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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
2012

Department of the Treasury Internal Revenue Service

	For	cale	ndar year 2012 or tax year beginning SEP	1, 2012	, and ending	AUG 31, 2013	}
	Na	me o	f foundation	A Employer identification number			
	J	UD	Y AND NOAH LIFF FOUNDAT	62-1587938	3		
	Nu	nber a	and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	· · · · · · · · · · · · · · · · · · ·
	2	09	10TH AVENUE SOUTH		435	(615)812-0	923
	Cit	or t	own, state, and ZIP code		•	C If exemption application is p	
			HVILLE, TN 37203			a a a a a a a a a a a a a a a a a a a	ording, Grook Here
	G	Check	k all that apply Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
			Final return				
			Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test,
	H (	hecl	k type of organization Section 501(c)(3) ex	empt private foundation		E If private foundation sta	
		] se		Other taxable private founda	ition	under section 507(b)(1	
			arket value of all assets at end of year   J   Accounti	ng method <sup>.</sup> X Cash	Accrual	F If the foundation is in a	
	(fi	om .	Part II, col. (c), line 16)	her (specify)		under section 507(b)(1	
	<b></b>	\$	2,813,607. (Part I, colu	mn (d) must be on cash b	pasis.)	· · · · · · · · · · · · · · · · · · ·	, — , — . — . — . — . — . — . — . — . —
	P	irt l	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
			(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) )	expenses per books	income	income	for charitable purposes (cash basis only)
		1	Contributions, gifts, grants, etc , received			N/A	
_		2	Check X If the foundation is not required to attach Sch. B				
<u>*</u>		3	Interest on savings and temporary cash investments	13.	13.		STATEMENT 1
2014		4	Dividends and interest from securities	12,370.	12,370.		STATEMENT 2
0		5a	Gross rents				1-11
က		b	Net rental income or (loss)				
<b>&gt;=</b>	Φ	6a	Net gain or (loss) from sale of assets not on line 10	14,829.			
MA	Revenue	b	Gross sales price for all assets on line 6a 14,829.				
,		7	Capital gain net income (from Part IV, line 2)		14,829.		
		8	Net short-term capital gain		HH4444		
Z		9	Income modifications		······		
Z		10a	and allowances .	···· ·	······································	······································	, ,, <del>,</del>
SCANNE		l	Less Cost of goods sold				
ŏ		l	Gross profit or (loss)				<u> </u>
•		11	Other income	27 212	27 212		
-		12	Total. Add lines 1 through 11	27,212.	27,212.		
		13	Compensation of officers, directors, trustees, etc	0.	0.		0.
		14	Other employee salaries and wages		· · · · · · · · · · · · · · · · · · ·		
	es	15	Pension plans, employee benefits  Legal fees STMT 3	7,506.	3,753.		2 752
	3US		Legal fees STMT 3 Accounting fees	7,300.	3,733.	-	3,753.
	Operating and Administrative Expense		Other professional fees				
	9	17	Interest				
	aţį	18	Taxes STMT 4	393.	393.		0.
	istr	19	Depreciation and depletion	3331			
	듩	20	Occupancy 25				
	Ā	21	Travel, conferences, and meetings				
	Ę	22	Printing and publications	-			
	g	23	Other expenses STMT 5	36,734.	0.		0.
	뜵		Total operating and administrative	307.020			
	Seri	-	expenses. Add lines 13 through 23	44,633.	4,146.		3,753.
	ō	25	Contributions, gifts, grants paid	50,000.	= <b>/ =</b>		50,000.
			Total expenses and disbursements.	,		· · · · · · · · · · · · · · · · · · ·	30,000.
			Add lines 24 and 25	94,633.	4,146.		53,753.
-		27	Subtract line 26 from line 12:		=, = = = =	,	
			Excess of revenue over expenses and disbursements	<67,421.	>		
			Net investment income (if negative, enter -0-)		23,066.	<del></del>	<del>in///www.com////////////////////////////////////</del>
			Adjusted net income (if negative, enter -0-)		,	N/A	
7	2350		LUA For Panamuark Daduction Act Nation and	·			,

Total net assets or fund balances at beginning of year - Part II, column (a), line 30

(must agree with end-of-year figure reported on prior year's return)

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize)

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize)

5 Oc.

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

1 3, 110, 484.

2 <67, 421.

3 0.

4 3, 043, 063.

Part IV Capital Gains	and Losses for Tax on I	nvestmen	t Income					
	ribe the kind(s) of property sold (e g trehouse, or common stock, 200 sh			P	low acquired - Purchase - Donation	(c) (m	Date acquired o., day, yr )	(d) Date sold (mo , day, yr )
1a FIDELITY CAP A	PRC CAPITAL GAIN	IS			P	VA	RIOUS	12/10/12
b FIDELITY CONTR	AFUND CAPITAL GA	AINS			P	VA	RIOUS	12/17/12
c GABELLI SMCP G	RW AAA CAPITAL C	SAINS			P	VA	RIOUS	11/30/12
d FIDELITY CONTR	AFUND CAPITAL GA	AINS			P	VA	RIOUS	02/11/13
8			-					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				h) Gain or (loss plus (f) minus	
a 5,062.								5,062.
b 1,375.				i				1,375.
c 5,451.								5,451.
d 2,941.								2,941.
e								
Complete only for assets showing	ig gain in column (h) and owned by	the foundation	оп 12/31/69			(I) Gair	ıs (Col (h) gaın	minus
(i) F M.V. as of 12/31/69	(i) Adjusted basis (k) Excess of col. (i) Col.			ol (k), l	but not less that ses (from col-(	n <b>-0-) ar</b>		
a								5,062.
b								1,375.
C			<del></del>				·	5,451.
d		-			<del>-</del>			2,941.
6		1						2,311.
2 Capital gain net income or (net ca	pital loss) { If gain, also enter -0	r in Part I, line )- in Part I, line	7 .	}	2			14,829.
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,	•	nd (6)		}			N/A	
If (loss), enter -0- in Part I, line 8  Part V Qualification U	nder Section 4940(e) for	r Dodugod	Tay on Not	J Inve	otmont le	10000		
If section 4940(d)(2) applies, leave the Was the foundation liable for the sect if "Yes," the foundation does not qual 1. Enter the appropriate amount in 6	tion 4942 tax on the distributable an	omplete this pa	rt	_				Yes X No
(a)			ioro making arry or					(d)
Base period years Calendar year (or tax year beginning			Net value of no				Distrib (col. (b) div	utión ratio ided by col (c))
2011		0,737.			482,47			.181567
2010		9,273.			857,98			.122210
2009		0,000.			705,34			.018482
2008		1,969.			352,82			.107092
2007	29	3,760.	· · · · · · · · · · · · · · · · · · ·		645,71	5.	· · · · · · · · · · · · · · · · · · ·	.080577
2 Total of line 1, column (d)							2	.509928
3 Average distribution ratio for the 5 the foundation has been in exister		on line 2 by 5,	or by the number	of yea	irs		3	.101986
4 Enter the net value of nonchantab	le-use assets for 2012 from Part X,	line 5	•				4	2,565,617.
5 Multiply line 4 by line 3		٠					5	261,657.
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)						6	231.
7 Add lines 5 and 6		-		·			7	261,888.
8 Enter qualifying distributions from If line 8 is equal to or greater than	n Part XII, line 4 line 7, check the box in Part VI, line	 a 1b, and comp	 lete that part using	 ga 1%	6 tax rate		В	53,753.
See the Part VI instructions	· · · · · · · · · · · · · · · · · · ·		- '•					m 990-DE (2012)

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Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	- see in	stru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)		1			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔲 and enter 1%	1	ļ		4	61.
	of Part 1, line 27b					
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b) 🥠					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
-	Add lines 1 and 2	3				61.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			1,0	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				0.
6	Credits/Payments					
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 6a		1			
b	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868)					
đ	Backup withholding erroneously withheld					
7	Total credits and payments. Add lines 6a through 6d	7				0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ Refunded ▶	11			_	
Pai	1 VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın			Yes	
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
	If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials publish	ed or	ſ			
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.		ŀ			
	(1) On the foundation ► \$ O . (2) On foundation managers ► \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers ► \$O.		ŀ			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		ļ	2		X
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		L	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	[/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		Ļ	5		X
	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		l			
	By language in the governing instrument, or		[			
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the stat</li> </ul>	law				
	remain in the governing instrument?			6	<u>X</u>	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		ļ	7	X	
	If "Yes," complete Part II, col. (c), and Part XV.		1			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			1		
	TN		أ			
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)		ŀ			
	of each state as required by General Instruction G? If "No," attach explanation		. L	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	ndar	-	1		
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV		Į	9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
_			Form	990	-PF(	2012)

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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		X_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		_X_
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 ▶ BECKY NELMS  Telephone no ▶ (615)8	12-	092	3
	Located at ▶209 10TH AVENUE SOUTH, SUITE 435, NASHVILLE, TN ZIP+4 ▶37	203		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b></b>	
	and enter the amount of tax-exempt interest received or accrued during the year	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
	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 <b>&gt;</b>		′	
Рa	rt 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?			
	(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			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	_1b		
	Organizations relying on a current notice regarding disaster assistance check here			
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?	10		<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))			
a	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? Yes X No			
	If "Yes," list the years ▶			
b	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 <b>any</b> 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,	ا ہے ا		
_	Form 4720, to determine if the foundation had excess business holdings in 2012.)  N/A	3b		v
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			v
	had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		<u>X</u>

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?	Y6	es X No		
(2) Influence the outcome of any specific public election (see section 4955),	or to carry on, directly or indire	ectly,	İ		
any voter registration drive?		T	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No					
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section		ŀ		
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y6	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary		for			
the prevention of cruelty to children or animals?			s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur	nder the exceptions described	in Regulations			
section 53 4945 or in a current notice regarding disaster assistance (see instr			N/A	5b	1
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		ned			
expenditure responsibility for the grant?		I/A 🔲 Ye	s No		
If "Yes," attach the statement required by Regulations section 53.494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?	pay premiums on		es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	nerconal henefit contract?			6ь Г	x
If "Yes" to 6b, file Form 8870	personal benefit contract:	•	F	<u> </u>	<del>                                     </del>
7a At any time during the tax year, was the foundation a party to a prohibited tax	chattar transaction?		es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attrib			/- m	7b	<del></del>
Information About Officers Directors True		nagore Highly		<i>,</i> D	
Part VIII Paid Employees, and Contractors	tees, roundation wa	mayers, mym	,		
List all officers, directors, trustees, foundation managers and their	r compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allo	wances
JUDY LIFF	TRUSTEE				
209 10TH AVENUE SOUTH, SUITE 435					
NASHVILLE, TN 37203	1.00	0.	0.		0.
JOSEPH N. BARKER	TRUSTEE				
209 10TH AVENUE SOUTH, SUITE 435					
NASHVILLE, TN 37203	1.00	0.	0.		0.
ZACHARY LIFF	TRUSTEE				
209 10TH AVENUE SOUTH, SUITE 435	1				
NASHVILLE, TN 37203	1.00	0.	0.		0.
	1				
	1				
Compensation of five highest-paid employees (other than those in	cluded on line 1). If none,	enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(C) Contributions to employee benefit plans and deferred compensation	acco	Expense unt, other wances
NONE	develop to position		component		
1012	┪				
· · · · · · · · · · · · · · · · · · ·					
	1				
	-				
		<del>                                     </del>		ļ	
	┪				
	1				
Total number of other employees paid over \$50,000 .	-		<b>•</b>		0

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, 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		
	1	
	7	
	]	
	]	
	<u> </u>	
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produ	al information such as the ced, etc	Expenses
1 N/A		
2		
3		
4		
		<u>-</u>
Part IX-B Summary of Program-Related Investments		<del></del>
Describe the two largest program-related investments made by the foundation during the tax year on lin	nes 1 and 2	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions		
All other program-related investments. See instructions  3		
J		

0.

Total. Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	s, see instructions)
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	2,376,118.
	Average of monthly cash balances	1b	142,172.
	Fair market value of all other assets	10	86,397.
ď	Total (add lines 1a, b, and c)	1d	2,604,687.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 -		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,604,687.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	39,070.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,565,617.
6	Minimum investment return. Enter 5% of line 5	6	128,281.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here  and do not complete this part )	d certain	
1	Minimum investment return from Part X, line 6	1	128,281.
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)  2b  1,044.		
C	Add lines 2a and 2b	2c	1,044.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	127,237.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	127,237.
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	127,237.
P	art XII Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, grits, etc - total from Part I, column (d), line 26	1a	53,753. 0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	53,753.
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	53,753.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies f	or the section

4940(e) reduction of tax in those years

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.	Corpus	16a15 pilot to 2011	2011	2012
line 7				127,237.
2 Undistributed income, if any, as of the end of 2012	······································			7.77
a Enter amount for 2011 only	]		0.	
b Total for prior years	······································			J '., , , , , ' ''
g rotation pilot years		0.		
3 Excess distributions carryover, if any, to 2012				
a From 2007 114, 434.				
b From 2008 134,790.				
c From 2009	`			
d From 2010 209, 328.				
e From 2011 334,625.				
f Total of lines 3a through e	793,177.			
4 Qualifying distributions for 2012 from	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Part XII, line 4 ▶\$ 53,753.	1			
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)	0.			
` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		······································	·/////////////////////////////////////	53,753.
d Applied to 2012 distributable amount  e Remaining amount distributed out of corpus	0.			33,733.
_ ` [	73,484.			73,484.
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a) )	73,404.			737404.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e. Subtract line 5	719,693.			
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	40,950.			
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a	678,743.			
10 Analysis of line 9.		-		
a Excess from 2008 134,790.				
b Excess from 2009				
c Excess from 2010 209, 328.				
d Excess from 2011 334,625.				
e Excess from 2012				, , <u>,</u>
				Form QQA_DE (2012)

	D NOAH LIFF	<del>.                                      </del>		62-15	87938 Page 1 <b>0</b>
Part XIV   Private Operating F	oundations (see ins	structions and Part VII	·A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo	r 2012, enter the date of t	he ruling	▶		
<b>b</b> Check box to indicate whether the found	lation is a private operation	g foundation described i	n section	4942(J)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 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					
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					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return	1				
shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundatior	n had \$5,000 or mo	ore in assets
at any time during t	the year-see insti	ructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh			ributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed r	nore than \$5,000) (See s	ection 507(d)(2) )			
NONE					
b List any managers of the foundation when the base of the foundation with	o own 10% or more of th	e stock of a corporation (	(or an equally large porti	on of the ownership of a pa	artnership or
other entity) of which the foundation ha	s a 10% or greater interes	st			
NONE					
2 Information Regarding Contribut					
Check here 🕨 🗓 if the foundation (					
the foundation makes gifts, grants, etc	(see instructions) to indiv	viduals or organizations u	nder other conditions, c	omplete items 2a, b, c, and	d
a The name, address, and telephone num	ber or e-mail of the perso	n to whom applications s	should be addressed		
b The form in which applications should l	oe submitted and informa	tion and materials they st	nould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s such as hy geographic	al areas chantable fields	kinds of institutions or	other factors	
a Any restrictions of militations of award	s, such as by geographic	ai aicas, ciiaillavie lielus,	หมานอ บา มาอนเนนเบทอ, ป1	other factors.	

Part XV Supplementary Information		· · · · · · · · · · · · · · · · · · ·		<del></del> .
3 Grants and Contributions Paid During the		Payment		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
YMCA OF MIDDLE TENNESSEE 1000 CHURCH STREET	NONE	PUBLIC CHARITY	TO FURTHER THE EXEMPT PURPOSE OF THE	
NASHVILLE, TN 37203			ORGANIZATION	25,000.
				23,000.
JEWISH PEDERATION OF NASHVILLE	NONE	PUBLIC CHARITY	TO FURTHER THE EXEMPT	
801 PERCY WARNER BLVD			PURPOSE OF THE	
NASHVILLE, TN 37205	-		ORGANIZATION	15,000.
VANDERBILT EYE INSTITUTE	NONE	PUBLIC CHARITY	TO FURTHER THE EXEMPT	
2311 PIERCE AVENUE			PURPOSE OF THE	
NASHVILLE, TN 37232			ORGANIZATION	10,000.
Total		T	► 3a	50,000.
u Approved for lutture payment				
NOVE				
NONE				
Total		L	> 3b	0.

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

Enter gross amounts unless otherwise indicated.	Unrelated	d business income		ded by section 512, 513, or 514	(e)		
• • • • • • • • • • • • • • • • • • • •	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt		
1 Program service revenue	code	Amount	sion code	Amount	function income		
a							
b							
c							
d							
e							
f							
g Fees and contracts from government agencies							
2 Membership dues and assessments							
3 Interest on savings and temporary cash investments			14	13.			
4 Dividends and interest from securities			14	12,370.			
5 Net rental income or (loss) from real estate:							
a Debt-financed property							
b Not debt-financed property							
6 Net rental income or (loss) from personal property							
7 Other investment income							
8 Gain or (loss) from sales of assets other than inventory			18	14,829.			
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory							
11 Other revenue							
a	1						
b					<del> </del>		
c					,		
d							
e							
12 Subtotal Add columns (b), (d), and (e)	1.	(	).	27,212.			
13 Total. Add line 12, columns (b), (d), and (e)				13	27,212.		
(See worksheet in line 13 instructions to verify calculations )		•		_			

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

223621 12-05-12

Part	XVII	Information Re Exempt Organ		sfers To a	and Trans	actions a	and Rel	ations	hips With	Nonchar	itable	•	
1 Dic	the or	ganization directly or indir	ectly engage in any	of the following	ng with any oth	er organizatio	on describ	ed in sect	ion 501(c) of		1 "	Yes	No
		other than section 501(c)			-	-							
		from the reporting founda			-	pontiour organ							ĺ
	Cash	nom the reporting realist	ition to a monomant	iolo oxompt of	gamzation of						12/11	1	Х
٠,	Other	accate.		•	•••		•		•		1a(1)		X
			- •	•			•		•	• ••	1a(2)		
		sactions	-1	<b>.</b>									v
		of assets to a noncharital			•				•	•	1b(1)		X
		ases of assets from a nor		organization						-	1b(2)		X
٠,		I of facilities, equipment,	or otner assets		• ••••					•	1b(3)		X
		oursement arrangements	•	•							1b(4)		X
		or loan guarantees		••	•					-	1b(5)		X
		rmance of services or me		-						4	1b(6)		X
		facilities, equipment, mai					-			•••	10		X
or	service	ver to any of the above is s given by the reporting fo ) the value of the goods, o	oundation If the fou	ndation receiv								ets,	
(a) Une r	10	(b) Amount involved	(c) Name o	f noncharitable	e exempt orga	nization	(d)	Description	of transfers, tran	sactions, and s	hanng ar	rangeme	nts
		-		N/A									
	1												
												•	
										•			
			-										
ın :	section	idation directly or indirect 501(c) of the Code (other implete the following sche	than section 501(c			xempt organi:	zations de	scribed	-		Yes	X	] No
		(a) Name of org	anization		(b) Type of o	organization			(c) Description	of relationsh	ıp		_
		N/A											
											_		
	1		Q 1// 1										
Sign Here		penalue of perury, I declare to lief, it is true correct, and con ature of officer or rustee	that I have extendined the	is refurn, including	n taxpayer) is ba	schedules and sed on all inform	statements, nation of whi	and to the ch preparer	has any knowled	show	the IRS on with the representation the IRS of the Irs o	e prepare	er
	I. Jigii	Print/Type preparer sina	me	Preparer's s	Innature	<del></del> -	Date		Check X	rf PTIN			
		o i ype pichaidi allie	1110	1 10ha161 9 9	91101010		Date		self- employe	I			
Paid			OSS, CPA		A. MOS	S, CP	04/30	)/14		P00	053		
Preparent		Firm's name ► KRA	FTCPAS PI	ıĹC					Firm's EIN	►62-07	132	50	
		Firm's address ► 55	5 GREAT C	IRCLE	ROAD								
		NA	SHVILLE,	TN 372	28				Phone no	615-2	42-	735	1

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CASH ]	INVESTMENTS	STATEMENT 1
SOURCE				TRUOMA
BANK OF AMERICA				13.
TOTAL TO FORM 990-PF, PART I	, LINE 3, CO	LUMN A		13.
FORM 990-PF DIVIDEN	DS AND INTER	EST FROM SECU	JRITIES	STATEMENT 2
SOURCE	GROSS		PITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
VANGUARD		12,370.	0.	12,370.
TOTAL TO FM 990-PF, PART I,	LN 4	12,370.	0.	12,370.
FORM 990-PF	LEGAL	FEES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
LEGAL FEES	7,506.	3,753.		3,753.
TO FM 990-PF, PG 1, LN 16A	7,506.	3,753.		3,753.
FORM 990-PF	TAX	ES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
FOREIGN TAXES	393.	393.		0.
TO FORM 990-PF, PG 1, LN 18	393.	393.		0.

FORM 990-PF	OTHER EXPENSES					STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOM		(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM				
LOSS ON LIFE INSURANCE POLICY LIFE INSURANCE PREMIUMS	4,8 31,8			0.			0.		
TO FORM 990-PF, PG 1, LN 23	36,7	34.		0.			0.		
FORM 990-PF	OTHER	INVE	STMENTS			STATEMENT	6		
DESCRIPTION			UATION THOD	вос	OK VALUE	FAIR MARK	ЕТ		
BOB WILSON LIFE INSURANCE POR CMS STRUCTURED CAYMAN III VANGUARD MUTUAL FUNDS	LICY	С	OST OST OST		0. 417,236. 2,485,459.	18, 2,654,	0. 394. 845.		
TOTAL TO FORM 990-PF, PART I	I, LINE 1	3			2,902,695.	2,673,	239.		

● If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box  Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.  ● If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).  Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Enter filer's identifying number, see instruct  Type or print File by the due date for filing your return See Instructions  IUDY AND NOAH LIFF FOUNDATION  Number, street, and room or suite no. If a P.O. box, see instructions.  109 10TH AVENUE SOUTH, NO. 4 35  City, town or post office, state, and ZIP code. For a foreign address, see Instructions.  NASHVILLE, TN 37203  Enter the Return code for the return that this application is for (file a separate application for each return)  Application Is For Code  Form 990 or Form 990-EZ  Form 990-BL  Form 9720 (individual)  Form 4720 (individual)  Form 990-F  Form	Form 8868 (Rev. 1-2013)					Page 2
Note. Corly complete Part II If you have already been granted an automatic 3-month extension on a previously filed Form 8888.  If you are filing for an Automatic 3-Month Extension, complete only Part I (in page 1).  Part II		tension, c	complete only Part II and check this	box		▶ X
• If you are filling for an Automatic 3-Month Extension, complete only Part II (on page 1).    Part III   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).    Part III   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).    Part III   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).    Part III   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).    Part III   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).    Part III   Additional (Not Automatic) 3-Month Extension of Time. Only file in the original (no copies needed).    Part III   Additional (Not Automatic) 3-Month Extension of Time. Only file in the original (no copies needed).    Part III   Additional (Not Automatic) 3-Month Extension of Time. Only file in the original (no copies needed).    Part III   Additional (Not Automatic) 3-Month Extension of Time. Only file in the original (no copies needed).    Part III   Additional (Not Automatic) 3-Month Extension of Social security number (SN) (Not Automatic) 3-Month Extension on Social security number (SN) (Not Automatic) 3-Month Extension on Social security number (SN) (Not Automatic) 3-Month Extension on Social security number (SN) (Not Automatic) 3-Month Extension on Social security number (SN) (Not Automatic) 3-Month Extension on Social security number (SN) (Not Automatic) 3-Month Extension on Social security number (SN) (Not Automatic) 3-Month Extension on Social security number (SN) (Not Automatic) 3-Month Extension on Automatic 3-Month Extension on Automatic 3-Month Extension on Social security Not Automatic 3-Month Extension on Automatic 3-Month Extension So					3868.	
Enter filer's identifying number, see instruct   Type or   Name of exempt organization or other filer, see instructions   Employer identification number (Employer identification number (Employer identification number)	<ul> <li>If you are filing for an Automatic 3-Month Extension, complete</li> </ul>	te only Pa	rt I (on page 1).			
Name of exempt organization or other filer, see instructions   Employer identification number (Employer identification numb	Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origina	al (no c	opies nee	eded).
JUDY AND NOAH LIFF FOUNDATION   Social security number (SSN)			Enter filer's	dentifyir	g number,	see instructions
Supplementable   Sup	Type or Name of exempt organization or other filer, see instruc	ctions		Employe	dentificati	on number (EIN) or
Number, street, and room or suite no. If a P.O. box, see instructions.   209 10TH AVENUE SOUTH, NO. 435	print					
Section   Sec	File by the JUDY AND NOAH LIFF FOUNDATION	ON			62-15	87938
Enter the Return code for the return that this application is for (file a separate application for each return)  Enter the Return code for the return that this application is for (file a separate application for each return)  Enter the Return code for the return that this application is for (file a separate application for each return)  Enter the Return code for the return that this application is for (file a separate application for each return)  Enter the Return code for the return that this application is for (file a separate application for each return)  Enter the Return code for the return that this application is for (file a separate application for each return)  Enter the Return code for the return that this application is for Code is For 990 or Form 990-EZ  Enter #120 (Individual)  Enter #120 (Individual	Number, Street, and footh of Suite no. If a 1:0. box, se		tions.	Social se	curity numl	oer (SSN)
Enter the Return code for the return that this application is for (file a separate application for each return)    Application	return See 209 10TH AVENUE SOUTH, NO. 2					
Application   Return   Application   Se For   Code   Se For   Sec For   Code   Sec For	City, towir or post office, state, and zir code. For a re	oreign add	ress, see Instructions.			
Application   Return   Application   Se For   Code   Se For   Sec For   Code   Sec For	The second of th		h			0 4
SFOr   Scale   Scale   SFor   Scale   SFor   Scale   SFor   Scale   SFor   Scale   SFor   Scale   SFor   Scale   Scale   SFor   Scale   SFor   Scale   Scale   SFor   Scale   Sca	Enter the Heturn code for the return that this application is for (file	a separa	te application for each return)	• •••		
SFor   Code   Is For   Company   Company   Company   Company   Company   Company   Code	Application	Return	Application	_		Return
Form 990 or Form 990-EZ Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T	. 12	Code				Code
Form 990-BL		01				
Form 990-TF   0.4 Form 5227  Form 990-T (sec. 401(a) or 408(a) trust)   0.5 Form 6069  STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  BECKY NELMS  The books are in the care of ▶ 209 10TH AVENUE SOUTH, SUITE 435 − NASHVILLE, TN 37203  Telephone No. ▶ (615)812-0923 FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box If this is for the whole group, check hox ▶ If it is for part of the group, check this box In the care an additional 3-month extension of time until JULY 15, 2014  For calendar year or other tax year beginning SEP 1, 2012 and ending AUG 31, 2013  If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return AXPAYER IS WAITING ON INFORMATION FROM THIRD PARTIES.  8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  8a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any pror year overpayment allowed as a credit and any amount paid previously with Form 8868.  6 Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Signature and Verification must be completed for Part II only.  Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authonized to prepare this form		02	Form 1041-A	·		08
Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (trust other than above)  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  BECKY NELMS  The books are in the care of ▶ 209 10TH AVENUE SOUTH, SUITE 435 - NASHVILLE, TN 37203  Telephone No. ▶ (615)812-0923 FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box ▶ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is of the whole group, check this box ▶ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check box ▶ If the organization and attach a list with the names and EINs of all members the extension is for.  4 I request an additional 3-month extension of time until JULY 15, 2014 and ending AUG 31, 2013  5 For calendar year, or other tax year beginning SEP 1, 2012, and ending AUG 31, 2013  6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Initial return RAXPAYER IS WAITING ON INFORMATION FROM THIRD PARTIES.  8a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions.  Signature and Verification must be completed for Part II only.  Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form	Form 4720 (individual)	03	Form 4720			09
Form 990-7 (trust other than above)  STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  BECKY NELMS  The books are in the care of ▶ 209 10TH AVENUE SOUTH, SUITE 435 - NASHVILLE, TN 37203  Telephone No. ▶ (615) 812-0923 FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box ▶ X  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for.  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for.  I request an additional 3-month extension of time until SEP 1, 2012, and ending Aud ending	Form 990-PF	04	Form 5227			10
STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  BECKY NELMS  The books are in the care of ▶ 209 10TH AVENUE SOUTH, SUITE 435 − NASHVILLE, TN 37203  Telephone No. ▶ (615) 812−0923 FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box ▶ ▼  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check box ▶ If it is for part of the group, check this box ▶ And attach a list with the names and EINs of all members the extension is for.  If request an additional 3-month extension of time until JULY 15, 2014 Separate and extension is for calendar year, or other tax year beginning SEP 1, 2012, and ending AUG 31, 2013  If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return TAXPAYER IS WAITING ON INFORMATION FROM THIRD PARTIES TAXPAYER IS WAITING ON INFORMATION FROM THIRD PARTIES	Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
BECKY NELMS  The books are in the care of ▶ 209 10 TH AVENUE SOUTH, SUITE 435 - NASHVILLE, TN 37203 Telephone No. ▶ (615)812-0923 FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box	Form 990-T (trust other than above)	06	Form 8870			12
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