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Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization			Employer Identification number					
The	Four Leaf Clo	ver	Foundati	.on		37-6535092		
Organiz	ation type (check on	e):						
Filers o	f:	Se	ction:					
Form 99	00 or 990-EZ		501(c)() (enter number) organization		RECEIVED		
			4947(a)(1) nor	exempt charitable trust not treated as	a private fou	undation AUG 2 0 2013		
			527 political o	rganization		OCDE :		
Form 990-PF		X	501(c)(3) exer	npt private foundation		SUDEN, UT		
			4947(a)(1) nor	nexempt charitable trust treated as a pri	ivate founda	ation		
			501(c)(3) taxa	ole private foundation				
Genera	For an organization property) from any o			0-EZ, or 990-PF that received, during th mplete Parts I and II.	he year, \$5,0	000 or more (in money or		
· _								
L	under sections 509(a)(1) ,000	and 170(b)(1)(ng Form 990 or 990-EZ that met the 331 A)(vI) and received from any one contrib ne amount on (i) Form 990, Part Vill, line	outor, during	the year, a contribution of		
	during the year, tota	cor	ntributions of n	nization filing Form 990 or 990-EZ that r nore than \$1,000 for use <i>exclusively</i> for r tion of cruelty to children or animals. Co	religious, cha	aritable, scientific, literary,		
	during the year, con not total to more tha year for an exclusive applies to this organ	itribù an \$1 ely re nizati	utions for use of 1,000. If this be eligious, charita Ion because It	nization filing Form 990 or 990-EZ that xclusively for religious, charitable, etc., xs is checked, enter here the total contrable, etc., purpose. Do not complete an received nonexclusively religious, chari	purposes, b ributions that by of the part itable, etc, c	out these contributions did t were received during the ts unless the General Rule contributions of \$5,000 or		

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

Name of organization
The Four Leaf Clover Foundation
The Four Leaf Clover Foundation
The Four Leaf Clover Foundation

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	David Jump 189 American Grain Street Cahokia, IL 62206	\$5,000,100	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.)
(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

Name of organization
The Four Leaf Clover Foundation

Employer identification number 37-6535092

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					
		\$						

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Page 4 Name of organization **Employer Identification number** The Four Leaf Clover Foundation 37-6535092 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (d) Description of how gift is held (b) Purpose of gift from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee