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Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For	calend	lar year 2013 or tax year beginning , a	and ending				
	me of fou				A Emple	oyer identification number	
Γ		LIEVENSE FOUNDATION					
_		ROBERT J. LIEVENSE				-4461928	
_		d street (or P O box number if mail is not delivered to street address)	Ro	om/suite	· '	hone number (see instructions	5)
		S. BRAESIDE CT. , state or province, country, and ZIP or foreign postal code			84.	3-441-0011	
		VILLE NC 28803			C If exe	mption application is pending,	check here
G	oneck a		n of a former public cha	arity	}	oreign organizations, check he	
					l	oreign organizations meeting t i% test, check here and attach	
		<u></u>			00	70 1031, GIBCK HOTE BITC BILBC	Computation
H		ype of organization $\boxed{X}$ Section 501(c)(3) exempt private				ate foundation status was term	ninated under
			e private foundation		sectio	n 507(b)(1)(A), check here	
		ket value of all assets at J Accounting method	X Cash Acc	rual		foundation is in a 60-month te	
е	nd of ye	ear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check h	ere
	ne 16) l		pe on cash basis )			-	(115)
Р	art i	Analysis of Revenue and Expenses(The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv	restment	(c) Adjusted net	(d) Disbursements for charitable
		the amounts in column (a) (see instructions) )	books	incor	ne	ıncome	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)			, ,		(555., 53515 6.11)
	2	Check ► X if the foundation is <b>not</b> required to attach Sch B					
	3	Interest on savings and temporary cash investments		<del></del>			
	4	Dividends and interest from securities				,,	
	5a	Gross rents		· · · · · · · · · · · · · · · · · · ·			
a)	b	Net rental income or (loss)		:			
ž	6a	Net gain or (loss) from sale of assets not on line 10					
<b>∪≀⊄</b> Revenue	b	Gross sales price for all assets on line 6a		······································			
£ 65 8€ ₹	7				26,742		
<b>u</b> –	8	Capital gain net income (from Per VEID)  Net short-term capital gain				0	
>	9						
	10a	Income modifications of Gross sales less returns applications of Sales less returns ap					
5	Ь	Less Cost of goods sold					
	c	Gross profit or (loss) (attaches agains)					
}	11	Other income (attach-schedule) DEN, UT					
	12	Total. Add lines 1 through 11	0		26,742	0	
	13	Compensation of officers, directors, trustees, etc	0				
benses	14	Other employee salaries and wages					
ü	15	Pension plans, employee benefits					
	16a	Legal fees (attach schedule) SEE STMT 1	100				100
ũ	b	Accounting fees (attach schedule) STMT 2	1,600				1,600
<u>.</u> ĕ	С	Other professional fees (attach schedule)					
Operating and Administrative	17	Interest					
ist	18	Taxes (attach schedule) (see instructions) STMT 3	25				25
Ē	19	Depreciation (attach schedule) and depletion					
ĥ	20	Occupancy					
Ϋ́	21	Travel, conferences, and meetings					
anc	22	Printing and publications					
<u> </u>	23	Other expenses (att sch )					
Ĭ.	24	Total operating and administrative expenses.					
era		Add lines 13 through 23	1,725		0	0	1,725
Ö		Contributions, gifts, grants paid	23,625				23,625
_	26	Total expenses and disbursements.Add lines 24 and 25	25,350		0	0	25,350
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	-25,350				
	b	Net investment income (if negative, enter -0-)			26,742		
	С	Adjusted net income (if negative, enter -0-)				o	

	Part II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
<u>د</u> _		should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
•	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments	10,048	31,796	31,796
	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			
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
		Less allowance for doubtful accounts ▶ 0			
Ø	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		1,280	1,280
AS	10a	Investments – U S and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule) SEE STMT 4	87,828	66,192	161,120
	c	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis			·
		Less accumulated depreciation (attach sch.)			•
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis		,	
	''	Less accumulated depreciation (attach sch )			
	15	Other assets (describe >			
	16	Total assets (to be completed by all filers – see the			
	"	instructions Also, see page 1, item I)	97,876	99,268	194,196
-	17	Accounts payable and accrued expenses	- , ,		
	18	Grants payable			
ď		Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons		-	
Ë	21	Mortgages and other notes payable (attach schedule)	· · · · · · · · · · · · · · · · · · ·		
Ξ	22	Other liabilities (describe SEE STATEMENT 5)	1,746	1,746	
	23	Total liabilities (add lines 17 through 22)	1,746	1,746	
_	23	Foundations that follow SFAS 117, check here	1,,10	1,710	
u		and complete lines 24 through 26 and lines 30 and 31.			
מטע	24	Unrestricted			
2	25	Temporarily restricted			
ã	26	Permanently restricted			
5	2 20	Foundations that do not follow SFAS 117, check here			
ū	3	and complete lines 27 through 31.			
Net Assets or Find Balar	27	Capital stock, trust principal, or current funds	96,130	97,522	
Ų	28	Paid-in or capital surplus, or land, bldg, and equipment fund	30,130	21,322	
Ú	29	Retained earnings, accumulated income, endowment, or other funds		0	
Ā	29		96,130	97,522	
Ž	30	Total net assets or fund balances(see instructions)	30,130	91,322	
	31	Total liabilities and net assets/fund balances(see	07 076	00 260	
7	Don't 1	Instructions)	97,876	99,268	
-	Part I		agrae with	·	<del></del>
		net assets or fund balances at beginning of year – Part II, column (a), line 30 (must a	igree with		06 100
		of-year figure reported on prior year's return)		1	96,130
		amount from Part I, line 27a		2	-25,350
		r increases not included in line 2 (itemize) ► CAPITAL GAINS		3	26,742
		ines 1, 2, and 3		4	97,522
		eases not included in line 2 (itemize)	L 00	5	0.5.5.5
_	6 Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b),	line 30	6	97,522

Part IV Capital Gains and	Losses for Tax on Investment	Income				
(a) List and describ	be the kind(s) of property sold (e.g., real estate, ehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P Purchase D Donation	(c) Date ac (mo , day	•	(d) Date sold (mo , day, yr )
1a INFORMATION SERV	ICES GP., INC.		Р	VARIO	US_	VARIOUS
b						
С						
d				<u>-</u>		
е						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale			or (loss) ) minus (g)
a 48,378			21,636			26,742
b						
С						
d			. +			
е						
Complete only for assets showing g	ain in column (h) and owned by the found	dation on 12/31/69				(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of cot (i)			less than -0-)or om col (h))
а						
b						<del>.</del>
c						
d						
e						
2 Capital gain net income or (net capi	If gain, also enter in Pa			2		26,742
3 Net short-term capital gain or (loss)	as defined in sections 1222(5) and (6)			-	<del></del>	20,112
	plumn (c) (see instructions) If (loss), ente	r -0- ın				
Part I, line 8				3		
	ler Section 4940(e) for Reduced	Tax on Net Ir	vestment Income	<del></del>		
	part blank n 4942 tax on the distributable amount of under section 4940(e) Do not complete		se period?			Yes X No
1 Enter the appropriate amount in each	ch column for each year, see the instructi	ons before making	any entries		·	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net val	(c) ue of noncharitable-use asset	s		(d) tribution ratio divided by col. (c))
2012	28.	884	93,	709		0.308231
2011		798	133,			0.043530
2010		405	176,9			0.233933
2009	<del></del>	746	92,8			0.126481
2008		790	90,			0.030964
2 Total of line 1, column (d)				2		0.743139
• •	year base period – divide the total on line	2 by 5, or by the				
•	s been in existence if less than 5 years			3		0.148628
4 Enter the net value of noncharitable	e-use assets for 2013 from Part X, line 5			4		136,226
5 Multiply line 4 by line 3				5		20,247
6 Enter 1% of net investment income	(1% of Part I. line 27b)			6		267
7 Add lines 5 and 6				7		20,514
	last VII. lina 4					
8 Enter qualifying distributions from P If line 8 is equal to or greater than li Part VI instructions	'art XII, line 4 ine 7, check the box in Part VI, line 1b, an	nd complete that pa	irt using a 1% tax rate	8 See the	<u> </u>	25,350

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Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions	)	·			
Jа	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1		I			
	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	1	<u> </u>			<u> 267</u>
	here ► X and enter 1% of Part I, line 27b		Ī			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of		<b>†</b>			
	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
3	Add lines 1 and 2	3	-			267
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	<del> </del>			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				267
6	Credits/Payments		1			
a	2013 estimated tax payments and 2012 overpayment credited to 2013  6a  6b	1				
b	Exempt foreign organizations – tax withheld at source  Townseld with application for extension of time to file (Form 8969)	-	1			
C C	Tax paid with application for extension of time to file (Form 8868)  Backup withholding erroneously withheld  6d	1				
d 7		7	f			
	Total credits and payments Add lines 6a through 6d  Enter any penalty for underpayment of estimated tax. Check here	8	<del> </del>			
8 9	Enter any penalty for underpayment of estimated tax. Check hereif Form 2220 is attached  Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<del> </del>			267
9 10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	1			207
11	Enter the amount of line 10 to be Credited to 2014 estimated tax	11				
****	rt VII-A Statements Regarding Activities		<u> </u>			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	participate or intervene in 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 the definition)?			1ь		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities					
С	Did the foundation file Form 1120-POL for this year?			1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation > \$ (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  \$				:	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			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, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
þ	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?			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					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				37	Ī
_	conflict with the state law remain in the governing instrument?	. ,		6	<u>X</u>	<del></del> _
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 X	.V		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ►  I L					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
5	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	Х	Ī
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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes,"			[ ]		Ī
	complete Part XIV			9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses			10		X
				Form 99	0-PF	(2013)

in a prior year (but after December 31, 1969) that could jeopardize noved from jeopardy before the first day of the tax year beginning in			4b		X
in a prior year (but after December 31, 1969) that could isopardize	ıts		į 1	1	
and amount in a marrier that would journable its charable purpos			70	<b></b>	
any amount in a manner that would jeopardize its charitable purpo:	ses?	11/ A	4a		X
s in 2013 )		N/A	3b		
ng period? (Use Schedule C, Form 4720, to determine if the	<b>.</b> .				
to dispose of holdings acquired by gift or bequest, or (3) the lapse					
(2) the lapse of the 5-year period (or longer period approved by the					
dings in 2013 as a result of (1) any purchase by the foundation or	Yes	X) No			
direct or indirect interest in any business enterprise	□ v	X No			
20					
e being applied to any of the years listed in 2a, list the years here					
statement – see instructions )		N/A	2b		
to the year's undistributed income? (If applying section 4942(a)(2) t	to	NT / 70	_		
the foundation is <b>not</b> applying the provisions of section 4942(a)(2)					
20 , 20 , 20					
efore 2013?	Yes	X No			
dation have any undistributed income (lines 6d and	_	ਓ -			
942(J)(3) or 4942(J)(5))					
ction 4942) (does not apply for years the foundation was a private					
the tax year beginning in 2013?		N/A	1c		
r in any of the acts described in 1a, other than excepted acts, that		_			
regarding disaster assistance check here		▶ 🗍			
e regarding disaster assistance (see instructions)?		N/A	1b		
ny of the acts fail to qualify under the exceptions described in Regu					
terminating within 90 days )	Yes	X No			
o or to employ the official for a period after					
government official? (Exception. Check "No" if the	103	140			
erson)?	☐ Yes	X No			
burse the expenses of, a disqualified person? Itisqualified person (or make any of either available for	1es	[V] 140			
to (or accept them from) a disqualified person? burse the expenses of, a disqualified person?	Yes	X No			
to (or accept them from) a disqualified person?	Yes	X No			
or otherwise extend credit to (or accept it from) a	□ vas	X No			
easing of property with a disqualified person?	∐ Yes	X No			
r directly or indirectly)	□ v	<b>∇ N</b> -			
I in the "Yes" column, unless an exception applies.				Yes	No
ing Activities for Which Form 4720 May Be Require	ea		······	<u> </u>	
ing Activities for Which Form 4700 Here D. D.			<u> </u>	İ	<u> </u>
ling requirements for Form TD F 90-22 1 If "Yes," enter the name of	of			1	
account in a foreign country?	_		16	L	X
id the foundation have an interest in or a signature or other authority	у		ا ۔ ا	Yes	No
rest received or accrued during the year	<del>-</del>	15		,, I	
trusts filing Form 990-PF in lieu of Form 1041 – Check here	. 1	<b>.</b> .			<b>▶</b> [_
NC	ZIP+4 ▶	28803			
SIDE CT.	<b>_</b> •	2000			
	Telephone no ▶	843-4	47-	001	1
inspection requirements for its annual returns and exemption appli	cation?		13	Χ	
attach statement (see instructions)			12		Х
a donor advised fund over which the foundation or a disqualified					<del></del>
attach schedule (see instructions)			11		Х
	· <del></del> .·				
nc	ding Activities (continued)  ndation, directly or indirectly, own a controlled entity within the  "attach schedule (see instructions)	ndation, directly or indirectly, own a controlled entity within the	ndation, directly or indirectly, own a controlled entity within the	ndation, directly or indirectly, own a controlled entity within the	ndation, directly or indirectly, own a controlled entity within the

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_	rt VII-B Statements Regarding Activities for Which Form 47	'20 May Be Re	<b>quired</b> (contir	nued)		<del></del>
5a	During the year did the foundation pay or incur any amount to			(T)		I
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 494	- **	□ '	res 🗓 No		Ī
	(2) Influence the outcome of any specific public election (see section 4955), or to contain the containing of the contai	arry on,	т.	. <del>.</del>		1
	directly or indirectly, any voter registration drive?		$\vdash$	res X No		1
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		□ ,	∕es ⊠ No		I
	(4) Provide a grant to an organization other than a charitable, etc., organization de	scribed in		. <del>.</del>		1
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)		□ '	∕es ⊠ No		1
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or ed	ducational		(F2)		ŧ
	purposes, or for the prevention of cruelty to children or animals?		_	∕es ∑ No		1
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under t		cribed in	/-		1
	Regulations section 53 4945 or in a current notice regarding disaster assistance (se	ee instructions)?		N/A	5b	<del></del>
	Organizations relying on a current notice regarding disaster assistance check here			▶ 📋		
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	the tax	/- □			
	because it maintained expenditure responsibility for the grant?		N/A 📙 ነ	∕es ∐ No ∣		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d).					
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay s	premiums				1
	on a personal benefit contract?			∕es ∑ No		Ī
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a perso	nal benefit contract	7		6b	<u>X</u> _
	If "Yes" to 6b, file Form 8870			. 📆		ŧ
	At any time during the tax year, was the foundation a party to a prohibited tax shelt		_	res X No		1
	If "Yes," did the foundation receive any proceeds or have any net income attributab			N/A	7b	
Pŧ	rt VIII Information About Officers, Directors, Trustees, Fou	ndation Manag	jers, Hignly Pa	aid Employees	s,	
	and Contractors	-41 / !4	4inma\			<del></del>
<u>1 L</u>	ist all officers, directors, trustees, foundation managers and their compens	ation (see instruc	tions).	T 2	1	<del></del>
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Exc	ense account,
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		allowances
			-	compensation		
SE	E STATEMENT 6					
						·
	· · · · · · · · · · · · · · · · · · ·					
		•				
	And the second s					
		·				
	Commentation of five highest and small supplication (ather them these included a	l	 twentions\  f non	a enter	<u> </u>	· · · · · · · · · · · · · · · · · · ·
2	Compensation of five highest-paid employees (other than those included on "NONE."	on line 1 – see ins	tructions). Il non	e, enter		
	NOIL.	· · · · · · · · · · · · · · · · · · ·		(d) Contributions to	1	
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit	(e) Exp	ense account,
	(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) compensation	plans and deferred compensation	othe	r allowances
		·		остреновает	├──	·
NC	NE					
					╁──	•
		1				
•		1	<del> </del>		<u> </u>	
		<del> </del>			<del> </del>	
		1			1	
					<del> </del>	
		1				
Tota	I number of other employees paid over \$50,000		· · · · · · · · · · · · · · · · · · ·	L	<u> </u>	1 0
					orm QQ	0-PF (2013
				F	J U	(2013

1 N/A

2

All other program-related investments See instructions
3

Total. Add lines 1 through 3

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P	art X * Minimum Investment Return (All domestic foundations must complete this part. Foreign to	found	lations,
_	see instructions )	1	<del></del>
1	`Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	1	
_	purposes	4.	116 022
a	Average monthly fair market value of securities	1a	116,033
b	Average of monthly cash balances	1b	22,268
C	Fair market value of all other assets (see instructions)	1c	<u>0</u> 138,301
d	Total (add lines 1a, b, and c)	10	130,301
е	Reduction claimed for blockage or other factors reported on lines 1a and  1c (attach detailed explanation)  1e 0	- 1	
		. 1	0
2	Acquisition indebtedness applicable to line 1 assets	2	0 138,301
3	Subtract line 2 from line 1d	3	138,301
4	Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see	.	0.075
_	instructions)	4	2,075
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	136,226
<u>-6</u>	Minimum investment return.Enter 5% of line 5	6	6,811
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here and do not complete this part )	. 1	
1	Minimum investment return from Part X, line 6	1	6,811
2a		1	
b	Income tax for 2013 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	_2c	267
3	Distributable amount before adjustments Subtract line 2c from line 1	_3	6,544
4	Recovenes of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	6,544
6	Deduction from distributable amount (see instructions)	6	<del></del>
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,	ļ	
	line 1	7	6,544
P	Part XII Qualifying Distributions (see 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	25,350
b	Program-related investments – total from Part IX-B	1b	
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	·	3b	<del></del>
4	Qualifying distributions.Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	25,350
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 instructions)	5	267
6	Adjusted qualifying distributions.Subtract line 5 from line 4	6	25,083
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	•	
	qualifies for the section 4940(e) reduction of tax in those years		

Pε	ert XIII Undistributed Income	(see instructions)				
			(a)	(b)	(c)	(d)
1	Distributable amount for 2013 from Part XI,	Ĺ	Corpus	Years prior to 2012	2012	2013
	line 7					6,544
2	Undistributed income, if any, as of the end	of 2013	1			
а	Enter amount for 2012 only	<u> </u>				
b	Total for prior years 20, 20	_ , 20				
3	Excess distributions carryover, if any, to 20	13	1			
а	From 2008					
b	From 2009	7,103				
C	From 2010	35,010				
d	From 2011		1			
е	From 2012	24,199				
f	Total of lines 3a through e		66,312		-	
4	Qualifying distributions for 2013 from Part X	(II,	1			
	line 4 ▶ \$25,350					
а	Applied to 2012, but not more than line 2a					
b	Applied to undistributed income of prior year	ırs				
	(Election required – see instructions)	_				
С	Treated as distributions out of corpus (Elec	tion				
	required – see instructions)	Ļ				
d	Applied to 2013 distributable amount					6,544
е	Remaining amount distributed out of corpus	s [	18,806			
5	Excess distributions carryover applied to 20	)13				
	(If an amount appears in column (d), the sa	me				
	amount must be shown in column (a))					
6	Enter the net total of each column as		1			
	indicated below:		ŧ			
а	Corpus Add lines 3f, 4c, and 4e Subtract I	ine 5	85,118			
b	Prior years' undistributed income Subtract					
	line 4b from line 2b	<u> </u>				
C	Enter the amount of prior years' undistribute	ed				
	income for which a notice of deficiency has					
	been issued, or on which the section 4942(	a)				
	tax has been previously assessed	<u> </u>				
d	Subtract line 6c from line 6b Taxable					
	amount – see instructions	-				
е		e				
	4a from line 2a Taxable amount – see					
	instructions	-				
f	Undistributed income for 2013 Subtract line	es	ł			
	4d and 5 from line 1 This amount must be					
	distributed in 2014	}				0
7	Amounts treated as distributions out of corp					
	to satisfy requirements imposed by section					
_	170(b)(1)(F) or 4942(g)(3) (see instructions					
8	Excess distributions carryover from 2008 n	· ·				
_	applied on line 5 or line 7 (see instructions)	r				
9	Excess distributions carryover to 2014	•	0.5			
	Subtract lines 7 and 8 from line 6a	<u> </u>	85,118			
10	Analysis of line 9					
a	Excess from 2009	7,103				
b	Excess from 2010	35,010				
C	Excess from 2011					
d	Excess from 2012	24,199				
е	Excess from 2013	18,806		<b>.</b>		

N/A

Page 11 Supplementary Information (continued) Part XV 3. Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year USCB ART PLEDGE 801 CARTERET ST UNRESTRICTED BEAUFORT SC 29902 2,000 ADIRONDACK MEDICAL FOUNDATION ONE LAKE COLBY RD. UNRESTRICTED SARANAC LAKE NY 12983 7,000 ADK ACTION P.O. BOX 655 UNRESTRICTED SARANAC LAKE NY 12983 125 UPPER SARANAC LAKE FOUNDATION P.O. BOX 564 UNRESTRICTED SARANAC LAKE NY 12983 4,500 LITTLE FALLS HOSPITAL CAPITAL 140 BURWELL ST UNRESTRICTED LITTLE FALLS NY 13365 10,000 Total ▶ 3a 23,625 Approved for future payment N/A

**▶** 3b

Total

Part XVI-A	Analysis of Income-Producing Activ	rities				
Enter gross amou	ınts unless otherwise indicated	Unrelat (a) Business code	ed business income (b) Amount	(c) Exclusion code	d by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program serv	vice revenue			0000		(See instructions )
a						
b						
c						
f	<del></del>					
_	contracts from government agencies					
•	dues and assessments					
	avings and temporary cash investments			-		
	d interest from securities					
	come or (loss) from real estate					·····
	inced property			<del> </del>		
	-financed property					<del> </del>
	come or (loss) from personal property			-		
7 Other investr						
	) from sales of assets other than inventory					
	or (loss) from special events			<b>_</b>		<del></del>
•	or (loss) from sales of inventory	-				
	e a	<del></del>				· · · · · · · · · · · · · · · · · · ·
<del></del>		-		<del>  -</del>		
				<del> </del>		
е		ļ	ļ	<del> </del>		
40 0		1	1 ^		. ΛI	Λ
	d columns (b), (d), and (e)	L	0	<u> </u>	0	0
13 Total. Add lir	ne 12, columns (b), (d), and (e)	L	0	ļ	13 _	
13 Total. Add lir (See worksheet i	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )	complishme			13	
13 Total. Add lir	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the Acc Explain below how each activity for which income is	reported in col	ent of Exempt Pu	rposes	13	0
13 Total. Add lir (See worksheet i Part XVI-B Line No. ▼	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations ) Relationship of Activities to the Acc	reported in col	ent of Exempt Pu	rposes	13	0
13 Total. Add lir (See worksheet i Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the Acc Explain below how each activity for which income is	reported in col	ent of Exempt Pu	rposes	13	0
13 Total. Add lir (See worksheet i Part XVI-B Line No. ▼	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the Acc Explain below how each activity for which income is	reported in col	ent of Exempt Pu	rposes	13	0
13 Total. Add lir (See worksheet i Part XVI-B Line No. ▼	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the Acc Explain below how each activity for which income is	reported in col	ent of Exempt Pu	rposes	13	0
13 Total. Add lir (See worksheet i Part XVI-B Line No. ▼	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the Acc Explain below how each activity for which income is	reported in col	ent of Exempt Pu	rposes	13	0
13 Total. Add Irr (See worksheet i Part XVI-B Line No. ▼	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the Acc Explain below how each activity for which income is	reported in col	ent of Exempt Pu	rposes	13	0
13 Total. Add lir (See worksheet i Part XVI-B Line No. ▼	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the Acc Explain below how each activity for which income is	reported in col	ent of Exempt Pu	rposes	13	0
13 Total. Add lir (See worksheet i Part XVI-B Line No. ▼	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the Acc Explain below how each activity for which income is	reported in col	ent of Exempt Pu	rposes	13	0
13 Total. Add lir (See worksheet i Part XVI-B Line No. ▼	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the Acc Explain below how each activity for which income is	reported in col	ent of Exempt Pu	rposes	13	0
13 Total. Add lir (See worksheet i Part XVI-B Line No. ▼	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the Acc Explain below how each activity for which income is	reported in col	ent of Exempt Pu	rposes	13	0
13 Total. Add lir (See worksheet i Part XVI-B Line No. ▼	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the Acc Explain below how each activity for which income is	reported in col	ent of Exempt Pu	rposes	13	0
13 Total. Add lir (See worksheet i Part XVI-B Line No. ▼	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the Acc Explain below how each activity for which income is	reported in col	ent of Exempt Pu	rposes	13	0
13 Total. Add lir (See worksheet i Part XVI-B Line No. ▼	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the Acc Explain below how each activity for which income is	reported in col	ent of Exempt Pu	rposes	13	0
13 Total. Add lir (See worksheet i Part XVI-B Line No. ▼	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the Acc Explain below how each activity for which income is	reported in col	ent of Exempt Pu	rposes	13	0
13 Total. Add lir (See worksheet i Part XVI-B Line No. ▼	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the Acc Explain below how each activity for which income is	reported in col	ent of Exempt Pu	rposes	13	0
13 Total. Add lir (See worksheet i Part XVI-B Line No. ▼	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the Acc Explain below how each activity for which income is	reported in col	ent of Exempt Pu	rposes	13	0
13 Total. Add lir (See worksheet i Part XVI-B Line No. ▼	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the Acc Explain below how each activity for which income is	reported in col	ent of Exempt Pu	rposes	13	0
13 Total. Add Irr (See worksheet i Part XVI-B Line No. ▼	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the Acc Explain below how each activity for which income is	reported in col	ent of Exempt Pu	rposes	13	0
13 Total. Add Irr (See worksheet i Part XVI-B Line No. ▼	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the Acc Explain below how each activity for which income is	reported in col	ent of Exempt Pu	rposes	13	0
13 Total. Add Irr (See worksheet i Part XVI-B Line No. ▼	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the Acc Explain below how each activity for which income is	reported in col	ent of Exempt Pu	rposes	13	0
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13 Total. Add Irr (See worksheet i Part XVI-B Line No. ▼	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the Acc Explain below how each activity for which income is	reported in col	ent of Exempt Pu	rposes	13	0
13 Total. Add lir (See worksheet i Part XVI-B Line No. ▼	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the Acc Explain below how each activity for which income is	reported in col	ent of Exempt Pu	rposes	13	0

Part XVII			To and Transactio	ns and Relationships Wi	th Noncharitable	
1 Did the ord	Exempt Organiza		the following with any of	her organization described		Yes No
	•			ction 527, relating to political		1:05 1:00
organizatio		11011 0001011 001(0)(0	, organizations, or in oot	with 527, folding to pointed.		
•	from the reporting founda	ation to a noncharitable	e exempt organization of		i i	1 1
(1) Cash			,		1a(1	) X
(2) Other	assets				1a(2	
<b>b</b> Other trans						
(1) Sales	of assets to a noncharita	ble exempt organization	on		1b(1	) X
(2) Purcha	ases of assets from a no	ncharitable exempt orç	janization		1b(2	2) X
(3) Rental	of facilities, equipment,	or other assets			1b(3	) X
(4) Reimb	oursement arrangements				1b(4	
(5) Loans	or loan guarantees				1b(5	<del></del>
(6) Perfor	mance of services or me	mbership or fundraisin	g solicitations		1b(6	
_	facilities, equipment, ma	•			<u>1c</u>	<u> </u>
	•	•	<del>-</del>	nn <b>(b)</b> should always show the fa		
	-	= -	·	he foundation received less than		
				the goods, other assets, or service		
(a) Line no	(b) Amount involved	(c) Name of noncha	ritable exempt organization	(d) Description of transfe	rs, transactions, and sharing arrange	ments
N/A	<del>-</del>	<del> </del>			<del></del>	
		<del></del>				
					<del></del>	
			·,		<del></del>	
<del></del>		+	· · · · · · · · · · · · · · · · · · ·			
			<del>,</del>			<del></del>
· <del>-</del> ,						
· · ·						
described	ndation directly or indirect in section 501(c) of the Complete the following sch	Code (other than section ledule	on 501(c)(3)) or in section	. •		Yes X No
)	(a) Name of organization		(b) Type of organization	(c) De	scription of relationship	
N/A						
	<del></del>	<del></del>				
			<del></del>			
			t.,			
Under	penalties of penjury, I declare th	at I have examined this retu	m, including accompanying sc	hedules and statements, and to the best	of my knowledge and belief, it is true	<del></del>
Sign Here	RIBU	reparer (other than taxpayer	r) is based on all information o	<del></del>	May the IRS discuss this with the preparer shown (see instructions)?	below
I Si	gnature of officer or trustee	<del></del>		•	T -	<del></del>
Paid	Пуре preparer's name	Dħ	Preparer's signa	AAA .	Date	Check if self-employed
Preparer -	N HOREWITCH, CI sname ► SCOTT		H, PIDGEON &	ABRAMS LLC	07/03/1   PTIN   P0004	
Use Only	s address > 2150			560	Firm's EIN ▶ 20-40	
"""	BUFF		IL 60089-18			50-5300
<del></del>						990-PF (2013)

DAA

36-4461928		Federal S	tatement	s			
. <u>Sta</u>	tement 1 - F	Form 990-PF,	Part I, Line	16a - Le	egal Fees		
Description	n						
		Total	Net Investme	<u>nt _</u>	Adjusted Net		Charitable Purpose
LEGAL FEES	\$	100	\$	\$		\$	100
TOTAL	\$	•	\$	0 \$	0	\$	100
Statem	nent 2 - For	m 990-PF, Pa	<u>rt I, Line 16</u>	b - Accc	ounting Fees		· b
Description	n						
		Total	Net Investme	nt	Adjusted Net		Charitable Purpose
ACCOUNTING FEES	\$	1,600	\$	\$		\$	1,600
TOTAL	\$ <u></u>	1,600	· — — —	0 \$	0	\$	1,600
	Statement 3	3 - Form 990-l	PF, Part I, L	ine 18 -	<u>Taxes</u>		<del></del>
Description	n						
		—– Total	Net Investme	nt	Adjusted Net		Charitable Purpose
TAXES		25	s	Ś		s	25
TAXES	\$ \$	-	\$ \$	\$ 0 \$	0	\$ \$	
TOTAL	\$	-	\$	0 \$		\$	25
TOTAL	\$ - Form 990-	25	\$	0 \$		\$	25
TOTAL  Statement 4	\$ - Form 990-	25	\$	0 \$		\$ ment	25
TOTAL  Statement 4	\$ - Form 990-	PF, Part II, Ling Beginning of Year	s ne 10b - Co ng E	o \$	Stock Investory  Basis of Valuation	\$ ment	air Market Value
Statement 4 -	\$ - Form 990-	PF, Part II, Ling Beginning of Yea	\$	0 \$	Stock Investory  Basis of Valuation	\$ ment	ts Fair Market

Beginning of Year

1,746 1,746

Description

DUE TO DIRECTOR

TOTAL

End of Year

1,746

1,746

## **Federal Statements**

### Statement 6 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.

Name and Address

	Title	Average Hours	Compensation	Benefits	Expenses
ROBERT J. LIEVENSE 307 S. BRAESIDE CT. ASHVILLE NC 28803	PRESIDENT	0.00	0	0	(
JUDITH G. LIEVENSE 307 S. BRAESIDE CT. ASHVILLE NC 28803	SECRETARY	0.00	0	0	(
CHRISTOPHER LIEVENSE 307 S.BRAESIDE CT. ASHVILLE NC 28803	DIRECTOR	0.00	0	0	(
MARK LIEVENSE 307 S. BRAESIDE CT. ASHVILLE NC 28803	DIRECTOR	0.00	0	0	(
PETRA LIEVENSE 307 S. BRAESIDE CT. ASHVILLE NC 28803	DIRECTOR	0.00	0	0	(
PETER LIEVENSE 307 S. BRAESIDE CT. ASHVILLE NC 28803	DIRECTOR	0.00	0	0	(

(Rev January 2014)

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service		▶ Information about Form	m 8868 and	its instructions is at www.i	irs.gov/form8	868.			
		tomatic 3-Month Extension, complet	te only Part	and check this box					▶ X
• If you are	filing for an Ad	ditional (Not Automatic) 3-Month Ex	tension, co	mplete only Part (lon page 2	of this form)				<u></u>
Do not comp	lete Part II un	essyou have already been granted an	automatic 3-	month extension on a previous	sly filed Form 8	8868			
Electronic fil	ing (e-file). You	ı can electronically file Form 8868 if you	need a 3-m	onth automatic extension of til	me to file (6 mc	onths f	or		
a corporation i	required to file I	Form 990-T), or an additional (not auton	natic) 3-mont	th extension of time. You can i	electronically fi	ie Forr	n		
8868 to reques	st an extension	of time to file any of the forms listed in f	Part I or Part	II with the exception of Form	8870, Informati	ion			
		ed With Certain Personal Benefit Contra		• •	•				
		on the electronic filing of this form, visi				rofits			
Part I		3-Month Extension of Time.							
•	required to file l	Form 990-T and requesting an automati	c 6-month ex	xtension – check this box and	complete				. □
Part I only		on 4420 C Gloro), northernburg, DEMIC			_4		_		▶□
•	•	ng 1120-C filers), partnerships, REMICs	s, and trusts	must use Form 7004 to reque	st an extension	1 OT tIM	ie		
to file income t	ax returns				Enter filer's id	lantifu	ina numl	har saa i	inctructions
Type or	Name of eye	mpt organization or other filer, see instr	uctions		Enter filer's identifying number, see instruction  Employer identification number (EIN) or				
print	THE LIBRARY BOLDS AND			ĺ	Employer identification rights (Env) of				
<b></b>		C/O ROBERT J. LIEVENSE 36-4461928							
File by the		Number, street, and room or suite no. If a P.O. box, see instructions				Social security number (SSN)			
due date for	307 S.	BRAESIDE CT.		_					
filing your return See	I City fown of nost office state and ZIP code For a foreign address see instructions								
nstructions ASHEVILLE NC 28803									
Enter the Retu	rn code for the	return that this application is for (file a s	eparate app	lication for each return)					04
Application			Return	Application				Return	
ls For			Code	Is For					Code
Form 990 or Form 990-EZ			01	Form 990-T (corporation)	ition)				07
Form 990-BL			02	Form 1041-A	- I - N				8
Form 4720 (individual)			03		orm 4720 (other than individual)			<del></del>	09
Form 990-PF			04 05	Form 5227 Form 6069					10
Form 990-T (sec 401(a) or 408(a) trust)  Form 990-T (trust other than above)			06	Form 8870					11 12
F 01111 330-1	(trast otries trial	ROBERT LIEVENSE		1 01111 0070					
		307 S. BRAESIDE CT.							
• The books are in the care of ▶ ASHEVILLE NC 28803								3	
Telephone	No ▶ 84	3-441-0011	FAX No	<b>•</b>					
If the organization does not have an office or place of business in the United States, check this box									▶ 🔲
	•	n, enter the organization's four digit Gro		· · · · · · · · · · · · · · · · · · ·	If this i	s			
	roup, check thi	<u></u>	the group, ch	neck this box	and attach				
		s of all members the extension is for					<del></del>		<del></del>
		3-month (6 months for a corporation req , to file the exempt organization return							
	rganization's re calendar year								
- (22)	,								
	tax year beginr	_							
	-	n line 1 is for less than 12 months, chec	k reason	Initial return Fir	nal return				
	nange in accou	nting period	6069, enter	the tentative tax less any		·	······		<del></del>
nonrefundable credits See instructions				and tolliant a take 1000 uniy		3a	\$		0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069,			nter any refu	· · · · · · · · · · · · · · · · · · ·				<u>-</u> _	
•	•	made Include any prior year overpayn	-			3b	\$		0
a Balanas	dua Subtract	line 3h from line 3a. Include your navm	ant with this	form if required by using	<u>_</u>	7			

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

EFTPS (Electronic Federal Tax Payment System) See instructions