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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 2009

		tax year beginning	·	, 2009, and en	nding	, 20
G Check all	that apply	Initial return		of a former public ch		Final return
		Amended return	Addre	ss change	Name chang	
	Name of found	ation			A Employer	identification number
Use the IRS						05 6716604
label.		ON FOUNDATION		-		25-6716684
Otherwise, print	1	•	mail is not delivered to street	t address) Room/s	SUILE B Telephone nu	mber (see page 10 of the instructions)
or type.		W PUBLISHING				4015) 560 5400
See Specific		OM STREET				(215) 563-7400
Instructions.	City or town, st	tate, and ZIP code				n application is eck here
		מודא הא 10102			D 1 Foreign	organizations, check here . 🕨 💹
		HIA, PA 19102				organizations meeting the , check here and attach
			c)(3) exempt private t			ition
		xempt charitable trust	Other taxable pr		E If private fo	oundation status was terminated
	et value of all as		unting method X C	ash Accrual	under secti	an 507(b)(1)(A) check here . 🕨 🔃
, ,	om Part II, col ((ther (specify)		i i	dation is in a 60-month termination
16) ▶ \$		<u></u>	column (d) must be or	r casn dasis)	under section	on 507(b)(1)(B), check here
		ie and Expenses (The imns (b), (c), and (d)	(a) Revenue and	(b) Net investment	(c) Adjusted r	(d) Disbursements net for charitable
may	not necessanly eq	qual the amounts in	expenses per books	ıncome	income	purposes
T .		11 of the instructions))			 	(cash basis only)
i	If the four	, received (attach schedule) . Indation is not required to	337,646.		<u> </u>	
2 Check	attach Scl	h B		<u> </u>		
1	-	nporary cash investments	9,352.	9,352		2001 1
1		from securities	5,332.	9,332	•	ATCH 1
1					-	
i	ntal income or (loss)		2,296.			
	in or (loss) from sale sales price for all	e of assets not on line 10 199, 950.	2,250.		-	
	on line 6a	 !		2,296		
7 Capita	al gain net income	e (from Part-IV-line 2)		2,230	' •	· · · · · · · · · · · · · · · · · · ·
1		ain		-		
9 Incom	ie modifications · sales less returns owances - C · VI					
		9 1 2 4 2010 2	 			
1	ost of goods sold profit or (loss)/(at	-	<u> </u>			
11 Other	income (attach s		1		-	
			349,294.	11,648		
		ugh 11 directors, trustees, etc	0.			
		s and wages				**
9 15 Pensio	on plans, employe				1	
U 16a Lenal		dule) ATCH 2	13,790.	0		0. 13,79
A Acces		n schedule) ATCH 3	3,000.	1,500		0. 1,50
e Cother	-	(attach schedule)	· · · · · · · · · · · · · · · · · · ·	<u>. </u>		,
≒	st	• • • • • • • • • • • • • • • • • • • •		-	1	
18 Taxes (e page 14 of the instructions)	5,500.			
19 Depre		hedule) and depletion			-	
20 Occup		· · · · · · · · · · · · · · · ·			-	
21 Travel		d meetings			-	
8 22 Printin		is		· · · · · · · · · · · · · · · · · · ·		
23 Other	•	schedule)		·		
24 Total		Iministrative expenses.				
Add lie		3	22,290	1,500		0. 15,29
25 Contri		ınts paid	283,000.			283,00
1		nents Add lines 24 and 25	305,290.	1,500		0. 298,29
	penses and dispursem act line 26 from hi				-	
		ses and disbursements	44,004.			
1	-	e (if negative, enter -0-)		10,148		
1		f negative, enter -0-).				-0-
v_Aujusi	rea ner meonie (II	· nogative, cittel -U-)		L	1	· I

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. 9E1410 1 0000 91358W T650 5/12/2010 10:53:19 AM V 09-6.1

JSA ** ATCH 4

2	art	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
_		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	722,476.	94,194.	94,194
	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 (attach schedule) (see page 16 of the instructions)			
	7	Other notes and loans receivable (attach schedule)	-		
	} -	Less allowance for doubtful accounts ▶			
	8				
sets	9	Prepaid expenses and deferred charges		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
ຜ	_	Investments - U S and state government obligations (attach schedule)			
ď		Investments - corporate stock (attach schedule) ATCH 5	0.	337,646.	327,917
		Investments - corporate stock (attach schedule) ATCH 6	0.	334,640.	1
	11	Investments - land, buildings, and equipment basis	· ·	334,040.	330,731
	4.0	Less accumulated depreciation (attach schedule)			
	12 13	Investments - mortgage loans			
	14	Investments - other (attach schedule)			
		Less accumulated depreciation (attach schedule)			
		(attach schedule)			
	15	Other assers (describe			
	16	Total assets (to be completed by all filers - see the	700 476	766 400	752 040
_		Instructions. Also, see page 1, item I)	722,476.	766,480.	753,042
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ies	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jab	21	Mortgages and other notes payable (attach schedule)			
_	22	Other habilities (describe			
_	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here ▶			
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
and	25	Temporarily restricted			
3a	26	Permanently restricted			
Þ	24 25 26 27	Foundations that do not follow SFAS 117,			
Fu		check here and complete lines 27 through 31. ► X			
5	27	Capital stock, trust principal, or current funds			
ts	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
•	29	Retained earnings, accumulated income, endowment, or other funds	722,476.	766,480.	
Ä	30	Total net assets or fund balances (see page 17 of the			
Ę		· · · •	722,476.	766,480.	
	31	Instructions) Total liabilities and net assets/fund balances (see page 17	7,527,1101	700,100.	
	•	(300 page 11	722,476.	766,480.	
6	art II	of the instructions)		700,400.	
_		Analysis of Changes in Net Assets or Fund		\	
7		net assets or fund balances at beginning of year - Part II,			700 476
_	end-	of-year figure reported on prior year's return)			722,476
		r amount from Part I, line 27a		2	44,004.
3	Othe	r increases not included in line 2 (itemize) ▶		3	· · - · · · · · · · · · · · · ·
4	Add	lines 1, 2, and 3			766,480.
		eases not included in line 2 (itemize) ▶		5	
6_	Total	net assets or fund balances at end of year (line 4 minus l	ine 5) - Part II, column (b)	, line 30 6	766,480.

2-story b	d describe the kind(s) of property sold rick warehouse, or common stock, 200	· ·	acquired P-Purchase D-Donation		(d) Date sold (mo , day, yr
a SEE PART IV SCHE	DULE		 	<u> </u>	
b				- 	
С			_	ļ	
<u>d</u>			 		
e			<u> </u>		L
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a					
o					
<u> </u>			ļ		
d					
·					
complete only for assets s	howing gain in column (h) and ow	ned by the foundation on 12/31/69	2 (1) Gains (Col (h) g	ain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less t Losses (from co	
1					
b					
;					
d					-
•					
· · · · · · · · · · · · · · · · · · ·		f gain, also enter in Part I, line 7			
Capital gain net income or	(net capital loss)	f (loss), enter -0- in Part I, line 7	2		2,296
Net short-term capital gain	or (loss) as defined in sections 1		' 		
If gain, also enter in Part I,	line 8, column (c) (see pages 13	and 17 of the instructions)	H I		
<u> </u>					1,566.
If (loss), enter -0- in Part III	line 8		1 3 1		1,000.
Part V Qualification Unifor optional use by domestic	c private foundations subject to th	uced Tax on Net Investment In ne section 4940(a) tax on net inves		ome)	1,300.
Part V Qualification Unfor optional use by domestic section 4940(d)(2) applies, Vas the foundation liable for	nder Section 4940(e) for Red c private foundations subject to the leave this part blank the section 4942 tax on the distril	uced Tax on Net Investment In ne section 4940(a) tax on net inves butable amount of any year in the	tment inc	_	
Part V Qualification Unfor optional use by domestic section 4940(d)(2) applies, as the foundation liable for "Yes," the foundation does	nder Section 4940(e) for Red c private foundations subject to the leave this part blank the section 4942 tax on the distri- not qualify under section 4940(e)	uced Tax on Net Investment In ne section 4940(a) tax on net inves butable amount of any year in the Do not complete this part	tment inco	od?	Yes X N
Part V Qualification Unfor optional use by domestic section 4940(d)(2) applies, as the foundation liable for "Yes," the foundation does Enter the appropriate amount of the section use	nder Section 4940(e) for Red c private foundations subject to the leave this part blank the section 4942 tax on the distri- not qualify under section 4940(e)	uced Tax on Net Investment In ne section 4940(a) tax on net inves butable amount of any year in the	tment inco	od?	
eart V Qualification Ur for optional use by domestic section 4940(d)(2) applies, as the foundation liable for "Yes," the foundation does Enter the appropriate ame (a) Base period years	nder Section 4940(e) for Red c private foundations subject to the leave this part blank the section 4942 tax on the distrit not qualify under section 4940(e) ount in each column for each yea (b)	butable amount of any year in the Do not complete this part r, see page 18 of the instructions butable acceptance of the complete the c	tment inco	king any entries (d) Distribution in	Yes X N
cart V Qualification Ur for optional use by domestic section 4940(d)(2) applies, as the foundation liable for "Yes," the foundation does Enter the appropriate ame (a) Base period years Calendar year (or tax year beginning in)	nder Section 4940(e) for Red c private foundations subject to the leave this part blank the section 4942 tax on the distrition of qualify under section 4940(e) ount in each column for each yea (b) Adjusted qualifying distributions	butable amount of any year in the Do not complete this part r, see page 18 of the instructions to the Net value of nonchantable-use assets	tment inco	king any entries (d) Distribution is (col (b) divided by	Yes X N
cart V Qualification Ur for optional use by domestic section 4940(d)(2) applies, as the foundation liable for "Yes," the foundation does Enter the appropriate ame (a) Base period years Calendar year (or tax year beginning in) 2008	nder Section 4940(e) for Red c private foundations subject to the leave this part blank the section 4942 tax on the distribution to qualify under section 4940(e) ount in each column for each yea (b) Adjusted qualifying distributions 328,108.	butable amount of any year in the Do not complete this part r, see page 18 of the instructions to Net value of nonchantable-use assets 876,868.	tment inco	king any entries (d) Distribution in (col (b) divided by	Yes X N
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Part V Qualification Unfor optional use by domestic section 4940(d)(2) applies, as the foundation liable for "Yes," the foundation does Enter the appropriate ame (a) Base period years Calendar year (or tax year beginning in) 2008 2007 2006 2005 2004 Total of line 1, column (d) Average distribution ratio number of years the foundation of the secondary of	the section 4940(e) for Red c private foundations subject to the leave this part blank the section 4942 tax on the distribution of qualify under section 4940(e) ount in each column for each yea (b) Adjusted qualifying distributions 328,108. 130,290. 109,151. 103,684. 0. for the 5-year base period - dividing distribution has been in existence if les	butable amount of any year in the Do not complete this part r, see page 18 of the instructions to Net value of nonchantable-use assets 876,868. 876,868. 320,660. 220,919. 222,404. 0.	base periodefore ma	king any entries (d) Distribution n (cot (b) dwded by	Yes X No. 2016 (c)) 0.374182 0.406318 0.494077 0.466197 0.0000000 1.740774 0.348155
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here ►		Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)				
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Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T 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? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV Ba Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ PA, 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 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? 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	ь.					
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7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV				6	Х	
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Instructions) ▶ PA, 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	8 a					
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9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV	-	• •		8 b	Х	
4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV	9					
27)? If "Yes," complete Part XIV			4			
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			. •	9		Х
	10					
				10		х

Par	t 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			
		11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	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 THE CLIFTON FOUNDATION Telephone no 215-563	740	00	
	Located at ▶1500 SANSOM ST. PHILADELPHIA, PA ZIP+4 ▶ 19102			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the year			
Par	t 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.		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			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available 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	۱.,		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1 b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1 c		Х
	were not corrected before the first day of the tax year beginning in 2009?	10		
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))			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?			
	If "Yes," list the years			
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 page 20 of the instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business	i		
	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2009 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	1		
	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 2009)	3 b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4 b		Х

Pa	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)		_
5 a	During the year did the foundation pay or incur any amou	unt to				
	(1) Carry on propaganda, or otherwise attempt to influe		1 4945(e))?	Yes X No	, ·	
	(2) Influence the outcome of any specific public election	•		٠ ــــــ ٠		
	directly or indirectly, any voter registration drive?		•	Yes X No	,	
	(3) Provide a grant to an individual for travel, study, or ot	her similar nurnoses?		Yes X No		
				ies nc	'	
	(4) Provide a grant to an organization other than a char					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?			. Yes X No	'	
	(5) Provide for any purpose other than religious, charita	• • • • • • • • • • • • • • • • • • • •				
	purposes, or for the prevention of cruelty to children of	or animals?		. Yes X No)	i
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans	actions fail to qualify	under the exceptions	described in		
	Regulations section 53 4945 or in a current notice regard	ling disaster assistand	ce (see page 22 of the	instructions)?	5b	
	Organizations relying on a current notice regarding disas					
С	If the answer is "Yes" to question 5a(4), does the found					
•	because it maintained expenditure responsibility for the g			Yes X No	.	
	If "Yes," attach the statement required by Regulations sec					
_	· · · · · · · · · · · · · · · · · · ·	• •				
6 a	Did the foundation, during the year, receive any funds, o					
	on a personal benefit contract?			Yes X No		
b	Did the foundation, during the year, pay premiums, direct	ctly or indirectly, on a	personal benefit contrac	^{;†?}	6b	
	If "Yes" to 6b, file Form 8870					
	At any time during the tax year, was the foundation a pa	•	•	• — —		
b	If yes, did the foundation receive any proceeds or have	any net income attribu	table to the transaction	<u> </u>	7b	
Par	t VIII Information About Officers, Directors	, Trustees, Foun	dation Managers,	Highly Paid Emplo	oyees,	
1	and Contractors List all officers, directors, trustees, foundation m	anagers and their	companyation (see	nage 22 of the instru	uctions)	
_ -	List all officers, affectors, trastees, roundation in			page 22 of the instit	actions).	
		(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Eynans	e account
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expense other allo	
		(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)			
 ТА		hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation		owances
ĀĪ	TACHMENT 7	hours per week	(If not paid, enter	employee benefit plans		
ĀT		hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation		owances
ĀT	TACHMENT 7	hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation		owances
	TACHMENT 7	hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation		owances
	TACHMENT 7	hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation		owances
	TACHMENT 7	hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation		owances
	TACHMENT 7	hours per week devoted to position	(If not paid, enter 0-)	employee benefit plans and deferred compensation 0 .	other allo	owances
2	TACHMENT 7 Compensation of five highest-paid employees (ot	hours per week devoted to position	(If not paid, enter 0-)	employee benefit plans and deferred compensation 0 .	other allo	owances
2	TACHMENT 7	hours per week devoted to position	(If not paid, enter 0-)	employee benefit plans and deferred compensation 0.	other allo	owances
2	TACHMENT 7 Compensation of five highest-paid employees (ot	her than those inc	(If not paid, enter 0-) 0.	e page 23 of the inst (d) Contributions to employee benefit	ructions).	0 account,
2	TACHMENT 7 Compensation of five highest-paid employees (ot find none, enter "NONE."	hours per week devoted to position	(If not paid, enter 0-)	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	other allo	0 account,
2	TACHMENT 7 Compensation of five highest-paid employees (ot find none, enter "NONE."	her than those inc (b) Title, and average hours per week	(If not paid, enter 0-) 0.	e page 23 of the inst (d) Contributions to employee benefit	ructions).	0 account,
2	TACHMENT 7 Compensation of five highest-paid employees (ot find none, enter "NONE."	her than those inc (b) Title, and average hours per week	(If not paid, enter 0-) 0.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0 account,
2	TACHMENT 7 Compensation of five highest-paid employees (ot if none, enter "NONE."	her than those inc (b) Title, and average hours per week	(If not paid, enter 0-) 0.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0 account,
2	TACHMENT 7 Compensation of five highest-paid employees (ot if none, enter "NONE."	her than those inc (b) Title, and average hours per week	(If not paid, enter 0-) 0.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0 account,
2	TACHMENT 7 Compensation of five highest-paid employees (ot if none, enter "NONE."	her than those inc (b) Title, and average hours per week	(If not paid, enter 0-) 0.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0 account,
2	TACHMENT 7 Compensation of five highest-paid employees (ot if none, enter "NONE."	her than those inc (b) Title, and average hours per week	(If not paid, enter 0-) 0.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0 account,
2	TACHMENT 7 Compensation of five highest-paid employees (ot if none, enter "NONE."	her than those inc (b) Title, and average hours per week	(If not paid, enter 0-) 0.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0 account,
2	TACHMENT 7 Compensation of five highest-paid employees (ot if none, enter "NONE."	her than those inc (b) Title, and average hours per week	(If not paid, enter 0-) 0.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0 account,
2	TACHMENT 7 Compensation of five highest-paid employees (ot if none, enter "NONE."	her than those inc (b) Title, and average hours per week	(If not paid, enter 0-) 0.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0 account,
2	TACHMENT 7 Compensation of five highest-paid employees (ot if none, enter "NONE."	her than those inc (b) Title, and average hours per week	(If not paid, enter 0-) 0.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0 account,
2	TACHMENT 7 Compensation of five highest-paid employees (ot if none, enter "NONE."	her than those inc (b) Title, and average hours per week	(If not paid, enter 0-) 0.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0 account,

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	yees,	
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none,	enter "NC	NF "
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Comp	
	 	
NONE		
		
	<u> </u>	
	ĺ	
Total number of others receiving over \$50,000 for professional services		NONE
		-
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number		
of organizations and other beneficianes served, conferences convened, research papers produced, etc	Ехре	nses
1 N/A		
J 14/10		
2		
3		
4		
	}	
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)		
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		
	Amo	ount
1 NONE		
		··
2	1	
All other program-related investments. See page 24 of the instructions		-
3 NONE	1	
Total, Add lines 1 through 3		

Pá	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn foundations	•
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.		
	purposes		
а	Average monthly fair market value of securities	1a	129,290.
b	Average of monthly cash balances	1b	575,255.
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
đ		1d	704,545.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Outstand has Oferen has 4d	3	704,545.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	4	10,568.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	693,977.
6	Minimum investment return. Enter 5% of line 5	6	34,699.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here ▶ ☐ and do not complete this privation foreign organizations.		
1	Minimum investment return from Part X, line 6	1	34,699.
2 a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	101.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	34,598.
4	Recoveries of amounts treated as qualifying distributions	4	
5		5	34,598.
6	Add lines 3 and 4 Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	34,598.
Pa	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	298,290.
b	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3 b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	298,290.
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 (see page 26 of the instructions)	5	101.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	298,189.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w qualifies for the section 4940(e) reduction of tax in those years.	hether the found	ation

Pa	The XIII Undistributed income (see page	26 of the instruction	ns)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7				34,598.
2	Undistributed income, if any, as of the end of 2009	·			
	Enter amount for 2008 only				
b	Total for pnor years 20_07_,20_06_,20_05_				
3	Excess distributions carryover, if any, to 2009				
а	From 2004				
	From 2005 97, 406.				
	From 2006 104,483.				
d	From 2007				
e	From 2008 296, 935.				
	Total of lines 3a through e	613,457.	·		
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$ 298,290.				
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount				34,598.
е	Remaining amount distributed out of corpus	263,692.			
5	Excess distributions carryover applied to 2009	· · · · · · · · · · · · · · · · · · ·			
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as	* 15			
-	indicated below:	٠,			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	877,149.			
þ	Prior years' undistributed income. Subtract line 4b from line 2b			_	-
С	Enter the amount of prior years' undistributed	· · · · · · · · · · · · · · · · · · ·		1	
	income for which a notice of deficiency has been	· , · '			
	issued, or on which the section 4942(a) tax has been previously assessed				
a	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line	-	*****		
	4a from line 2a Taxable amount - see page 27 of the instructions				
	i				<u> </u>
f	Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010.				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	instructions)				
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	877,149.			
10	Analysis of line 9				
	Excess from 2005				
	Excess from 2006				
	Excess from 2007				
d	Excess from 2008 296, 935.		′		
е	Excess from 2009 263, 692.		,		

	990-PF (2009)				716684	Page 10
Pa	rt XIV Private Oper	ating Foundations	(see page 27 of the	instructions and Pa	art VII-A, questi	on 9) NOT APPLICABLE
'1 a	If the foundation has	received a ruling or d	letermination letter tha	it it is a private opei	rating	
	foundation, and the ruling	g is effective for 2009, e	nter the date of the ruling	' <i></i>	. ▶[
b	Check box to indicate wh	ether the foundation is a	a private operating found	dation described in section	n	4942(j)(3) or 4942(j)(5)
•		Tax year		Prior 3 years		
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	I or the minimum investment			\\ \	(,,	
	return from Part X for each					
	year listed		 -	 		
b	85% of line 2a			 	 	
С	Qualifying distributions from Part					
_	XII line 4 for each year listed		 	 	 	
a	Amounts included in line 2c not used directly for active conduct					
	of exempt activities			 	<u> </u>	
е	Qualifying distributions made		1			
	directly for active conduct of exempt activities. Subtract line					
	2d from line 2c			L	<u> </u>	
3	Complete 3a, b, or c for the					
а	afternative test relied upon "Assets" afternative test - enter		•			
-	(1) Value of all assets		1			
	(2) Value of assets qualifying					
	under section					
b	4942(j)(3)(B)(i) "Endowment" alternative test-		 	<u> </u>	†	
	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
С	line 6 for each year listed		 	 	 	
·	"Support" alternative test - enter		İ			
	(1) Total support other than gross investment income		Į.			
	(interest, dividends rents,					
	payments on securities loans (section 512(a)(5)),					İ
	or royalties)					
	(2) Support from general public and 5 or more					
	exempt organizations as					1
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup-					
	organization an exempt					
	(4) Gross investment income					
Pa	rt XV Supplementa	ary Information (C	omplete this part	only if the found	lation had \$5	,000 or more in assets
	at any time o	luring the year - se	e page 28 of the in	structions.)		•
1	Information Regarding	Foundation Manage	rs:			
а	_ ,	-		e than 2% of the tota	al contributions	received by the foundation
	before the close of any					
	ATTACHME	אידי פ				
_			awa 10% as mass a	t the steels of a sern		avally lorge posture of the
Ь	ownership of a partner					equally large portion of the
	Carrieronip of a partite	ompor other entity) of	. This is the indication	Thas a total or greate	i interest	
	NONE					
2	Information Regarding	Contribution Grant	Gift Loan Schola	nin etc. Dengerame:		
_	_ <u></u>			• • •		
	Check here ► X if the	he foundation only i	makes contributions	to preselected char	itable organizati	ions and does not accept
					e 28 of the ins	tructions) to individuals or
	organizations under oth	ner conditions, comple	ete items 2a, b, c, and	0		
а	The name, address, ar	nd telephone number	of the person to whor	n applications should b	e addressed	
b	The form in which appl	ications should be sul	bmitted and information	on and materials they	should include	
				·		
С	Any submission deadling	nes				
-	,					
<u>d</u>	Any restrictions or lin	mitations on awards	such as by geogra	anhical areas charits	able fields kind	ls of institutions, or other
4	factors		coon as by geogra	aprilical alcas, Challe	asio neida, Killu	5 or management, or other

Part XV Supplementary Information (co	ontinued)			
3 Grants and Contributions Paid Duri	ng the Year or Appr		Future Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year		İ		
ATTACHMENT 9				
]
				1
				i
	İ			
Total			▶ 3a	283,000.
b Approved for future payment		Ī		
<u> </u>		L		
Total	<u> </u>	<u> </u>	▶ 3b	

nter gross a	mounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
· ·		(a) Business code	(b) Amount	(c) Exclusion code	(d)	Related or exempt function income (See page 28 of the instructions)
1 Program s	service revenue	business code	Allount	Excusion code	Amount	the instructions)
ь						
				 		
d						
е				<u> </u>		
f						
-	and contracts from government agencies					
	hip dues and assessments					
	savings and temporary cash investments			14	9,352.	
	and interest from securities				3,332.	· · · · · · · · · · · · · · · · · · ·
	I income or (loss) from real estate financed property		· · · · · ·			
	ebt-financed property					
	income or (loss) from personal property					
				 		
	estment income			18	2,296.	• • • • • • • • • • • • • • • • • • • •
•	ss) from sales of assets other than inventory ne or (loss) from special events				272301	****
	ofit or (loss) from sales of inventory enue a		<u></u>	 		
b				-		
					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
d				<u> </u>		
						
				- 1		
е					11,648.	
e	Add columns (b), (d), and (e)		•		11,648.	11,648
e2 Subtotal 3 Total. Add	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e)					11,648
e 2 Subtotal 3 Total. Add See workshe Part XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities	to verify calcusto to the Ac	ulations) complishment of E	xempt Purp	oses	
e 2 Subtotal 3 Total. Add See workshe	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A conf	tributed importantly
e	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Belationship of Activities Explain below how each activities accomplishment of the form	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A conf	tributed importantly
e 2 Subtotal 3 Total. Add See workshe Part XVI-E Line No.	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Belationship of Activities Explain below how each activities accomplishment of the form	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A conf	tributed importantly
e 2 Subtotal 3 Total. Add See workshe Part XVI-E Line No.	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Belationship of Activities Explain below how each activities accomplishment of the form	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A conf	tributed importantly
e	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Belationship of Activities Explain below how each activities accomplishment of the form	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A conf	tributed importantly
e	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Belationship of Activities Explain below how each activities accomplishment of the form	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A conf	tributed importantly
e	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Belationship of Activities Explain below how each activities accomplishment of the form	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A conf	tributed importantly
e	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Belationship of Activities Explain below how each activities accomplishment of the form	to verify calcust to the Ac	ulations) complishment of E	xempt Purp ed in column other than t	oses (e) of Part XVI-A conf	tributed importantly
e 2 Subtotal 3 Total. Add See workshe Part XVI-E Line No.	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Belationship of Activities Explain below how each activities accomplishment of the form	to verify calcust to the Ac	ulations) complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than t	oses (e) of Part XVI-A conf	tributed importantly
e 2 Subtotal 3 Total. Add See workshe Part XVI-E Line No.	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Belationship of Activities Explain below how each activities accomplishment of the form	to verify calcust to the Ac	ulations) complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than t	oses (e) of Part XVI-A conf	tributed importantly
e 2 Subtotal 3 Total. Add See workshe Part XVI-E Line No.	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Belationship of Activities Explain below how each activities accomplishment of the form	to verify calcust to the Ac	ulations) complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than t	oses (e) of Part XVI-A conf	tributed importantly
e 2 Subtotal 3 Total. Add See workshe Part XVI-E Line No.	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Belationship of Activities Explain below how each activities accomplishment of the form	to verify calcust to the Ac	ulations) complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than t	oses (e) of Part XVI-A conf	tributed importantly
e	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Belationship of Activities Explain below how each activities accomplishment of the form	to verify calcust to the Ac	ulations) complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than t	oses (e) of Part XVI-A conf	tributed importantly
e	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 in Relationship of Activities Explain below how each activities accomplishment of the form	to verify calcust to the Ac	ulations) complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than t	oses (e) of Part XVI-A conf	tributed importantly
e	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 in Relationship of Activities Explain below how each activities accomplishment of the form	to verify calcust to the Ac	ulations) complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than t	oses (e) of Part XVI-A conf	tributed importantly
e	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 in Relationship of Activities Explain below how each activities accomplishment of the form	to verify calcust to the Ac	ulations) complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than t	oses (e) of Part XVI-A conf	tributed importantly
e	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 in Relationship of Activities Explain below how each activities accomplishment of the form	to verify calcust to the Ac	ulations) complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than t	oses (e) of Part XVI-A conf	tributed importantly

Pa	rt XVI	Information Exempt Orga		Transfers To	and Transa	ctions	and Relat	ionship	s With N	lonc	harit	able
1	ın se	the organization directle ection 501(c) of the C lizations?	ode (other tha	n section 501(c)((3) organizations	ig with a	any other org section 527,	ganization relating t	described o political		Yes	No
ā	ı Trăns	fers from the reporting f		•	-							
		ash								1a(1) 1a(2)	1	X
t		transactions								19(2)	\vdash	
	(1) S	ales of assets to a nonch	narıtable exempt	organization						16(1)		Х
	(2) P	urchases of assets from	a noncharitable	exempt organization	٠					1b(2)	ļ	X
		ental of facilities, equipm								1b(3)		X
		eimbursement arrangeme								1b(4)		$\frac{\lambda}{x}$
	(6) P	oans or loan guarantees erformance of services o	r membership o	r fundraising solicita	· · · · · · · · · · · · · · · · · · ·			• • • • •		1b(5) 1b(6)	1	X
c	Shari	ng of facilities, equipmer	it, mailing lists, o	other assets, or paid	employees					1c		X
C	i if the	e answer to any of t	he above is	"Yes," complete	the following s	chedule	Column (b)	should at	ways show			
		of the goods, other										
	value	in any transaction or	sharing arrai	ngement, show in	column (d) t	he value	of the good	ls, other	assets, or	service	es rec	eived
(a)	Line no	(b) Amount involved	(c) Name of	noncharitable exemp	t organization	(d) Des	cription of trans	fers, transact	ions, and shar	ng arra	ngeme	nts
	•	N/A				N/A			·			
					-	_		-				 -
		72.00.00	<u>-</u>									
												
								_				
					-							
					×							
	•											
							· · · ·					
2 a		foundation directly or in 501(c) of the Code (oth				nore tax-e	exempt organi	zations de	scribed in		≈ [}	No
ь		s," complete the following				· · · · ·					~	٦,,,
		(a) Name of organization	l	(b) Type	of organization			(c) Descripti	on of relations	hip		
								·				
					<u>.</u>							
				 								
										-		
	Under belief,	penalties of perjury, I decla it is true, correct, and comp	that I have exeted Declaration	camined this return, i of preparer (other the	ncluding accompa an taxpayer or fidu	nying sched	fules and staten	nents, and I	o the best of hich preparer	my kr has an	nowleds	je and vledge
		\mathcal{N}^{\cdot}	UK			5/5/	6	In	re			
<u>e</u>	Sı	gnature of officer or trustee				Date		Title				
Sign Here	Paid Preparer's Use Only	Preparer's Signature			Date	11/10	Check if self-employe	ed ►	Preparer's number (Sepage 30 of the POOQ	e Signá he instru	itu re or uctions)	
-	Paid Preparer Use Only	Firm's name (or yours if	SMARZ	BUS. ADV.	AND CONSUI		LLC	EIN ►	20-89942	268		
	<u>م</u> 2	self-employed), address,	80 LA	NCASTER AVE			-		-	_		
		and ZIP code	DEVON	, PA		19:	333	Phone no	610-25	54-0	700	

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, 990-EZ, or 990-PF.

OMB No 1545-0047

Name of the organization		Employer identification number
THE CLIFTON FOUNDA	ATION	25-6716684
Organization type (check o	ne)	25 071001
Filers of:	Section:	
i liers or.		
Form 990 or 990-EZ	X 501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a p	private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	ite foundation
	501(c)(3) taxable private foundation	
General Rule	on filing Form 990, 990-EZ, or 990-PF that received, during the year	
	y one contributor Complete Parts I and II	, \$5,000 of more (in money of
Special Rules		
sections 509(a)(1	(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % si) and 170(b)(1)(A)(vi), and received from any one contributor, during 2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990.	g the year, a contribution of the greater
the year, aggrega	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that receivate contributions of more than \$1,000 for use <i>exclusively</i> for religious oses, or the prevention of cruelty to children or animals. Complete Pa	, charitable, scientific, literary, or
the year, contribution aggregate to more year for an exclusion applies to this org	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that receive the foruse exclusively for religious, charitable, etc., purposes, but see than \$1,000. If this box is checked, enter here the total contribution exely religious, charitable, etc., purpose. Do not complete any of the parallel because it received nonexclusively religious, charitable, etc.	these contributions did not ons that were received during the parts unless the General Rule tc., contributions of \$5,000 or more
990-EZ, or 990-PF), but it m	at is not covered by the General Rule and/or the Special Rules does tust answer "No" on Part IV, line 2 of its Form 990, or check the box -PF, to certify that it does not meet the filing requirements of Schedu	on line H of its Form 990-EZ,
For Privacy Act and Panenyork P	adjustion Act Notice, see the Instructions	Schedule B (Form 990, 990-F7, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

Name of organization

THE CLIFTON FOUNDATION

Employer identification number

25-6716684

Part I	Contributors	(see instructions)

(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Aggregate contributions	
1	CATHERINE R. CLIFTON C/O REVIEW PUBLISHING, 1500 SAMSON ST. PHILADELPHIA, PA 19102	\$337,646.	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		. \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
:		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

of Part II

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization THE CLIFTON FOUNDATION

Employer identification number

25-6716684

Part II	Noncash Property (see instructions)
	

(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
20,482 SHS OF COMCAST		
	\$\$	12/22/2010
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) (b) Description of noncash property given	Description of noncash property given 20,482 SHS OF COMCAST

JSA 9E1254 1 000

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

FORM 990-PF - PART IV

Kind of Property		NS AND LOSSES FOR TAX ON INVEST				00	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		TOTAL CAPIT					730.	
		18,165.304			N FUND	D	10/01/2009	12/10/2009
199,950.		PROPERTY TY	PE: SECURI	ries			1,566.	
OTAL GAIN(LO	oss)						2,296.	
					:			

ATTACHMENT 1

- DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

NET INVESTMENT INCOME	9,352.	9,352.
REVENUE AND EXPENSES PER BOOKS	9,352.	9,352.
		TOTAL
DESCRIPTION	CHARLES SCHWAB DIVIDENDS	

09-6.1
AMV
10:53:19
5/12/2010
T650
.358W

2
 ATTACHMENT

- LEGAL FEES PART I FORM 990PE,

CHARITABLE PURPOSES_	13,790.	13,790.
ADJUSTED NET INCOME	.0	0
NET INVESTMENT INCOME	.0	0
REVENUE AND EXPENSES PER BOOKS	13,790.	13,790.
		TOTALS
DESCRIPTION	COZEN O'CONNOR	

ATTACHMENT 2

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FEES
ACCOUNTING
7 - I
PART
990PF,
FORM

CHARITABLE PURPOSES	1,500.	1,500.
ADJUSTED NET INCOME	0.	0
NET INVESTMENT INCOME	1,500.	1,500.
REVENUE AND EXPENSES PER BOOKS	3,000.	3,000.
		TOTALS
DESCRIPTION	SMART	

ATTACHMENT 3

ATTACHMENT 4

FORM 990PF, PART I - TAXES

REVENUE AND

EXPENSES

DESCRIPTION

PER BOOKS

FEDERAL TAXES

5,500.

TOTALS

5,500.

- CORPORATE STOCK PART II FORM 990PF,

ATTACHMENT

25-6716684

DESCRIPTION

SEE STATEMENT A

ENDING BOOK VALUE

ENDING

327,917.

TOTALS

337,646.

337,646.

327,917.

25-6716684

- CORPORATE BONDS

PART II

FORM 990PF,

09-6.1
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10:53:19
5/12/2010
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l	ဖ	
	ATTACHMENT	

ENDING ENDING BOOK VALUE FMV

334,640.

330,931.

330,931.

SEE STATEMENT A

DESCRIPTION

TOTALS

334,640.

ATTACHMENT 6

The Clifton Foundation EIN 25-6716684 Tax Year 2009

Balance Sheet Investments, Corporate Stock

	Beginning of Year	End of	f Year
	Book Value	Book Value	FMV
Comcast	None	337,646.00	327,916 82
Pimco Total Return Fund	None	334,640 00	330,931 20
	None	672,286 00	658,848 02

STATEMENT A

ATTACHMENT

PART VIII

NAME AND ADDRESS

ANTHONY CLIFTON

ATTACHMENT 8

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

ANTHONY CLIFTON CATHERINE R. CLIFTON

õ
NDATI
Fou
CLIFTON
THE

25-6716684

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

SEE STATEMENT B

501(C)(3) NONE

PURPOSE OF GRANT OR CONTRIBUTION

283,000

AMOUNT

ATTACHMENT 9

TO HELP FUND THE OPERATIONAL BUDGETS OF THE VARIOUS CHARITABLE ORGANIZATIONS

TOTAL CONTRIBUTIONS PAID

283,000

ATTACHMENT 9 PAGE 27

v 09-6 1

91358W T650 5/12/2010

Clifton Foundation CHARITABLE CONTRIBUTIONS FYE 12/31/09

EIN: 25-6716684

DATE	NAME AND ADDRESS OF RECIPIENT	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	TOTAL PAID
1/1/2009	Philadelphia Theater Company 230 South 15th Street Philadelphia, PA 19102	Public Chanty	To fund the recipient's operating budget	20,000
1/6/2009	The Foundation for the Self Taught 30 South 17th Street Philadelphia, PA 19103	Public Chanty	To fund the recipient's operating budget	1,000
2/17/2009	Intercultural Journeys 1830 Rittenhouse Sq , 16B Philadelphia, PA	Public Chanty	To fund the recipient's operating budget	1,000
3/26/2009	Intercultural Journeys 1830 Rittenhouse Sq , 16B Philadelphia, PA	Public Chanty	To fund the recipient's operating budget	1,000
4/3/2009	Trustees of The University of Pennsylvania 3451 Walnut Street Philadelphia, PA 19104	Public Chanty	To fund the recipient's operating budget	5,000
4/23/2009	Philadanco 9 North Preston St Philadelphia, PA 19104	Public Chanty	To fund the recipient's operating budget	300
5/11/2009	Kimmel Center 230 S Broad St Suite 901 Philadelphia, PA 19102	Public Chanty	To fund the recipient's operating budget	2,500
6/22/2009	MCAP 409 Cherry Street Nornstown, PA 19401	Public Chanty	To fund the recipient's operating budget	500
7/30/2009	The Philadelphia Orchestra 260 South Broad St Philadelphia, PA 19102	Public Chanty	To fund the recipient's operating budget	200
10/5/2009	Philadelphia Foundation 1234 Market Street Philadelphia, PA 19107	Public Chanty	To fund the recipient's operaling budget	5,000
10/29/2009	The Philadelphia Affiliate of Susan G Komen 125 South 9th Street Philadelphia, PA 19107	Public Chanty	To fund the recipient's operating budget	1,000
11/19/2009	Kids Mission 160 West Germantown Pike Nomstown, PA 19401	Public Chanty	To fund the recipient's operating budget	500
12/9/2009	Kimmel Center 230 S. Broad St. Suite 901 Philadelphia, PA 19102	Public Chanty	Endowment Fund	200,000
12/22/2009	Philadelphia Theater Company 230 South 15th Street Philadelphia, PA 19102	Public Chanty	To fund the recipient's operating budget	20,000
12/22/2009	Kimmel Center 230 S Broad St Suite 901 Philadelphia, PA 19102	Public Chanty	To fund the recipient's operating budget	25,000
	•			283,000

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service Name of estate or trust

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

Employer identification number

- 1	THE CLIFTON FOUNDATION			Į.	23-6/166	84	
Note	e: Form 5227 filers need to complete only Pa	arts I and II	<u>-</u>				
-Par	Short-Term Capital Gains and Lo	sses - Assets	Held One Ye	ar or Less			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales pnce	(e) Cost or other (see page 4 of instructions)	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a							
					<u> </u>		
		<u> </u>			<u> </u>		
		 		<u> </u>			
		<u> </u>		 			
b	Enter the short-term gain or (loss), if any, f	rom Schedule D	-1, line 1b			1 b	1,566.
2	Short-term capital gain or (loss) from Form	1S 4684, 6252, (5781, and 882	4		2	
3	Net short-term gain or (loss) from partners					3	
4	Short-term capital loss carryover Enter the Carryover Worksheet			·		4	(
5	Net short-term gain or (loss). Combine line	es 1a through 4	ın column (f)	Enter here and on lir	ne 13,		1.500
Par	column (3) on the back	s - Assets Held	More Than On	e Year	· · · · · · · •	5	1,566.
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other (see page 4 of	the	(f) Gain or (loss) for the entire year
6a	(Example 100 shales 170 proteined of 2 00)	(mo, day, yr)	(iiio , day, yr)	<u></u>	instructions)		Subtract (e) from (d)
					ļ		
						ļ	
				· · · · · · · · · · · · · · · · · · ·			
					 		
		·I—					
b	Enter the long-term gain or (loss), if any, fr	om Schedule D-	1, line 6b			6b	
7	Long-term capital gain or (loss) from Form	s 2439, 4684, 6	252, 6781, an	d 8824		7	
8	Net long-term gain or (loss) from partnersh	nios. S comoratio	ons, and other	estates or trusts		8	
					ļ	-	500
9	Capital gain distributions					9	730.
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover Enter the Carryover Worksheet	amount, if any,	from line 14 o	f the 2008 Capital Lo	ss	11	()
12	Net long-term gain or (loss). Combine lines	s 6a through 11	in column (f)	Enter here and on lir	ne 14a,	···	<u> </u>
Eor B	column (3) on the back			 		12	730. D (Form 1041) 2009
ror r	aberwork Reduction Act Notice. See the Instri	CHOIS FOR FORM TO	41		SCI	iea iiie) I) (FOIM 1041) ZUUS

Sche	dule D (Form 1041) 2009			Page 2
Pa	rt III · Summary of Parts I and II	(1) Beneficiaries'	(2) Estate's	(3) Total
	Caution: Read the instructions before completing this part	(see page 5)	or trust's	
13	Net short-term gain or (loss)			1,566.
14	Net long-term gain or (loss):			730.
a	Total for year		·	730.
15	28% rate gain 14c Total net gain or (loss). Combine lines 13 and 14a ▶ 15			2,296.
Not	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990 art V, and do not complete Part IV if line 15, column (3), is a net loss, complete Part IV if	-T, Part I, line 4a) If line and the Capital Loss Can	s 14a and 15, column (ryover Worksheet, as n	(2), are net gains, go
	rt IV Capital Loss Limitation	· · · · · · · · · · · · · · · · · · ·		·
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, II	ne 4c, if a trust), the sn	naller of	
a Not Can	The loss on line 15, column (3) or b \$3,000 e: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, ling wover Worksheet on page 7 of the instructions to figure your capital loss carryover) lete the Capital Loss
Pa	rt V Tax Computation Using Maximum Capital Gains Rates			
ther Cau E B Fori	in 1041 filers. Complete this part only if both lines 14a and 15 in column (2 e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more that tion: Skip this part and complete the worksheet on page 8 of the instructions of the line 14b, col (2) or line 14c, col (2) is more than zero, or noth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero on 990-T trusts. Complete this part only if both lines 14a and 15 are gain form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and er line 14b, col (2) or line 14c, col (2) is more than zero.	n zero if as, or qualified divide	nds are included in	n income in Part I
				
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
18	Enter the smaller of line 14a or 15 in column (2)			
19	but not less than zero			
	from Form 1041, line 2b(2) (or enter the qualified			
	dividends included in income in Part I of Form 990-T) 19			
20	Add lines 18 and 19			
21	If the estate or trust is filing Form 4952, enter the			
	amount from line 4g, otherwise, enter -0-	}		
22	Subtract line 21 from line 20. If zero or less, enter -0-	22		
23	Subtract line 22 from line 17 If zero or less, enter -0-	23		
24	Enter the smaller of the amount on line 17 or \$2,300	24		
25	Is the amount on line 23 equal to or more than the amount on line 24?	' '		
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box			
	No. Enter the amount from line 23	25		
26	Subtract line 25 from line 24	26		
27	Are the amounts on lines 22 and 26 the same?			
	Yes. Skip lines 27 thru 30 go to line 31 No. Enter the smaller of line 17 or line 22	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	. 28		
29	Subtract line 28 from line 27	29		
30	***************************************	· · <u> </u>	20	
31	Multiply line 29 by 15% (15) Figure the tax on the amount on line 23 Use the 2009 Tax Rate Sche	adula for Estatos and	30	
•	(see the Schedule Ginstructions in the instructions for Form 1041)			
		• • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
32	Add lines 30 and 31		32	
33	Figure the tax on the amount on line 17 Use the 2009 Tax Rate Sche	edule for Estates and		
	(see the Schedule Ginstructions in the instructions for Form 1041)		33	
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here a	nd on Form 1041, S	chedule	
	G, line 1a (or Form 990-T, line 36)	<u> </u>	34	

SCHEDULE D-1 (Form 1041)

Continuation Sheet for Schedule D (Form 1041)

► See instructions for Schedule D (Form 1041). ▶ Attach to Schedule D to list additional transactions for lines 1a and 6a. OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

THE CLIFTON FOUNDATION

Employer identification number 25-6716684

THE CLIFTON FOUNDATION				25-6716684			
Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less							
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo_day.yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d		
a 18,165.304 SHS PIMCO TOTAL							
RETURN FUND	10/01/2009	12/10/2009	199,950.	198,384.	1,566		
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1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b . . . For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2009

1,566.

FEDERAL FOOTNOTES

4 4 . 4

AS A RESULT OF A FEDERAL EXAMINATION OF THE 2007 TAX RETURN, THE MINIMUM INVESTMENT RETURN, DISTRIBUTABLE AMOUNT, AND EXCESS DISTRIBUTION CARRYOVER HAVE BEEN RECALCULATED, PURSUANT TO REGULATION 53.4942(A)-2(C)(4)(VI). AS SUCH, WE HAVE UPDATED THE 2009 FORM 990-PF WITH THE FOLLOWING ADJUSTMENTS:

- PART V, LINE 1C FOR YEAR 2007 REFLECTS THE RECALCULATED NET VALUE OF NONCHARITABLE-USE ASSETS OF \$320,660 INSTEAD OF THE PREVIOUSLY REPORTED NET VALUE OF \$259,341
- PART XIII, LINE 3D REFLECTS THE RECALCULATED EXCESS DISTRIBUTION CARRYOVER OF \$114,633 INSTEAD OF THE PREVIOUSLY REPORTED CARRYOVER OF \$117,699