number	
152	30 WINDMILL POINTE DRIV	E		313-331-87	/1 <u>1</u>
	own, state, and ZIP code			C If exemption application is p	pending, check here
-		230			-
	call that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here 🕨 🔲
	Final return	Amended return			
	Address change	Name change		Foreign organizations me check here and attach or	eeting the 85% test, omputation
H Check	type of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation sta	itus was terminated
Se	ection 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	under section 507(b)(1	
1 Fair ma	arket value of all assets at end of year J Accounti	ng method: X Cash	Accrual	F If the foundation is in a	60-month termination
(from		her (specify)		under section 507(b)(1	
▶\$	62,618. (Part I, colu	mn (d) must be on cash t	oasis.)		
Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
	necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
1	Contributions, gifts, grants, etc., received	272,619.		N/A	
2	Check if the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments	13.	13.		STATEMENT 1
4	Dividends and interest from securities				
5013 50 50 6	Gross rents				
-	Net rental income or (loss)				
<mark>⊸</mark> _ 6a	Net gain or (loss) from sale of assets not on line 10				
⊃ਛੂ∣₀	Gross sales price for all assets on line 8a				
Hevenue 7 8	Capital gain net income (from Part IV, line 2)		0.		
عرا 8	Net short-term capital gain				
	Income modifications Gross sales less returns				
CANNED 6 11	and allowances				
<u>ا ک</u>	Less Cost of goods sold				
۰] کِج	Gross profit or (loss)				
က္က !!	Other income	272 (22	13.		<u> </u>
12	Total. Add lines 1 through 11	272,632. 0.		<u> </u>	0.
13	Compensation of officers, directors, trustees, etc	0.	0.		
14	Other employee salaries and wages Pension plans, employee benefits				
9 16a	Legal fees		·	<u> </u>	
S 10a	Accounting fees STMT, 2	2,450.	1,225.		0.
	Other and factors	2,430.	1,22,		
일 17	Interest RECEIVED				
Administrative 12 12 12 12 12 12 12 12 12 12 12 12 12	Taxes				
19	Taxes Depresention and depetion 2013 Occupancy	-			
E 20	Occupants 101/2012 12 12 12				
전 21	Travel, conferences, and meetings T	-			
22	Printing and polications N,				
perating and 52 25 25 25	Other expenses STMT 3	36.	0.		_ 0.
를 24	Total operating and administrative				
<u> </u>	expenses. Add lines 13 through 23	2,486.	1,225.		0.
	Contributions, gifts, grants paid	228,104.			228,104.
26	Total expenses and disbursements.				
-	Add lines 24 and 25	230,590.	1,225.		228,104.
27					
	Excess of revenue over expenses and disbursements	42,042.			<u> </u>
	Net investment income (if negative, enter -0-)		0.		
c	Adjusted net income (if negative, enter -0-)			N/A	

	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
느	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	20,576.	62,618.	62,618.
	2	Savings and temporary cash investments			
	3	Accounts receivable -			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	1 -	Investments - U.S. and state government obligations			
	1	Investments - corporate stock			
	1	Investments - corporate bonds			
	1	Investments - land, buildings, and equipment basis			
	``	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	1	Land, buildings, and equipment: basis			<u> </u>
	l	Less accumulated depreciation			
	15	Other assets (describe ►	* -		
	"	7			=
	16	Total assets (to be completed by all filers)	20,576.	62,618.	62,618.
		Accounts payable and accrued expenses	20/3/01	02,010.	027010*
	18	Grants payable			
(0	19	Deferred revenue			
Liabilities	20				
Ē	1	Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable			
:≌	1	Other liabilities (describe)			
	~~	other habilities (describe			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_	20	Foundations that follow SFAS 117, check here		0.	
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted	20,576.	62,618.	
2	25	Temporarily restricted		02,010.	
or Fund Balanc	26	Permanently restricted			
펄	20	Foundations that do not follow SFAS 117, check here			
Ξ		and complete lines 27 through 31.			
þ	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds			
et/	١		20,576.	62,618.	
Z	30	Total net assets or fund balances		02,010.	
	24	Total lightilities and not exacts found he language	20,576.	62,618.	
_		Total liabilities and net assets/fund balances	<u> </u>	02,010.	
P	<u>art</u>	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line		<u> </u>	
		it agree with end-of-year figure reported on prior year's return)	00		20,576.
		amount from Part I, line 27a			42,042.
		r increases not included in line 2 (itemize)		2	42,042.
		lines 1, 2, and 3		3	62,618.
		eases not included in line 2 (itemize)		4	
			duma (h) line 20	5	0. 62,618.
U	ıvld	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	numm (v), iiile 30	<u> b</u>	04,010.

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Form 990-PF (2012)

		DOLORES & PA			<u> </u>		38	<u>-3426</u>	5007_	Page 3
(a) List and desc	ribe the ki	sses for Tax on Invend(s) of property sold (e.g., r	eal estate,	t income	(b) Ho	w acquired Purchase	(c) Date ac	quired	(d) Date	
	arehouse;	or common stock, 200 shs. N	MLC Co.)		D - I	Donation	` (mo., day	/, yr.)	(mo., da	.y, yr.)
<u>1a</u>	ATT2				-					
b NO	INE				├──					
						· · · · · · · · · · · · · · · · · · ·		-		<u> </u>
<u>e</u>										
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale				n or (loss) f) minus (g	1)	
a										
b										
<u>c</u>					_				<u> </u>	
<u>d</u>										
Complete only for assets showing	no oain in e	column (h) and owned by the	foundation	on 12/31/69			Gains (Col	(h) dain r	miniie	
(i) F.M.V. as of 12/31/69		j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (i)			(k), but no		-0-) or	
a				(,,,						
b										
C										
d										
е										
2 Capital gain net income or (net ca	apıtal loss)	If gain, also enter in If (loss), enter -0- in	Part I, line Part I, line	7 7	}	2				
3 Net short-term capital gain or (los	ss) as defii	•								
If gain, also enter in Part I, line 8,					}					
If (loss), enter -0- in Part I, line 8 Part V Qualification U			<u> </u>	Toy on No.	10000	3				
						Sunent inc	OIIIE			
(For optional use by domestic private	e ioungatio	ons subject to the section 494	io(a) tax on	net investment ii	icome.)					
if section 4940(d)(2) applies, leave t	his part bla	ank.								
Was the foundation liable for the sec	tion 4942	tax on the distributable amou	int of any ve	ear in the base pe	rıod?			į	Yes	X No
If "Yes," the foundation does not gua								—		
1 Enter the appropriate amount in	each colur	nn for each year; see the inst	ructions be	fore making any e	ntries.					
(a) Base period years	ļ	(b)		Not value of ac	(c)	able une neceto	l .	Dietrihi	(d) ition ratio	
Calendar year (or tax year beginni	ng in)	Adjusted qualifying distrib		Net value of no	menania		 	ol. (b) divi	dea by coi.	
2011			,604. ,005.			31,494 22,311				<u> 15875</u> 20169
<u>2010</u> 2009			,320.			42,198				35694
2008			,250.			$\frac{42}{25}, 174$				2597 <u>1</u>
2007			,342.			8,430			13.5	
2 Total of line 1, column (d)							2		34.89	1410
3 Average distribution ratio for the	5-year bas	e period - divide the total on	line 2 by 5,	or by the number	of year:	S				
the foundation has been in existe	nce if less	than 5 years					3		6.9	<u> 78282</u>
• Fata it and also of the ball									60	207
4 Enter the net value of noncharitat	ole-use ass	sets for 2012 from Part X, line	9 5				4		08	<u>, 307 </u>
5 Multiply line 4 by line 3							5		476	,666
o munipiy mie 4 by mie 5							- 		<u> </u>	, 000.
6 Enter 1% of net investment incon	ne (1% of	Part I. line 27b)					6			0.
	,	, ,								
7 Add lines 5 and 6							7		476	,666
B Enter qualifying distributions from	n Part XII,	line 4					8		228	,104.
If line 8 is equal to or greater than	ı lıne 7, ch	eck the box in Part VI, line 1b	, and comp	olete that part usin	ıg a 1%	tax rate.				
See the Part VI instructions.									rm 990-E)E (0040
000004 40 05 40								L۸	rm MMil-L	/ - /ソハ1?

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	n 990-PF (2012) LAVINS, DOLORES & PAUL FOUNDATION		<u> 3426</u>			Page 4
_	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	· see i	nstru	ıctioı	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 📖 and enter "N/A" on line 1.		ĺ			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		ĺ			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 📖 and enter 1%	1				<u>0.</u>
	of Part I, line 27b		ĺ			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		ĺ			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	_2_				0.
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	<u> </u>			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	<u> </u>			0.
6	Credits/Payments:		ĺ			
а	2012 estimated tax payments and 2011 overpayment credited to 2012		ĺ			
b	Exempt foreign organizations - tax withheld at source 6b		ĺ			
C	Tax paid with application for extension of time to file (Form 8868)		ĺ			
đ	Backup withholding erroneously withheld 6d 6d	. 1	ĺ			
	Total credits and payments. Add lines 6a through 6d	7				<u>0.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	ļ			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	<u> </u>			
	Enter the amount of line 10 to be: Credited to 2013 estimated tax		Ĺ			
	art VII-A Statements Regarding Activities				\ <u> </u>	<u> </u>
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	IR			Yes	
	any political campaign?			1a_		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b	-	<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ed or				
	distributed by the foundation in connection with the activities.			١.		**
	Did the foundation file Form 1120-POL for this year?			1c		<u>X</u>
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. \triangleright \$ 0. (2) On foundation managers. \triangleright \$ 0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			1		
_	managers. ► \$0.					37
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2_		<u> </u>
	If "Yes," attach a detailed description of the activities.					
J	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or believe as other employ postures and account of the phases.	Я		3		Х
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year?			<u> </u>		X
	old the foundation have unrelated business gross income of \$1,000 or more during the year?	N	/A	4a 4b		-21
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	TA	<i>,</i> A	5	-	X
J	If "Yes," attach the statement required by General Instruction T.			 		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			1		
Ū	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?	, 1411		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.			 _		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
74	MI					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
of each state as required by General Instruction G? If "No," attach explanation					х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar		8b		
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10		тмт	4	10	X	

orm	990-PF (2012) LAVINS, DOLORES & PAUL FOUNDATION 38-3426	<u> </u>		Page 5
Pa	rt 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
10	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
12	If "Yes," attach statement (see instructions)	12		X
10	•	13	$\overline{\mathbf{x}}$	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	41	
14	Website address \blacktriangleright N/A The books are in care of \blacktriangleright PAUL N. LAVINS Telephone no. \blacktriangleright 313-33	1 - 35	211	
14	Located at 15230 WINDMILL POINTE DR, GROSSE POINTE PARK, MI, ZIP+4 16		<u> </u>	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	<u>, 250</u>		\Box
10	and enter the amount of tax-exempt interest received or accrued during the year	N	/ A	
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10	securities, or other financial account in a foreign country?	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	···		_==
	country			
Pa	ort VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1 7	Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1 1	1	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1 1	1	
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			:
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1 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	1 1		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2012?	1c		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):	1 1		
а	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning]]		
	before 2012?	1 1		
	If "Yes," list the years \blacktriangleright	1		
Ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	_,		
	statement - see instructions.) N/A	2b		_
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
_	<u> </u>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
	• •			
b	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012.) N/A	96		
4.	· · · · · · · · · · · · · · · · · · ·	3b 4a		X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	74		
D	had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		x
	ride not occur removed from Josephiny before the first day of the tax year beginning in 2012.			

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	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 (secti	on 4945(e))?	Yo	es X No	ļ	
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir	ectly,			
any voter registration drive?		Yo	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose	98?	Y	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization			_		
509(a)(1), (2), or (3), or section 4940(d)(2)?		☐ Y	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	v. or educational purposes, or				
the prevention of cruelty to children or animals?	,, o. ou_ou_o pp ou oo, o.		es X No	1	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	nder the exceptions described	· · · · · · · · · · · · · · · · · · ·			
section 53.4945 or in a current notice regarding disaster assistance (see inst		W. Frogulations	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check			→	-	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		uned			
expenditure responsibility for the grant?			es 🗀 No		
If "Yes," attach the statement required by Regulations section 53 49		1/A	.5 110		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
	o pay premiums on		es X No		
a personal benefit contract?	and a second base of the second		S LALINU	6b	x
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		-	שט	- ^ -
If "Yes" to 6b, file Form 8870.	b - 14 4		es X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax		L Y0		71	
b If Yes, did the foundation receive any proceeds or have any net income attri		Llinkl		7b	
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	stees, Foundation Ma	anagers, migni	y		
List all officers, directors, trustees, foundation managers and their	r compensation		=		
List all officers, all colors, a disters, foundation managers and area	(b) Title, and average	(c) Compensation	(d) Contributions to	(e	Expense
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	acc) Expense ount, other
	to position	enter -0-)	compensation	<u>a</u> 1	lowances
PAUL N. LAVINS	_PRESIDENT, TR	EASURER			
15230 WINDMILL POINTE DRIVE	1 00		١ ,		0
GROSSE POINTE PARK, MI 48230	1.00	0.	0.	 -	0.
KRISTIN FRANCIS	SECRETARY				
1123 W. CENTER ST.					0
ROCHESTER, MN 55902	1.00	0.	0.	 	0.
RICHARD A. POLK, S.C.	TRUSTEE				
30150 TELEGRAPH ROAD, SUITE 444					•
BINGHAM FARMS, MI 48025	1.00	0.	0.	<u> </u>	0.
	_				
				L	
2 Compensation of five highest-paid employees (other than those in		enter "NONE."	(d) Contributions to	1 1-	Evnance
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	acc) Expense ount, other lowances
NONE					
				-	
		-			
				1	
	7				
	1				
		1		<u> </u>	
	1				
Total number of other employees paid over \$50,000			>		0

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Part VIII Information About Officers, Directors, Trustees, Foundation Management 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 informa 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	2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<u> </u>	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes;		
•	Average monthly fair market value of securities	l 1a	0.
	Average of monthly cash balances	1b	<u> </u>
	Fair market value of all other assets	1c	
	Total (add lines 1a, b, and c)	1d	69,347.
	Reduction claimed for blockage or other factors reported on lines 1a and	1	
Ī	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	69,347.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,040.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	68,307.
6	Minimum investment return. Enter 5% of line 5	6	3,415.
	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	3,415.
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012. (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,415.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,415.
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	3,415.
_	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		220 104
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	228,104.
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:	_	
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	220 104
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	228,104.
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	228,104.
	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 th	1e section

Form **990-PF** (2012)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				3,415.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007 113,920.				
b From 2008 157,991.				
c From 2009 130, 210.				
dFrom 2010 112,005.				
e From 2011 215, 604.				
f Total of lines 3a through e	729,730.			
4 Qualifying distributions for 2012 from	, 25 / , 000			
Part XII, line 4: ►\$ 228, 104.				
a Applied to 2011, 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				
(Election required - see instructions) **	228,104.			
d Applied to 2012 distributable amount	220,104.			0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2012	3,415.			3,415.
(If an amount appears in column (d), the same amount must be shown in column (a))	3,413.			3,413.
6 Enter the net total of each column as indicated below;				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	954,419.			
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			 	
amount - see instructions		0.		
e Undistributed income for 2011. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				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 2007				
not applied on line 5 or line 7	110,505.			
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a	843,914.			
10 Analysis of line 9:				
a Excess from 2008 157,991.				
b Excess from 2009 130, 210.				
c Excess from 2010 112,005.				
d Excess from 2011 215, 604.				
e Excess from 2012 228, 104.				

		PAUL FOUNDA			.26007 Page 10
Part XIV Private Operating Fo	undations (see in	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter tha	t it is a private operating	1		
foundation, and the ruling is effective for	2012, enter the date of	the ruling	▶ ∟		
b Check box to indicate whether the founda	tion is a private operati	ng foundation described	ın section	4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(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.					1
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying			1		1
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		1			
			+	-	-
(4) Gross investment income Part XV Supplementary Infor	mation (Comple	to this part only	if the foundation	n had \$5 000 or m	ore in assets
at any time during th			ii the loundatio	11 11au 40,000 01 111	ore in assets
			 -		
1 Information Regarding Foundation	_	00/ -f.th- t-t-l		a favodation hafara the ala	on of any toy
a List any managers of the foundation who year (but only if they have contributed me			tributions received by th	e toundation before the cic	ise of any tax
	σε man φυ,σου). (σου .	30011011 307 (4)(2).)			
PAUL N. LAVINS					
 List any managers of the foundation who other entity) of which the foundation has 			(or an equally large por	tion of the ownership of a p	eartnership or
**	a 10 % OF Greater Hitere	SL.			
NONE					<u></u>
2 Information Regarding Contribution			_		
Check here 🕨 🗶 if the foundation on					
the foundation makes gifts, grants, etc. (s	see instructions) to indi	viduals or organizations	under other conditions,	complete items 2a, b, c, an	a a.
a The name, address, and telephone numb	er or e-mail of the pers	on to whom applications	should be addressed:		
b The form in which applications should be	submitted and informa	ition and materials they s	should include:		
c Any submission deadlines:					
					
d Any restrictions or limitations on awards,	such as by geographic	al areas, charitable fields	s, kinds of institutions, oi	r otner factors:	

Name and address (home or business) a Paid during the year AMERICAN CANCER SOCIETY AMERICAN STREET NW ATLANTA, GA 30303 AMERICAN INSTITUTE FOR CANCER RESEARCH 1759 R. STREET, NW WASHINGTON, DC 20009 AMERICAN LUNG ASSOCIATION AMERICAN LUNG ASSOCIATION NONE CHARITABLE COMMUNITY SUPPORT CRANIZATION AUTISM SPEAKS PORGANIZATION AUTISM SPEAKS PORGANIZATION CAPUCHIN SOUP KITCHEN NONE CHARITABLE COMMUNITY SUPPORT DETROIT, NY 18207	3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
AMERICAN CANCER SOCIETY AMERICAN CANCER SOCIETY SO WILLIAM STREET NW ATLANTA, GA 30303 AMERICAN INSTITUTE FOR CANCER AMERICAN INSTITUTE FOR CANCER RESSARCH 1759 R, STREET, NW AMERICAN LUNG ASSOCIATION AND CHARITABLE ORGANIZATION CHARITABLE ORGANIZATION CHARITABLE ORGANIZATION AUTISM SPEAKS 2 PARK AVENUE, 11TH FLOOR NEW YORK, NY 10016 CAPUCHIN SOUP KITCHEN NONE CHARITABLE ORGANIZATION CHARITABLE ORGANIZATION CHARITABLE ORGANIZATION 1 AUTISM SPEAKS 2 PARK AVENUE, 11TH FLOOR NEW YORK, NY 10016 CAPUCHIN SOUP KITCHEN NONE CHARITABLE ORGANIZATION CHARITABLE ORGANIZATION AUTISM SPEAKS 2 PARK AVENUE, 11TH FLOOR CHARITABLE ORGANIZATION 1 AUTISM SPEAKS 2 PARK AVENUE, 11TH FLOOR CHARITABLE ORGANIZATION 1 AUTISM SPEAKS 2 PARK AVENUE, 11TH FLOOR DETROIT, MI 48207 Total SEE CONTINUATION SHEET(S) 3 3 228	Recipient	If recipient is an individual,	Foundation	Purpose of grant or	Amount
AMERICAN CANCER SOCIETY 250 WILLIAM STREET NW WILLIAM STREET NW WILLIAM STREET NW WASHINGTON, DC 20009 AMERICAN INSTITUTE FOR CANCER NONE CHARITABLE COMMUNITY SUPPORT DRGANIZATION CHARITABLE COMMUNITY SUPPORT DRGANIZATION NONE CHARITABLE COMMUNITY SUPPORT DRGANIZATION AMERICAN LUNG ASSOCIATION NONE CHARITABLE COMMUNITY SUPPORT DRGANIZATION NONE CHARITABLE COMMUNITY SUPPORT DRGANIZATION CHARITABLE COMMUNITY SUPPORT DRGANIZATION 1 CAPUCHIN SOUP KITCHEN NONE CHARITABLE COMMUNITY SUPPORT DRGANIZATION 1 CAPUCHIN SOUP KITCHEN NONE CHARITABLE COMMUNITY SUPPORT DRGANIZATION 1 CAPUCHIN SOUP KITCHEN NONE CHARITABLE COMMUNITY SUPPORT DRGANIZATION 1 CAPUCHIN SOUP KITCHEN NONE CHARITABLE COMMUNITY SUPPORT DRGANIZATION 1 CAPUCHIN SOUP KITCHEN SEER CONTINUATION SHEET(S) DAPProved for future payment	Name and address (home or business)	or substantial contributor		Contribution	
DECOMPLIANT STREET NW ATLANTA, GA 30303 AMERICAN INSTITUTE FOR CANCER AMERICAN INSTITUTE FOR CANCER AMERICAN INSTITUTE FOR CANCER AMERICAN LINSTITUTE FOR CANCER AMERICAN LUNG ASSOCIATION AMERICAN LUNG ASSOCIATION AMERICAN LUNG ASSOCIATION AMERICAN LUNG ASSOCIATION AND CHARITABLE ORGANIZATION ASSHINGTON, DC 20004 AUTISM SPEAKS AUTISM SPEAKS APPRAYERUE, 11TH FLOOR AND CHARITABLE ORGANIZATION AND CHARITABLE ORGANIZATION AND CHARITABLE ORGANIZATION AUTISM SPEAKS APPRAYERUE, 11TH FLOOR APPROVED THE PROPRET APPROVED THE PROPRET APPROVED THE PROPRET APPROVED THE PROPRET APPROVED THE SEE CONTINUATION SHEET(S) Approved for future payment	a Paid during the year				
AMERICAN INSTITUTE FOR CANCER NONE CHARITABLE COMMUNITY SUPPORT RESEARCH 1759 R. STREET, NW WASHINGTON, DC 20009 AMERICAN LUNG ASSOCIATION 1301 PENNSYLVANIA AVE, NW, SUITE 800 WASHINGTON, DC 20004 AUTISM SPEAKS 2 PARK AVENUE, 11TH FLOOR NEW YORK, NY 10016 CAPUCHIN SOUP KITCHEN 1820 MT. ELLIOT STREET DEFROIT, MI 48207 Total SEE CONTINUATION SHEET(S) 38 228 b Approved for future payment	AMERICAN CANCER SOCIETY	NONE	CHARITABLE	COMMUNITY SUPPORT	
AMERICAN INSTITUTE FOR CANCER AMERICAN INSTITUTE FOR CANCER ASSESSARCH 1759 R. STREET, NW WASHINGTON, DC 20009 AMERICAN LUNG ASSOCIATION L301 PENNSYLVANIA AVE, NW, SUITE 800 WASHINGTON, DC 20004 AUTISM SPEAKS PARK AVENUE, 11TH FLOOR LEW YORK, NY 10016 CAPITABLE COMMUNITY SUPPORT ORGANIZATION CAPITABLE COMMUNITY SUPPORT CAPITABLE COMMUNITY SUPPORT TOTAL AUTISM SPEAKS PROGRANIZATION AUTISM SPEAKS AUTISM SPEAKS PROGRANIZATION AUTISM SPEAKS AUTISM SPEAKS AUTISM SPEAKS AUTISM SUPPORT AUTISM SPEAKS AUTISM SP	250 WILLIAM STREET NW		ORGANIZATION		
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AMERICAN LUNG ASSOCIATION NONE CHARITABLE COMMUNITY SUPPORT 1301 PENNSYLVANIA AVE, NW, SUITE 800 WASHINGTON, DC 20004 AUTISM SPEAKS 2 PARK AVENUE, 11TH FLOOR NEW YORK, NY 10016 CAPUCHIN SOUP KITCHEN 1820 MT. ELLIOT STREET DETROIT, MI 48207 Total SEE CONTINUATION SHEET(S) b Approved for future payment		NONE		COMMONITI SUFFORI	
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AUTISM SPEAKS 2 PARK AVENUE, 11TH FLOOR NEW YORK, NY 10016 CAPUCHIN SOUP KITCHEN 1820 MT. ELLIOT STREET DETROIT, MI 48207 Total SEE CONTINUATION SHEET(S) b Approved for future payment CHARITABLE COMMUNITY SUPPORT ORGANIZATION 1 228	AMERICAN LUNG ASSOCIATION	NONE	CHARITABLE	COMMUNITY SUPPORT	
AUTISM SPEAKS 2 PARK AVENUE, 11TH FLOOR NEW YORK, NY 10016 CAPUCHIN SOUP KITCHEN 1820 MT. ELLIOT STREET DETROIT, MI 48207 Total SEE CONTINUATION SHEET(S) Approved for future payment NONE CHARITABLE COMMUNITY SUPPORT DETROIT DETROIT STREET DRANIZATION 1 228			ORGANIZATION		400
2 PARK AVENUE, 11TH FLOOR NEW YORK, NY 10016 CAPUCHIN SOUP KITCHEN 1820 MT. ELLIOT STREET DETROIT, MI 48207 Total SEE CONTINUATION SHEET(S) b Approved for future payment	WASHINGTON, DC 20004				100
2 PARK AVENUE, 11TH FLOOR NEW YORK, NY 10016 CAPUCHIN SOUP KITCHEN 1820 MT. ELLIOT STREET DETROIT, MI 48207 Total SEE CONTINUATION SHEET(S) b Approved for future payment DRGANIZATION ORGANIZATION 1 1 1 1 1 1 1 1 1 1 1 1 1					
CAPUCHIN SOUP KITCHEN 1820 MT. ELLIOT STREET DETROIT, MI 48207 Total SEE CONTINUATION SHEET(S) b Approved for future payment		NONE	CHARITABLE	COMMUNITY SUPPORT	
CAPUCHIN SOUP KITCHEN 1820 MT. ELLIOT STREET DETROIT MI 48207 Total SEE CONTINUATION SHEET(S) b Approved for future payment			ORGANIZATION		1 000
1820 MT. ELLIOT STREET DETROIT MI 48207 Total SEE CONTINUATION SHEET(S) b Approved for future payment	NEW YORK, NY 10016				1,000
1820 MT. ELLIOT STREET DETROIT MI 48207 Total SEE CONTINUATION SHEET(S) b Approved for future payment					
Total SEE CONTINUATION SHEET(S) ▶ 3a 228 b Approved for future payment	CAPUCHIN SOUP KITCHEN	NONE	CHARITABLE	COMMUNITY SUPPORT	
Total SEE CONTINUATION SHEET(S) ▶ 3a 228 b Approved for future payment			ORGANIZATION		
b Approved for future payment		NTINTIATION SHE	 ድጥ(ያነ	32	1 500 228 104
NONE	-	51111101111011 51111			220,104
NONE					
	NONE				
Total ► 3b	Total			<u>▶</u> 2h	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income		ided by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	Tuncaon income
a			ļ		
b					
c					
d					
e					
f			<u> </u>		
g Fees and contracts from government agencies					
2 Membership dues and assessments					<u> </u>
3 Interest on savings and temporary cash			1 1 4	1.2	
investments	<u> </u>		14	13.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:	 		-		
a Debt-financed property			<u> </u>		
b Not debt-financed property	<u> </u>				
6 Net rental income or (loss) from personal					
property 7 Other investment income					
7 Other investment income	<u> </u>		<u> </u>		
8 Gain or (loss) from sales of assets other				[
than inventory Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					-
1 1 1 1					
				<u> </u>	
	<u> </u>				
e		-			
12 Subtotal, Add columns (b), (d), and (e)		0.		13.	0.
13 Total. Add line 12, columns (b), (d), and (e)		·			13.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incon			contri	buted importantly to the accor	nplishment of
the foundation's exempt purposes (other than b	y providing fu	inds for such purposes).			
				· · · · · · · · · · · · · · · · · · ·	
				<u> </u>	
		·			
				_ 	
		· · · · · · · · · · · · · · · · · · ·			
					
					
		<u> </u>			· · · · · · · · · · · · · · · · · · ·
					
223621 12-05-12				_	Form 990-PF (2012)

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of										Yes	No
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?											
а		from the reporting founda							İ		
	(1) Cash								1a(1)		X
	(2) Other	assets							1a(2)		<u>X</u>
b	Other trans	sactions:									i
	(1) Sales	of assets to a noncharital	ble exempt organiza	ition					1b(1)		X
	(2) Purch	ases of assets from a noi	ncharitable exempt	organization					1b(2)		X
	(3) Renta	l of facilities, equipment,	or other assets						1b(3)		X
	(4) Reiml	bursement arrangements							1b(4)		X
	(5) Loans or loan guarantees										X
(6) Performance of services or membership or fundraising solicitations									1b(6)		<u>X</u>
C	Sharing of	f facilities, equipment, ma	iling lists, other ass	ets, or paid em	ployees				1c		<u> </u>
d		ver to any of the above is	•	_						ets,	
		s given by the reporting fo			ed less than fair marke	t value in any tr	ransaction or s	sharing arrange	ment, show in		
_) the value of the goods,									
a)∟	ine no	(b) Amount involved	(c) Name o		exempt organization	(d)	Description of tr	ansfers, transactio	ns, and sharing an	angeme	ınts
				N/A						_	
		,									
											
					 						
-									-		
							 ;				
		-					<u> </u>		 		
			<u> </u>								
	-				·-						
						-					
			<u> </u>				<u></u>				
											
2a		ndation directly or indirect				rganizations de	scribed			Tv.	∃ No
		501(c) of the Code (other	·	c)(3)) or in sect	ion 52/7				Yes	LA	☐ MO
b	If Yes, co	omplete the following scho			(b) Type of organiza	tion	(0)	Description of re	lationehin		
		(a) Name of org	janization		(b) Type of Organiza	11011	(6)	zescription or re	nationship		
		N/A					· · · · · · · · · · · · · · · · · · ·				
			-						· · · · · · · · · · · · · · · · · · ·	-	
			<u> </u>								
		-		_					· · · · · · · · · · · · · · · · · · ·		
	Under	penalties of perjury, I declare	that I have examined th	ns return, includin	a accompanying schedule	s and statements	and to the best	of my knowledge			
Si		elief, it is true, correct, and con							May the IRS of return with the	e prepai	rer
	ere	Trul 1	Tavo	ns	16/15/	/3 DI	RESIDE	λīΤ	shown below X Yes		j No
		nature of officer or trustee	· Oper	 .	Date	Title	KESTLE	. <u>, , , , , , , , , , , , , , , , , , , </u>	_ LAJ Tes		_ 140
	1_ Gigit	Print/Type preparer's na		Preparer's s		Date	Ch	eck If	PTIN		
		CHRISTA BA			- LOJ. 1			f- employed			
Ρε	aid	CPA	TIDKIDGE,	CUPTST	A BALDOLDA	05/3			P00401	772	J
	eparer	Firm's name BAK	עזודת קק	VIRCHO	W KRAUSE,			rm's EIN ▶ 3			
	se Only	THIN S HAIRE P DAK	TULL YE.	4 TICHO	" IUMODE,		[J	, ,,,,,,		
-		Firm's address ▶ 77	7 R WISCO	NSTN A	VENTIE 32N	ID FI.OO	R				
			LWAUKEE,		-	1100		hone no. (414)777	-55	0.0
		1 141	-44EOWHIT	11 JJ4					Form 990		
											. ,

LAVINS, DOLORES & PAUL FOUNDATION

Part XV Supplementary Information	n			
3 Grants and Contributions Paid During the		_		
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		
CARMICHAELS AREA SCHOOL DISTRICT 225 N VINE ST.	NONE	CHARITABLE ORGANIZATION	COMMUNITY SUPPORT	
CARMICHAELS PA 15320		ORGANIZATION		40,000.
				•
CONVENANT HOUSE	NONE	CHARITABLE	COMMUNITY SUPPORT	
461 EIGHT AVENUE		ORGANIZATION		0.50
NEW YORK, NY 10001		-		250,
DAVOGA INDIAN GOIDDAGION	1017	CHARLES DE C	GOINGBYTHY GUIDDORN	
DAKOTA INDIAN FOUNDATION 209 N. MAIN STREET	NONE	CHARITABLE ORGANIZATION	COMMUNITY SUPPORT	
CHAMBERLAIN, SD 57325			<u> </u>	250.
DETROIT INSTITUTE OF ARTS	NONE	CHARITABLE	COMMUNITY SUPPORT	
5200 WOODWARD AVENUE DETROIT MI 48202		ORGANIZATION		1,500,
1000				
DETROIT PUBLIC TELEVISION	NONE	CHARITABLE	COMMUNITY SUPPORT	
1 CLOVER COURT		ORGANIZATION		
WIXOM, MI 48393	· · · · ·			3,000,
DETROIT RESCUE MISSION MINISTRIES 150 STIMSON P.O BOX 312087	NONE	CHARITABLE ORGANIZATION	COMMUNITY SUPPORT	
DETROIT, MI 48231				1,000.
DETROIT SYMPHONY ORCHESTRA	NONE	CHARITABLE	COMMUNITY SUPPORT	
3711 WOODWARD AVENUE DETROIT MI 48201		ORGANIZATION		2,500.
DEIROIT, MI 40201				2,500.
DETROIT ZOOLOGICAL SOCIETY	NONE	CHARITABLE	COMMUNITY SUPPORT	
8450 W 10 MILE ROAD	HONE	ORGANIZATION	COMMONITY BUTTORY	
ROYAL OAK, MI 48067				1,500.
DISABLED AMERICAN VETERANS	NONE	CHARITABLE	COMMUNITY SUPPORT	
P.O. BOX 14301 CINCINNATI OH 45250		ORGANIZATION		2,000.
DTE THAW FUND	NONE	CHARITABLE	COMMUNITY SUPPORT	
607 SHELBY SUITE 400		ORGANIZATION		
DETROIT MI 48226 Total from continuation sheets	<u> </u>	L	_l	1,000. 223 504.
				443 504.

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	John Sollon	
EPILEPSY FOUNDATION OF MICHIGAN	NONE	CHARITABLE	COMMUNITY SUPPORT	
20300 CIVIC CENTER DR SUITE 250		ORGANIZATION		4.0
SOUTHFIELD, MI 48076				1,0
FATHER FLANAGANS BOYS TOWN	NONE	CHARITABLE	COMMUNITY SUPPORT	
.3603 FLANGAN BOULEVARD	NONE	ORGANIZATION	COMMONITI SOFFORT	
BOYS TOWN, NE 68010				20
FRIENDS OF KENYAN ORPHANS	NONE	CHARITABLE	COMMUNITY SUPPORT	
220 BERKSHIRE ROAD		ORGANIZATION		10.00
GROSSE POINT PARK, MI 48230				10,00
GLEANERS COMMUNITY FOOD BANK	NONE	CHARITABLE	COMMUNITY SUPPORT	
2.0 BOX 1380		ORGANIZATION		
ROY, MI 48099				1,00
GOODFELLOW ENDOWMENT FUND	NONE	CHARITABLE	COMMUNITY SUPPORT	
3350 WINCHESTER ROAD		ORGANIZATION		
WEST BLOOMFIELD, MI 48322				1,00
PROCCE DOINING HIGHODICAL COCLEMY	MONTE	CHARTMARIE	CONGENITARY GUIDDONA	
GROSSE POINTE HISTORICAL SOCIETY 381 KERCHEVAL AVE SUITE 2	NONE	CHARITABLE ORGANIZATION	COMMUNITY SUPPORT	
GROSSE POINTE FARMS, MI 48236				1,00
ROSSE POINTE LIBRARY FOUNDATION	NONE	CHARITABLE	COMMUNITY SUPPORT	
.0 KERCHEVAL AVE		ORGANIZATION		
ROSS POINTE FARMS, MI 48236				7:
ROSSE POINTE PARK FOUNDATION	NONE	CHARITABLE	EDUCATIONAL SUPPORT	
.5115 EAST JEFFERSON AVE	NOTE	ORGANIZATION	LOCATIONAL BOFFORT	
ROSSE POINTE PARK, MI 48230				1,00
ROSSE POINTE SOUTH CHOIR BOOSTERS	NONE	CHARITABLE	COMMUNITY SUPPORT	
.127 HARVARD ROAD		ORGANIZATION		E 0/
ROSSE POINT PARK, MI 48230		 		5,0
ROSSE POINTE WAR MEMORIAL	NONE	CHARITABLE	COMMUNITY SUPPORT	
22 LAKE SHORE DRIVE	HOME	ORGANIZATION	COMMONTH SUFFORT	
ROSSE POINT FARMS MI 48236				2,00
Total from continuation sheets				

Part XV Supplementary Information)			20001
3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	CONTRIBUTION	
HOSPICE OF MICHIGAN	NONE	CHARITABLE	COMMUNITY SUPPORT	
400 MACK AVENUE		ORGANIZATION		
DETROIT MI 48201				1,000.
MARCH OF DIMES	NONE	CHARITABLE	COMMUNITY SUPPORT	
P.O BOX 321190 DETROIT MI 48232		ORGANIZATION		200,
MAYO FOUNDATION	NONE	CHARITABLE	COMMUNITY SUPPORT	
4500 SAN PABLO ROAD		ORGANIZATION		
JACKSONVILLE, FL 32224		ļ		25,000.
MERCY HOME FOR BOYS AND GIRLS	NONE	CHARITABLE	COMMUNITY SUPPORT	
1140 W. JACKSON BOULEVARD		ORGANIZATION		
CHICAGO, IL 60607				500.
MICHIGAN HUMANE SOCIETY	NONE	CHARITABLE	COMMUNITY SUPPORT	
7401 CHRYSLER DRIVE		ORGANIZATION		250
DETROIT, MI 48211				250.
W-20-20-0				
MICHIGAN OPERA THEATRE 1526 BROADKWAY	NONE	CHARITABLE ORGANIZATION	COMMUNITY SUPPORT	
DETROIT, MI 48226		J. G.		52,604,
OUR LADY OF CZESTOCHOWA	NONE	CHARITABLE	COMMUNITY SUPPORT	
P.O BOX 2049	[ORGANIZATION		
DOYLESTOWN, PA 18901				1,000,
PROVINCE OF ST. JOSEPH CAPUCHIN ORDER	NONE	CHARITABLE	COMMUNITY SUPPORT	
1820 MT. ELLIOT STREET		ORGANIZATION		
DETROIT, MI 48207				5,000,
ROUNDTABLE 11288 ALAMEDA DRIVE	NONE	CHARITABLE ORGANIZATION	COMMUNITY SUPPORT	
STRONGSVILLE, OH 44149		- TOTAL TON		2,500
SERVICES FOR OLDER CITIZENS	NONE	CHARITABLE	COMMUNITY SUPPORT	
159 KERHEVAL		ORGANIZATION		
GROSS POINTE FARMS MI 48236		<u> </u>		1,500.
Total from continuation sheets	-	-		

LAVINS, DOLORES & PAUL FOUNDATION 38-3426007

Part XV Supplementary Informatio				
3 Grants and Contributions Paid During the Y	If recipient is an individual,	T	T	
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		-
CDECTAL OLUMBIAC OF MICHIGAN	NONE	CUADIMADIR	COMMUNITY SUPPORT	
SPECIAL OLYMPICS OF MICHIGAN CENTRAL MICHIGAN UNIVERSITY, EAST	NONE	CHARITABLE ORGANIZATION	COMMUNITY SUPPORT	
CAMPUS DRIVE MOUNT PLEASANT, MI		DRGANIZATION		
48859				500
ST. AMBROSE CHURCH (DEBT REDUCTION)	NONE	CHARITABLE	COMMUNITY SUPPORT	
15020 HAMPTOM		ORGANIZATION		
GROSSE POINT PARK, MI 48230				40,000
ST. AMBROSE CHURCH	NONE	CHARITABLE	COMMUNITY SUPPORT	
15020 HAMPTOM		ORGANIZATION		
GROSSE POINT PARK, MI 48230		 		12,500
STRATFORD SHAKESPEARE FESTIVAL OF	NONE	CHARITABLE	COMMUNITY SUPPORT	
AMERICA	NONE	ORGANIZATION	COMMONTIT BOTTON	1
55 QUEEN STREET P.O. BOX 520				İ
STRATFORD ONTARIO CANADA				1,000
•				
THE NEIGHBORHOOD CLUB	NONE	CHARITABLE	COMMUNITY SUPPORT	
17150 WATERLOO		ORGANIZATION		1 000
GROSSE POINTE, MI 48230		<u> </u>		1,000
THE SALVATION ARMY	NONE	CHARITABLE	COMMUNITY SUPPORT	
16130 NORTHLAND DRIVE		ORGANIZATION		
SOUTHFIELD MI 48075				2,000
THE TRIBUTARY FUND	NONE	CHARITABLE	COMMUNITY SUPPORT	
P.O. BOX 608		ORGANIZATION		
BOZEMAN, MT 59771			 	1,000
				
				1
		-		
				
Total from continuation sheets				<u> </u>

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

2012

LAVINS, DOLORES & PAUL FOUNDATION 38-3426007 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 Form 990-PF X 501(c)(3) exempt private foundation 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, charitable, 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

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) (2012)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

LAVINS, DOLORES & PAUL FOUNDATION

38-3426007

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional 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	\$\$\$272,619.	Person X Payroll
(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 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 Oncash Complete Part II if there is a noncash contribution.)

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				
		- - - - \$					

Name of orga	anization		Employer identification number					
T.AVTNO	5. DOLORES & PAUL FOUN	DATTON	38-3426007					
Part III	Exclusively religious, charitable, etc., in year. Complete columns (a) through (e) and the total of exclusively religious, charitable, Use duplicate copies of Part III if additional contents of the copies of the copies of Part III if additional copies of the copies of Part III if additional copies of the copies of Part III if additional copies of the	dividual contributions to section 501(c I the following line entry. For organizatio etc., contributions of \$1,000 or less for)(7), (8), or (10) organizations that total more than \$1,000 for the					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gif	t					
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gif	t					
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
(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 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					
								

FORM 990-PF

PART VII-A, LINE 10

STATEMENT

.

NAME OF CONTRIBUTOR

ADDRESS

PAUL LAVINS

15230 WINDMILL POINTE DRIVE GROSSE POINTE PARK, MI 48230

FORM 990-PF INTEREST ON SAVI	INGS AND TEM	PORARY CASH I	NVESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
NORTHERN TRUST ACCOUNT			_		13.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	=		13.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME		
ACCOUNTING FEES	2,450.	1,225.			0.
TO FORM 990-PF, PG 1, LN 16B	2,450.	1,225.			0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
STATE FILING FEE POSTAL EXPENSES	20. 16.	0.			0.
TO FORM 990-PF, PG 1, LN 23	36.	0.			0.

FORM 990-PF

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

STATEMENT

5

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 **8868**

(Rev. January 2013) 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.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No. 1545-1709

 $\triangleright \mathbf{X}$

Form 8868 (Rev. 1-2013)

• ii you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 on	uns ioimj.		
Do not d	complete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	ly filed Fo	rm 8868	
Electron	ni c filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	months for a corp	oration
required	to file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically fi	le Form 88	368 to request an e	extension
of time to	o file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 1	ransfers A	Associated With Ce	ertain
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	on the elec	tronic filing of this	form,
visit www	v.irs.gov/efile and click on e-file for Chanties & Nonprofits	<u>-</u>				
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).		
A corpor	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		
Part I on	ly					· 🗀
	corporations (including 1120-C filers), partnerships, REM come tax returns.	IICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time	
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer	dentification num	ber (EIN) or
print						
	LAVINS, DOLORES & PAUL FOUR	NDATI	ON		38-342600	07
File by the due date for	Number, street, and room or suite no. If a P.O. box, so	ee instruc	tions	Social se	curity number (SSN	4)
filing your return See	15230 WINDMILL POINTE DRIVE	<u> </u>				
instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	lress, see instructions.			
	GROSSE POINTE PARK, MI 482	230				
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4
Applicat	ion	Return	Application			Return
Is For		Code	Is For	Code		
	O or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
	20 (ındividual)	03	Form 4720	09		
Form 990		04	Form 5227			10
	O-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	O-T (trust other than above)	06	Form 8870			12
			230 WINDMILL POINT	E DR,	GROSSE PO	
	ooks are in the care of $ ightharpoons$ PARK, MI – GROS	SSE P	OINTE PARK, MI 482	<u> 30</u>		
Telepl	hone No. ► 313-331-3811		FAX No			
If the	organization does not have an office or place of business	s in the Ur	nited States, check this box	•	. ▶	٠ []
If this	is for a Group Return, enter the organization's four digit (Group Exe	emption Number (GEN) i	f this is fo	the whole group,	check this
box 🕨	. If it is for part of the group, check this box 🕨	and atta	ach a list with the names and EINs of	f all memb	ers the extension is	s for.
1 re	equest an automatic 3-month (6 months for a corporation AUGUST 15, 2013 , to file the exemption		to file Form 990-T) extension of time tion return for the organization name		The extension	
ıs f	or the organization's return for:					
>	X calendar year 2012 or					
>	tax year beginning	, an	id ending		_ ·	
2 If ti	he tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n	
	Change in accounting period	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
3a If ti	his application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any			
noi	nrefundable credits. See instructions.	<u> </u>				0.
b If the	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
est	timated tax payments made. Include any prior year overp	ayment a	llowed as a credit.	_3b	\$	0.
с Ва	lance due. Subtract line 3b from line 3a Include your pa	yment wit	th this form, if required,			
hv	using EETPS (Electronic Federal Tax Payment System) 5	See instru	ictions.	3c	. \$	0.

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 Privacy Act and Paperwork Reduction Act Notice, see instructions.